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INTRODUCTION TO THE JOURNAL, ITS EDITOR, EDITORIAL BOARD, RESEARCH COMMITTEE MEMBERS, AND ESSENTIAL INFORMATION REGARDING THE JOURNAL

John Cooper
Chair, William Glasser International

Congratulations to Dr Janet Fain-Morgan and her colleagues for completing the huge task of assembling and editing the works in this journal.

Congratulations to the authors who hail from all over the world!
(Australia, Canada, Croatia, India, Iran, Malaysia, Slovenia, USA)



Are you an observer of human behaviour?
Are you intrigued at times about your relationships and mental wellness and what works?
Are you new to the works of Dr William Glasser?
Are you a long-term devotee of Dr Glasser's work?
Do you know enough about Choice Theory? This collection will surely add to that understanding.

Well, there is something in this journal for everyone – all ages, all occupations, all cultures.

This is a formidable collection of current research, personal and teaching experiences, practices of therapists and ideas. The authors from so many backgrounds, cultures and countries have provided you an opportunity to compare one's own understandings and practices with their knowledge and experiences.

The variety of the applications of Choice Theory to real and everyday situations is fully explored in these papers including the following tasters:

- study of heterosexuals, lesbians and homosexuals in Iran breaks new ground
- aligning philosophies, cultures and modern practices to Choice Theory
- working and consulting with indigenous people
- understanding relationships
- exploring Total Behaviour
- understanding your and your clients' significant cultural perspectives
- using pictures as words
- mentoring across cultures
- youth as change agents
- mediation
- toddlers and CT
- explore the quality world
- leadership

So my advice – read each of these papers – each one will add to your knowledge of yourself. As you experience through the perceptions of others what far reaching outcomes the work of Dr Glasser can bring to people, reflect on what these learnings could mean for your understandings and practices.

If you judge a paper or an extract to be relevant to a colleague, family member or workplace share it – but don't think they will "get it" by osmosis – have the conversation!

This "Spring Journal" is great reading whether you read it in Spring or Autumn!

IJCTRT Editor:

The editor of the *Journal* is **Dr. Thomas S. Parish**. Dr. Parish is an Emeritus Professor at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development/developmental psychology at the University of Illinois in Champaign-Urbana, Illinois, and subsequently became CTRTC certified, specializing in the areas of mental health, educational counseling, and marriage and family counseling. He has authored hundreds of refereed journal articles (many of which having focused on CT/RT) that have appeared in more than thirty different professional refereed journals. He has an extensive background in designing and conducting research studies as well as developing strategies for the implementation of Choice Theory and Reality Therapy. He is currently serving as a consultant for LDS Family Services, which is located in Independence, Missouri. This organization provides various psychological and family services to much of Kansas and Missouri. Any correspondence, including questions and/or manuscript submissions, should be sent to Dr. Parish at: parishts@gmail.com You may also contact him by phone at: (785) 845-2044, (785) 861-7261, or (785) 862-1379. In addition, a website is currently operational for the Journal. It is www.ctrjournal.com. Plus the Journal is no longer password protected on the William Glasser Institute (WGI) website, so anyone can now gain access to it, any time, 24/7!

Guest Lead Editor for This Special Issue of the Journal:

Dr. Janet M. Fain Morgan is currently a Director on the William Glasser International Board and the Research Coordinator for William Glasser International. She is also a faculty member of WGI and lectures on Choice Theory and Reality Therapy. William Glasser was an American psychiatrist that developed Reality Therapy and Choice Theory.



"His ideas, which focus on personal choice, personal responsibility and personal transformation, are considered controversial by mainstream psychiatrists, who focus instead on classifying psychiatric syndromes as "illnesses", and who often prescribe psychotropic medications to treat mental disorders. Glasser was also notable for applying his theories to broader social issues, such as education, management, and marriage, to name a few. Glasser notably deviated from conventional psychiatrists by warning the general public about the potential detriments caused by the profession of psychiatry in its traditional form because of the common goal to diagnose a patient with a mental illness and prescribe medications to treat the particular illness when, in fact, the patient may simply be acting out of unhappiness, not a brain disorder. Glasser advocated the consideration of mental health as a public health issue." —Wikipedia

Dr. Morgan has an extensive background in counseling and teaching with specialty areas in Military Issues, Grief and Loss, Marriage Counseling, and Domestic Violence Perpetrator Treatment. Her dissertation work focused on "Developing a typology of female perpetrators of domestic violence" and her more recent work encompasses counseling with military issues.

In addition to her William Glasser International Board work, Dr. Morgan coordinates the Research component of William Glasser International. This position involves activities such as writing articles on research, helping individuals writing research, helping connect researchers with mentors, and creating a database for research tools.

IJCTRT Editorial Board:

Besides **Dr. Thomas S. Parish**, who serves as the editor of the *Journal*, there is also in place an outstanding team of individuals who have agreed to serve on its editorial board. They are:

Emerson Capps, Ed.D., Professor Emeritus at Midwest State University, plus serves as a member of the William Glasser Institute Board of Directors, and as a faculty member of the William Glasser Institute.

Patricia A. Robey, Ed.D., Full Professor at Governors State University, University Park, Illinois, Licensed Professional Counselor, and Senior Faculty of WGI-US and William Glasser International.

Brandi Roth, Ph.D., licensed private practice professional psychologist in Beverly Hills, California.

Jean Seville Suffield, Ph.D., Senior Faculty, William Glasser International, as well as president and owner of Choice-Makers@ located in Longueil, Quebec, Canada.

Robert E. Wubbolding, Ed.D., Professor Emeritus at Xavier University in Cincinnati, Ohio, and is the Director for the Center of Reality Therapy, also in Cincinnati, Ohio.

Guest Editor for Fall 2018 Journal:

Dr. Anasuya Jegathevi Jegathesan has a Doctorate in Counselling, and works with individuals, couples and families, specializing in adolescents, grief and loss, relationship management, and Crisis Management. She applies both psychodynamic and CTRT techniques in her practice.



IJCTRT Research Committee Members:

Bette Blance, Master of Educational Studies (University of Queensland) and Faculty of William Glasser International, is a former Associate Director of the Centre for Applied Education at Griffith University Gold Coast, in Queensland, Australia. Bette is a co-creator of the WGI Take Charge of Your Life workshop and president of William Glasser Institute-New Zealand.



Shearon Bogdanovic, CTRTC, is a WGI Faculty Member who was fortunate enough to begin studying CT with Dr. and Mrs. Glasser in 2001. Certified in 2003, She has continued participation in Los Angeles area practica and as assistant to Lester Triche in the prison program. She thrilled to contribute to the re-publication of Take Charge of Your Life through assisting in an editorial capacity. Working full time as a hospital administrative nurse has left her less time than she likes to teach CT, something she looks forward to in her retirement.

Emerson Capps, Ed.D., is Professor Emeritus of Counseling, and former Dean of the West College of Education and Dean of Graduate Studies at Midwestern State University. He is a Licensed Professional Counselor and a faculty member, Practicum Supervisor, of the William Glasser Institute.



Jeri L. Ellis, EdD, LPC, NCC, CTRTC, DCC is a full-time professor of counseling with Capella University out of Minneapolis, MN, located in Cumming, GA, teaching Mental Health Counseling and Counselor Education and Supervision. Dr. Ellis is a Glasser Scholar and faculty member for the William Glasser Institute. She is a licensed professional counselor who specializes in applying Reality Therapy and Choice Theory® in her work with individuals and groups. She has co-authored several articles on applications of Choice Theory and Reality Therapy and is a contributor to the book *Contemporary Issues in Couples Counseling: A Choice Theory and Reality Therapy Approach*.

Michael H. Fulkerson, MAE, LPCC, earned his master's degree in counseling from Western Kentucky University and his bachelor's degree in psychology from Kentucky Wesleyan College. He is a Licensed Professional Clinical Counselor, and a member of the American Counseling Association, the Kentucky Counseling Association, the American Mental Health Counseling Association, the Kentucky Mental Health Counseling Association, and the Green River Mental Health Counseling Association. Other credentials include being a certified practitioner of the Myers-Briggs Type Indicator Step One and Step Two.



Nancy D. Herrick, M.Ed., is a Senior Instructor for the William Glasser Institute and a Faculty Program Consultant, currently serving on the William Glasser International Board of Directors as a United States Representative. She co-authored the international *Take Charge of Your Life* workshop, and the *Communication Skills for Paraprofessionals*, a short course in Reality Therapy intervention. Ms. Herrick trains and supervises counselors, social workers, educators and mental health professionals

Beverly LaFond, CTRTC, earned a Ph.D. in Counselor Education at St. Mary's University in San Antonio, TX in 1999 and was endorsed as a WGI practicum supervisor in 2000. She was Tri-Chair for the WGI 2002 Conference, served as president of the Sunbelt Region, and was selected for the first WGI-US legal board in 2012.



Janet Fain Morgan is currently a Director on the William Glasser International Board and the Research Coordinator for William Glasser International. She is also a faculty member of WGI and lectures on Choice Theory and Reality Therapy. William Glasser was an American psychiatrist that developed Reality Therapy and Choice Theory.



Jean Seville Suffield, DNM is a senior faculty member of WGI, trainer, consultant, staff developer, author, and a Doctor of Natural Medicine. Due to her expertise in brain-based learning, Jean's instructional approach is highly practical and interactive to help individuals begin to integrate and personalize their learning through a wide variety of involvement activities and discussion sessions. This is Jean's third term as President of Glasser Canada and is one of Canada's reps to the International Board. She is a Director on the WGI – Québec Board and a member of the Editorial Board of the *International Journal for Choice Theory® and Reality Therapy*. *Glasser Unplugged: It is all a matter of perception* is in progress. You may find her books on <http://www.lulu.com> or www.glassercanada.ca. You may reach her through jeanseville@hotmail.com

Author of 17 books, **Robert E. Wubbolding**, EdD, LPCC, BCC, CTRTC, is the Director of the Center for Reality Therapy, former Director of Training for the William Glasser Institute (1988 – 2011), Senior Faculty William Glasser International.



IJRTCT Technical Advisor:

Finally, since the *IJCTRT* is currently an on-line journal, we have also chosen to have a "Technical Advisor" working with the editor and the editorial board. He is **Glen Gross**, M.Ed., Learning Technology Specialist, from Brandon University in Brandon, Manitoba, Canada.

IJCTRT Mission:

The International Journal of Choice Theory and Reality Therapy is directed toward the study of concepts regarding internal control psychology, with particular emphasis on research, theory development, and/or the descriptions of the successful application of internal control systems through the use of Choice Theory and/or Reality Therapy.

Publication Schedule:

The *International Journal of Choice Theory and Reality Therapy* is published on-line semi-annually in the fall (about October 15) and spring (about April 15) of each year.

Notice to Authors and Readers:

Material published in the *International Journal of Choice Theory and Reality Therapy* reflects the views of the authors, and does not necessarily represent the official position of, or endorsement by, the William Glasser Institute. The accuracy of the material published in the *Journal* is solely the responsibility of the authors.

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Dear WGI Members and Friends—This is another special invitation for you from Tom Parish:

Welcome to the fourth in a series of various topically-driven issues of the *International Journal of Choice Theory Reality Therapy*. Basically, each topic is intended to be independent of the others, though they may be related to one another in various ways. While the remaining topics, their dates of each issue, and the guest editors of each, have appeared in previous issues, they will also appear below for the convenience of the reader.



Date of Issue Topic to be Covered

Fall 2018--Health, Disability, and End-of-Life Issues and How They Relate to Everything Glasser

Guest Editor Assigned

Anasuya Jegathevi Jegathesan

Spring 2019--Religious and Spiritual Perspectives and How They're Connected to All Things Glasser

Ernie Perkins

Fall 2019--Past Contributors and Their Contributions to All Things Glasser

Robert E. Wubbolding
& Thomas S. Parish Notably, each guest editor, listed above, will be seeking to find authors who wish to contribute writings and/or research directed toward these topics. If the reader is interested in providing something pertaining to any of these topics, s/he is urged to send a one page "idea paper," or a complete report, to the guest editor(s) associated with that particular topic. In addition, the guest editor(s) will be inviting selected individuals to also submit items that seem to be well suited for inclusion in his/her/their issue of the Journal. Assuming that the submissions seem to be of interest to the Journal's readership, are prepared for publication in accordance with the guidelines for the Journal (see elsewhere), and are found to be acceptable for publication following a thorough review by the editorial board, such submissions will be accepted for publication.

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Phone Number

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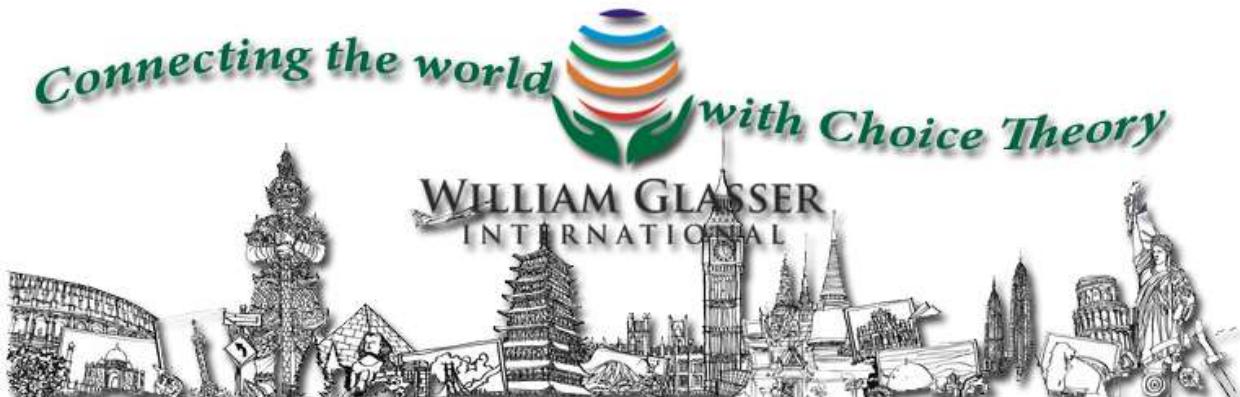
**SPECIAL ANNOUNCEMENT REGARDING THE SPRING 2020 ISSUE OF THE
INTERNATIONAL JOURNAL OF CHOICE THEORY AND REALITY THERAPY:**

This particular issue will include a Who's Who-type listing of everyone who wishes to be included within the William Glasser Organization. Basically, a template will be created, which will appear in the next three issues of the Journal, and anyone who wishes is invited to complete this template and submit it to parishts@gmail.com so that it may be included in this special issue of the Journal in Spring 2020.

Let's call this special issue of the Journal. . .

"The International Who's Who of Choice Theory and Reality Therapy" . . .

Since it will be inclusive of everyone around the world who has been involved with Choice Theory and/or Reality Therapy! This issue, in turn, will serve to cast light on all those who have been involved in CT/RT, and provide information regarding what they have done to advance the ideas and insights of "everything Glasser!" Notably, this service will be provided—as usual—at no charge to the readership, nor to those listed in this special issue of the Journal, and should supply the Journal's readers with important insights regarding who has done what to advance CT/RT in the past, and possibly find glimpses of what these contributors will be working on in the future!



Call for Submissions!

Fall 2018

International Journal of Choice Theory and Reality Therapy

Guest Editor: Dr. Anasuya Jegathevi Jegathesan

ajegathevi@yahoo.com

The focus of the Fall Journal will be on applications of CT/RT relating to Health, Disability, and End-of-Life Issues and How They Relate to Everything Glasser.

Submit manuscripts by:

September 1, 2018



Australia



Bahrain



Canada



Columbia



Europe



Finland



India



Iran



Ireland



Japan



Korea



Kuwait



Malaysia



Malta



New Zealand



North Africa



Phillipines



Saudi Arabia



Singapore



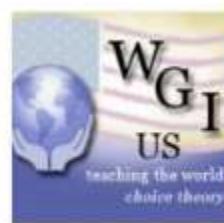
South Africa



Turkey



United Kingdom



USA

REMEMBERING DR. JEFFREY TIRENGEL, PSY.D., M.P.H. (1949 – 2017)

Brandi Roth, Ph.D.

Jeffrey passed away on December 22, 2017.

With the greatest sadness, I write this tribute in memory of my dear friend and colleague Dr. Jeffrey Tirengel. Jeff and I were long time acquaintances and peers in the psychology world until one day Bill Glasser and I presented a role play as part of a panel discussion at a psychology conference. Jeff approached us and said: "If you can do that, I want to do that". From that day forward, Jeff took Glasser training, became certified, and then continued in the faculty training programs of the William Glasser Institute. Jeff gave generously to the Institute. He was editor-in-chief of the International Journal of Choice Theory from Fall 2006 to Winter 2008. He was committed to conceptual linkages and evidence based-practice between Choice Theory, Reality Therapy and other empirically based work. He wrote about his ideas in those journal volumes.

Jeff became active in the cancer community following his diagnosis. His presentation to the Simms/Mann Center at UCLA titled "That's My Story and I'm Sticking to it: Making Sense of the Cancer Journey" is an inspiring video.

Jeff always gave back! He was enterprising, striving, and accomplished. He enjoyed life to the fullest for as long as he could. His ability to chat, listen, care and respond with the quickest wit was enjoyed by all who knew and loved him. I will always treasure the events of the past and the forever memories of my beloved friend Jeff.

Cards can be addressed to his loving devoted wife Margie Somers and/or their daughter Jodi Tirengel at email: msomers@amglaw.com. Donations in memory of Jeffrey can be sent to Simms/Mann Center for Integrative Oncology (www.cancer.ucla.edu/Tirengel)

Please note that we will be accepting tributes to Dr. Jeffery Tirengel in the Fall 2018 edition of The William Glasser International Journal of Choice Theory and Reality Therapy. All tributes should be addressed to:

Dr. Anasuya Jegathevi Jegathesan: ajegathevi@gmail.com

SPECIAL ARTICLE FROM THE EXECUTIVE DIRECTOR:**MULTI-CULTURALISM OF CHOICE THEORY**

Kim Olver

**Abstract**

Cultural considerations are built into the Choice Theory® underpinning Reality Therapy. I present a brief summary of Choice Theory and share two different experiences I had in Kenya and Singapore that opened my eyes to the power of Choice Theory.

In 2007, I had the opportunity to teach Choice Theory (Glasser, 1998) to a group of people in Kenya. On the first day, I shared my perception of the five basic needs of survival, love & belonging, freedom, fun and power which was largely shaped by my instructors who were all from the United States. Their overall culture matched my own so I never thought to question the explanation of Choice Theory's basic needs. From my US culture the Glasser's explanations and those of my instructors matched my thinking on the subject.

As I shared my perception of the five basic needs, participants seemed to understand, often nodding their heads in agreement. Later, a man asked about how power could be universal because in Kenya, women have no power. It is a patriarchal society and men are in charge, making all important decisions. I suddenly became aware of my feminist values thinking, *Whoa, wait a minute, you treat your wives as if they are your slaves? They have no say in what happens at all?* The good news is that I didn't speak those words and instead, remembered what I learned in Choice Theory.

When a person has a Quality World picture about the way life 'should' be and that person encounters a situation that doesn't match her beliefs, there is a very brief involuntary behavior. This involuntary behavior is activated whenever we compare what we want with what we have. The comparison creates a judgment; either the comparison matches what we want or it doesn't. When it does, there is a positive experience; when it doesn't the experience is painful. In this case, I had a painful experience.

Fortunately, from the moment of realization of the mismatch, a person has the choice of what response to make. I chose curiosity and asked questions about what life was like for a woman in Kenya. From the information the man and others shared, my perception shifted as I realized the arrangement was often that of a benevolent dictator. The husband holds the rights in the household. He makes major decisions but often confers with his wife prior to deciding. He does what he believes will be best for the family. When a husband works in this way, his wife is generally cooperative. The couple creates power with each other.

However, when we discussed what happens if a husband uses his power in the family to power over everyone and completely disregards what his wife wants, the group agreed she will find a way to use her power to distance herself, sabotage, undermine, or seek revenge against the oppressor, her husband.

The need for power is universal; everyone has it. Some have it more than others and culture dictates who holds the most power in society. In a matriarchal culture, women will have more power; in a patriarchal society, it's the men. However, even those in a

subservient role experience the need for power and may even experience it more urgently, because their power need is not being satisfied.

It was interesting to see how my explanation of power did not immediately transfer to Kenyan society because I value feminism highly and the people I was training didn't really have a high value for feminism in their culture.

Fast forward to 2017 in Singapore, when I had the privilege to be speaking to a group of people about my book, *Secrets of Happy Couples*, (Olver, 2011). Again, the conversation was centered around the five basic needs and a discussion ensued about the need for freedom and how different freedom looked to someone from an individualistic culture versus someone from a collectivistic culture.

Freedom is highly valued in an individualistic culture, with love & belonging being more highly valued in a collectivistic culture. Questions commonly contemplated by those in an individualistic culture are: *How do I decide what's right for me? What should my next move be to get what I want?* Questions asked in a collectivistic culture might be: *How will what I want affect those people I care about? What is the best thing for our family?* The focus is different.

This does not mean that people won't still have their genetically-encoded need strengths; they will. It will be more challenging for a person with a high freedom need to live in a collectivistic culture in much the same way it will be challenging for a person high in love & belonging to live in an individualistic culture. Personal and cultural values may conflict, causing dilemmas for people.

During my couples' workshop in Singapore, a woman approached me to inquire about the question, "What do you want?" This is a question that's firmly embedded in the reality therapy process. She suggested it would be more appropriate to ask a Singaporean, "What does your family need?" since an emphasis on the wellbeing of others is embedded in their culture.

In much the same way as my experience in Kenya, my individualistic valuing filter screamed for recognition. *How can you deny yourself and what you need to satisfy others and expect to live a fulfilling life?* And just like in Kenya, I knew not to speak those words. Instead, I realized I needed to use Stephen Covey's (1989, p. 235) 7 Habits of Highly Effective People principle: Seek first to understand . . . then to be understood.

When working in cultures different from your own or in a multicultural environment, people need to be careful that they aren't judging their experience exclusively through their own understanding. Multicultural counselors have warning bells ring when they begin to feel someone different from them is 'wrong.' It happened to me when I initially thought the person in Kenya was wrong for not considering his wife's wishes. (It was interesting that he never said that but still it is what I heard when he told me there was a patriarchal culture there.) It happened again in Singapore.

I felt the warning signs of a painful judgment of another person's culture and experience. *No, that's just not right* was reverberating in my brain. At this point, you may be thinking of your own discomfort with judging another culture and experience. I suggest that rather than indulging in those judgements, it becomes critical to accept that this is a situation outside your comfort zone. You are hearing something or experiencing something that challenges your beliefs, your values and your cultural norms. It is perfectly acceptable for you to judge that it, whatever it is, does not seem right . . . *for you*. You have the right to decide what is right and comfortable for you. And then, as an effective multicultural counselor, you will

work hard to understand the experience of the other. You ask questions to deepen your understanding of what it is like for the other person.

Your goal is to, as best you can, see the world through their eyes, in their skin, while walking a bit in their shoes to attempt to see things from a different perspective. You do not have to agree with that perspective but work to understand how the other person sees things the way they do. In so doing, the need to judge evaporates. You come to realize the only person's behavior you are in charge of is your own. Conversely, other people are in charge of their behavior. How they choose to live, in their culture or yours, is up to them. You get to choose how you live, while allowing others the same courtesy.

References

Covey, S. R., *The 7 Habits of Highly Effective People*: Simon & Schuster: New York, 1989.

Glasser, W, *Choice Theory: A New Psychology of Personal Freedom*. New York: HarperCollins Publishers, Inc.: New York, 1998.

Olver, K, *Secrets of Happy Couples: Loving Yourself, Your Partner, and Your Life*: InsideOut Press: Chicago: 2011.

Brief Biography

Kim Olver, MS, LCPC, NCC, is an internationally recognized speaker and the award-winning author of *Secrets of Happy Couples*, the co-author of *Leveraging Diversity at Work* and the author of the forthcoming book, *Choosing Me Now*. She is the founder and president of the Choice Coaching program at Academy of Choice and the author of the parenting program, *Empowerment Parenting*, for court-mandated parents. She is Senior Faculty of William Glasser International, as well as its Executive Director since 2013 and the Executive Director of the William Glasser Institute-US since 2011.

CHOICE THEORY AND INTERFAITH DIALOGUE: BUILDING RELATIONSHIPS BETWEEN FAITHS AND EMBRACING DIVERSITY

Claire Holland and Marney Walker

Since returning to Australia from the William Glasser Institute US Conference 2017 in Raleigh, we have had time to reflect on the journey of the James Cook University Interfaith Project. In this reflection, we will talk about the connectivity between choice theory, interfaith dialogue and conflict resolution theories. We will explain the 'Let's Talk Lunch' interfaith dialogue at James Cook University and share some outcomes and personal reflections from participants gained through semi-structured interviews conducted in 2016-2017. Some common themes from the interviews have been participants' experiences of building relationships, developing respect and common understanding with other people of diverse backgrounds and faiths.

Background to the JCU Interfaith Project

James Cook University (JCU), Australia established a Multifaith Chaplaincy in 1994. Through our work at the Chaplaincy in recent years, we have personally witnessed the social interactions of students as they passed each other in the corridor on their way to their respective prayer rooms – e.g. Christians (fundamental, contemplative and charismatic), Muslims, Buddhists, Bahais, Humanists, Agnostics, Self-Realisation Fellowship and Amnesty International members. A post-graduate student from Egypt commented that "**if I had not seen people of different faiths greeting each other in this friendly manner, I would not have believed it possible**". From this statement, and our own desire to have conversations with, and learn from students of different faiths, grew the idea of providing opportunities for members of the JCU community to socialise, interact and talk to people of other faiths in a way they might not have experienced before. This idea also grew from conversations with the JCU Conflict Management and Resolution Program, who were supportive of the initiative as a way to develop participants' conversation skills, experience engaging with diversity and the potential for individuals to contribute to peace building through their interactions.

If widely embraced, interfaith dialogue and consequently students' religious literacy, has the potential to positively affect not only levels of conflict on campus but also positively impact how students engage in social change and responsible citizenship (Holland, 2016). These are important goals for the current global climate and are vital for establishing and embracing diversity on our campuses and in our societies.

The Interfaith Project at JCU was launched in 2015 and is an initiative that enhances students' experiences at the university by facilitating:

- Greater peer-to-peer support
- Increased religious literacy on campus
- Appreciation of student diversity
- Activities that enhance both the campus and people's experience at university and
- Greater capacity to contribute to pluralism in their wider communities.

These points are summed up in the JCU Interfaith Project Mission Statement: "**Let us build unity by working together to build relationships between people of different faiths through positive action and dialogue.**" The project is managed by the JCU Multifaith Chaplaincy, in collaboration with the JCU Conflict Management and Resolution Program. A

JCU student is employed as the Interfaith Project Officer specifically to coordinate the activities, which results in a peer-to-peer support structure.

One particular aspect of the Interfaith Project is the 'Let's Talk Lunch' dialogues. Dialogues are distinct from debates and general conversation. Dessel and Roggue (2008) define dialogue as, "**A facilitated group experience in which participants are urged to collaborate and suspend assumptions, to speak authentically from personal experience as well as to be open to possibilities**" (Dessel and Roggue, 2008 in Holland, 2016, p. 3). The Let's Talk Lunch facilitated interfaith dialogues are held every two weeks during semester. The dialogues allow anyone on campus to sit down around a table and discuss 'questions that matter'. The prompt questions allow participants to share their views from a faith-based lens, on such topics as, 'should Australia accept more refugees?'; 'what happens after death?'; 'why do bad things happen to good people?'; and 'what are appropriate ways to show affection?'.

The questions are framed so that participants are not just sharing beliefs of their own faith. It is about exploring how their faith matters in their everyday lives. How do the values of their faith influence their opinions, or affect their behaviours and everyday decisions? The Let's Talk Lunch dialogues are an opportunity for students to consider their lived experience with their own faith; how the everyday actions of other people from the same faith background may differ due to nuances in belief; and, to hear from other participants about their lived experience with different faiths. Interfaith dialogue can occur between people of the same faith background, as each person will have their own understanding and interpretation of what their faith means and how it should be acted out.

We have observed that most people love to talk, especially about their opinions, beliefs and the events that are most important to them. They love to express themselves freely without censor or bias, and participants have told us that they enjoy the experience of expressing themselves in the company of likeminded people, listening with ears of interest, and with minds tuned to the same topic. One participant of the program observed, "**I guess the great thing about the interfaith project is I can sit down at a table with a Catholic, two Muslims, an Atheist and a Buddhist and we can have a great discussion and I can hear a whole bunch of different perspectives.**" It has been a privilege to witness people having curious and facilitated conversations based on things that are most important to them and observing them sharing at the deepest part of themselves and experiencing personal growth.

People use the concept of 'life-world' or 'world view' to explain their religious beliefs which is made up of their beliefs, values, history and daily rituals which research tells us cannot be separated from their individual identities (Engebretson, 2009). This is similar to Dr. Glasser's description of 'perceived world'. It is through the sharing of worldview, life-world or perceived world construction that learning takes place in interfaith education.

Multidisciplinary Approach

Interfaith education falls under the umbrella of peace education, which also includes study of conflict resolution, non-violent communication, dialogue, and religious education (Holland, 2016). The goals of peace education align with the underlying principles of interfaith dialogue and we have used literature from peace education, choice theory, religious studies and conflict resolution fields to inform our interfaith dialogue pedagogy. We have found that the philosophies of Choice Theory, Interfaith Dialogue, and Conflict Resolution are very complimentary. Drawing on the research across multiple disciplines has allowed us to establish a solid foundation for the method and practice we are engaging in.

We have adapted the World Café Dialogue model as a basis for the Let's Talk Lunch Dialogues. This model encourages connection and an experience that puts people into their quality worlds. The seven World Café design principles which are: set the context; create hospitable space; explore questions that matter; encourage everyone's contribution; cross-pollinate and connect diverse perspectives; listen together for patterns, insights and deeper questions; harvest and share collective discoveries (Brown & Isaacs, 2005), align with the seven connecting behaviours from Dr. Glasser: respect; encourage; negotiate; trust; accept; listen; support (Glasser, 1998). The seven connecting behaviours form the dialogue norms not only for the participants; they also form the guidelines used by the facilitators to ensure the dialogue remains respectful and participants feel they are in a safe space.

To set up a Let's Talk Lunch, the following steps take place:

- Setting up multiple tables
- Taping paper to the tables
- Writing the prompt question in the middle of the table
- Ensuring plenty of markers/pens available
- Putting chairs in a circle around the table
- Preparing food for participants (we found that sharing a meal was an important element that assisted the dialogue process)

The facilitation process then includes:

- A 'Greeter' meeting participants as they arrive, explaining the structure of the dialogue if they have never attended before and allowing participants to read the questions on the tables.
- Once participants are orientated they are invited to join a table.
- Each table has a designated facilitator who will assist in managing the conversation, observe body language and support participants.

Facilitation is key to ensuring that all participants have an opportunity to speak and be heard. The facilitator's role is also to keep the conversation related to the topic whilst encouraging freedom of expression. As the participants range from post-graduate to undergraduate and staff, and are of diverse backgrounds in culture, faith, beliefs, values and experiences, their perceptions of the world, especially their Quality World, can result in challenging dialogue. A participant feeling uncomfortable or challenged by a thought or opinion from another participant presents an opportunity for learning. The facilitator's role is to ensure the environment remains safe and a positive learning exchange of curious conversations rather than debate, argument or proselytizing. However, it is also a space for participants to learn the skills of engaging in difficult conversations that they can apply in broader contexts.

Benefits of Interfaith Dialogue

Interfaith dialogue asks participants to engage specifically about 'religious otherness' and to look at difference and religious diversity. "**By opening communication the goal is to reduce stereotypes and to move away from entrenched views and religious isolation. A necessary element of interfaith dialogue is an open mind to the possibility of changing one's own perspective on a particular topic as a result of an authentic and honest conversation**" (Holland, 2016, p. 4).

Relationships play a central role in our experience as human beings. Dr. Glasser, expresses that we are people who need relationships. According to Choice Theory, when relationships are not working for us it causes us pain. The more important the relationship, the deeper the pain and the more creative we become in trying to alleviate it. We also recognise that if the need for relationship is not being met, then individuals can engage in either effective or non-effective behaviours to try to alleviate the pain. Through interfaith dialogue, participants are developing the skills to communicate with other people, including their need for relationship, in a way that is respectful and non-judgemental. These skills support Dr. Glasser's relationship building behaviours.

We chose to conduct interviews with participants to find out more about the outcomes and their experiences with the Let's Talk Lunch. All past participants who had joined the Interfaith Project mailing list were invited to attend. We acknowledge that students who chose to attend the interviews probably had a positive experience with the dialogues, and therefore these reflections are likely positively biased. The interviewees responses provided insights into individual motivation for attending, experience and outcomes and we found their responses did demonstrate some common themes emerging across the experiences.

Embracing Diversity

From conversations with participants, we have come to a new awareness of choice and freedom. One participant said that, just being involved in the LTL means participants are less likely to discount other people's perspectives because they are there voluntarily. Another participant reflected, "**Having conversations with people about matters of faith means I am a less ignorant person, which can only be a good thing.**" This aligns with another participant's thoughts, "**I wondered why someone who has no religion at all would come along to a discussion about faith?... Even people that don't have a faith [you can find out] what is informing their choice to do certain things that they still do, and that there is something that informs them... it's just different to what drives me.**" These statements demonstrate how interfaith dialogue can provide a continual learning process of reflection, assessment of one's own and others' views, and result in integrating new awareness into one's own worldview.

A powerful statement from one participant was, "**Just in hearing [different] perspectives, it breaks down the assumption that people who don't see things the way you see them are wrong or deficient in some way.**" Through our observations, we are witnessing students reassessing and expanding their worldviews and becoming more tolerant of others.

Dr. Glasser says all we can give or get from other people is information, and how we deal with that information is our choice. In the Let's Talk Lunch dialogues, participants are expanding their total knowledge. The structure enables participants to listen and respond to set questions. We frame the questions in a way that encourages participants to respond from a personal perspective, based on their own experience. There is no space for debate or argument in this structure as personal experiences cannot be contradicted. Removing the possibility of argument expands the space for listening and sharing.

Participants have said that the questions explore topics that, "**you may not necessarily have thought about in regards to your faith,**" that, "**help you to figure out where you actually stand on topics,**" and that make you feel as though you can, "**actually think about [the topics] deeper and explore [them] more.**" The questions encourage participants to think deeper, beyond the common stories that can be picked up from parents, community and faith leaders and really explore their own beliefs. One student

observed that the questions are often, "**worded in such a way that's made me think, you know, it's not like I can just rattle off some answer that I've given to similar questions before.**" As another student reflected, "**sometimes you have to think about the question and your own religion ... that can be challenging because you have always grown up believing and no one's ever asked you [the question].**" We recognise that the framing of the questions is important so that everyone feels that they can contribute. We also believe that it encourages intra-reflection. The facilitated dialogue structure also supports participants directly enquiring about personal experiences of other participants.

Another comment was that, "**it's just a really nice time to pose your questions that you might have, and actually ask someone from that religion...especially around certain negative events in the world.**" We have purposely posed questions that reflect current events at some stages throughout the semester to allow space for inquiry and reality checking. For example, conversations will naturally drift to world events such as after natural disasters, terrorism events, and current political debates, such as refugee policy and same-sex marriage. Participants appreciated being able to ask each other what their opinions were and hear reflections on how others had formed their personal views, sometimes differentiating between what was based on their faith, and what was based on family values, history, culture and their own philosophy.

A powerful reflective theme throughout the interviews was the appreciation of listening to other people share experiences from diverse faiths and backgrounds, and also the feeling of being heard when expressing a personal opinion. One student stated, "**for me as a Muslim I would like other Muslim friends to know that it's important and OK for us to share our beliefs because nowadays it's not good for us as there are many negative ideas about our religion.**" Another student reflected on a Let's Talk Lunch experience when some visiting international students joined the dialogue. "**I really appreciated when we had two French students telling us all about what was happening over in France.**" This reflection related to the 'Ban the Burka' debate and policy to ban religious symbols in government institutions in France at the time. The students' reflection highlighted the value of hearing from other's direct experiences and appreciation for the feeling of being informed about important issues from sources outside of one's direct circle of influence.

It was also powerful to hear how students experienced a personal transformation from resistance to opening their ability to listen to others. "**I didn't want to hear about anyone else's religion. I had it thrown on me as I was growing up. So I sat there silently at first, not interacting with anyone but eventually I kind of got used to it and now I'm actually listening and paying attention.**"

We believe the skill of listening without judgement is a difficult one to master, but the first step is to be open to listening. Through the interviews it was clear that participants who attended regularly were developing and demonstrating their ability to listen to others.

Building Love and Belonging

It seems more common to experience division due to faith these days, rather than connection. However once the opportunity for dialogue and developing a deeper understanding of beyond past stereotypes is achieved, it is possible to find commonalities and reason to feel linked to others. This sentiment was captured in one participants response that, "**Getting to know people specifically through their faith really opens up new levels of communication and a new level of friendship and understanding.**"

Participants also reported on having met up outside of the organised Let's Talk Lunch's to continue getting to know one another better and have appreciated knowing each person's understanding the dialogue norms, as this has enabled them to have deeper conversations around topics than they otherwise would have had. Knowing that each student understood the dialogue norms and was comfortable to talk on other topics outside of the Let's Talk Lunch dialogues was a great achievement of the program. One student reflected, "**We don't need to debate. We just share our faith with others**" That powerful statement is something we hope the participants will choose to share with others in their families and communities. Through learning not to fear conversations with people who have different views, opinions, faiths, cultures and values, we feel that individuals are better prepared to accept and appreciate diversity and engage in connecting behaviours. We have observed positive changes in behaviour and attitudes between participants in the Let's Talk Lunch dialogues, and in interactions across faith communities on the JCU campus. If these changes can occur on a university campus, we are hopeful that these results can also be achieved in the wider community. Through experiencing safe dialogue and understanding the basis of peaceful conversations and building personal relationships, we see that interfaith dialogue has great promise to contribute to greater peace in society.

Conclusion

The Interfaith Project has benefited from the partnership of the JCU Multifaith Chaplaincy and the JCU Conflict Management and Resolution Program, resulting in the development of the Let's Talk Lunch model of Interfaith dialogue based on Choice Theory and Conflict Resolution theories. We have presented the Let's Talk Lunch dialogue model used at JCU to other Chaplaincies in Australia, and educational providers through conferences in Australia, Asia and the USA. Initial feedback from The Global Tertiary Campus Ministry Association 2016 Conference, where we heard from University Chaplaincies across Australia, New Zealand, Africa, Europe and the USA, was that many institutions had discussed running interfaith dialogues on campuses or in their communities but have yet to start and/or find a successful model. We have received feedback that the Let's Talk Lunch model is unique in its approach and has been adopted by other institutions.

As our families, communities and countries are becoming increasingly influenced by world events, and impacted by different worldviews, what can we do about it? Talk! Let us learn to understand each other better, even if our views diverge and we are unhappy about the different perspectives believed by others. If we have some greater understanding of them, we have a greater chance of being able to find a way to live side by side, if not in harmony then at least not in active conflict. It is our hope that through choosing to dialogue about faith and diversity individuals will choose to build strong relationships with others, which will equip them to establish and maintain peaceful communities.

References

Brown, J. and Isaacs, D. (2005). *The World Café: Shaping Our Futures Through Conversations That Matter*, Berrett-Koehler Publishers, San Francisco. ISBN: 978-1-57675-258-6

Dessel, A. & Rogge, M. (2008). Evaluation of Intergroup Dialogue: A Review of the Empirical Literature, *Conflict Resolution Quarterly*, 26(2), pp. 199 – 238, DOI: 10.1002/crq.230

Engebretson, K. (2009). *In your shoes: Inter-faith education for Australian Schools and Universities*, Connor Court Publishing, Victoria, Australia. ISBN: 9781921421150

Glasser, W. (1998). *Choice Theory: A new psychology of personal freedom*, HarperCollins Publishers, USA. ISBN:0060930144

Holland, C. (2016). Interfaith Dialogue and higher education: Education for peace, *Journal of the TCMA*, 6(2), pp1-8. Available at www.TCMRJournal.org

Brief Biographies

Claire Holland is a lecturer in the Conflict Management and Resolution Program at James Cook University (JCU). Claire has been involved in designing and facilitating interfaith dialogues at JCU for the past three years. She is an accredited and practicing mediator and conflict coach. Claire has worked overseas in international development roles, and continues to work and research in the field of peace studies and conflict resolution.

Marney (Nina) Walker was the Multifaith Chaplain at James Cook University (JCU) from 2012-2017, is currently a counsellor in the Student Wellbeing Unit at JCU, spiritual director at the House of Prayer in Townsville, and Reality Therapy practitioner. Marney started the JCU 'Let's Talk Lunch' Interfaith Dialogue project in 2014 to establish positive relationships and build unity between people of different faiths through action and dialogue.

COLLIDING WORLDS, COLLIDING GOLD

Swami Kalikamurti Saraswati Suich

Abstract

This paper reflects on the ongoing collision of quality world pictures between Aboriginal and mainstream Australia. It outlines some of the impacts of invasion on the Aboriginal people of Australia up until the current time. It then addresses some of the challenges and opportunities of working with Aboriginal people remote communities as well as towns and cities. The focus is on working with people whose quality world picture of life, culture, ambitions, and identity are very different from mainstream Australia, leading to what can seem irresolvable conflicted relationships. Further, this clash of quality world pictures often leads to conflict between Aboriginal people and Government in terms of policy making, funding, education, and the completely different valuing of goals, law, lore, family, and relationships. This work draws on my professional experience and provides some insights into how I and our business "Centred in Choice," continue to navigate to ensure that we can provide the best service and assistance to individuals and organisations. The focus of our work is well-being, independence and autonomy, viability, sustainability, adhering to the goals and values of the person or organisation, respect for culture and the provision of services that enhance the quality of life.

The Context

1. Impact of Invasion on Aboriginal Australians

Since the European invasion of Australia in 1788, the Aboriginal people have been oppressed into a world unnatural to their 40,000 plus years of continuous existence and culture. It is estimated that over 750,000 Aboriginal people inhabited the island continent in 1788. The colonists were led to believe that the land was terra nullius ('no one's land'). However, at the time of the First Fleet, there were over 400 different Aboriginal nations with continuous land management practices, trading routes, and inter-tribal economies and cultural exchange (Aboriginal Heritage Office, 2018). Every nation had its own culture, lore, language, land and responsibilities.

Continuous Aboriginal resistance for well over a century belies the "myth of peaceful settlement" in Australia. Settlers, in turn, often reacted to Aboriginal resistance with great violence, resulting in numerous indiscriminate massacres by whites of Aboriginal men, women, and children (Reynolds, 1999).

The early Europeans took a dim view of the Aboriginal way of life when first they encountered it. What the early colonists never understood, and perhaps what many Australians are only now beginning to grasp, was that the Aboriginal lifestyle was based on total kinship with the natural environment. Wisdom and skills obtained over the millennia enabled them to use their environment to the maximum. For the Aboriginal people, acts such as killing animals for food or building a shelter were steeped in ritual and spirituality, and carried out in perfect balance with their surroundings.

Due to European settlement, disease struck a fatal and extensive blow to the Aboriginal people, who until that point had been isolated from the diseases that had raged through Europe and Asia. They had no resistance to the deadly viruses carried by the sailors and convicts such as smallpox, syphilis, and influenza (Aboriginal Heritage Office, 2018).

European contact tended to undermine Aboriginal laws, society, culture, and religion — a process which is a continuing one. In the current day, Aborigines ... 'probably have the highest growth rate, the highest birth rate, the highest death rate, the worst health and housing, and the lowest educational, occupational, economic, social and legal status of any identifiable section of the Australian population,' (AGRACLR, p. 32. 2017); (National Population Enquiry, 1975).

2. Assimilation and the Stolen Generations

Between 1910 and 1970, many Aboriginal children were forcibly removed from their families as a result of various government policies. The generations of children removed under these policies became known as the Stolen Generations. The policies of child removal left a legacy of trauma and loss that continues to affect Indigenous communities, families and individuals. The forcible removal of Indigenous children from their families was part of the policy of Assimilation. Assimilation was based on the assumption of black inferiority and white superiority. "Half-caste" children, a term now considered derogatory for people of Aboriginal and white parentage, were particularly vulnerable to removal. Children taken from their parents were taught to reject their Indigenous heritage, and forced to adopt white culture. Their names were often changed; they were forbidden to speak their traditional languages; and most were placed in institutions where abuse and neglect were common (Australians Together, 2018).

An Australian government inquiry into the policy of forced child removal estimated that between 10 and 33 per cent of all Indigenous children were separated from their families between 1910 and 1970 (HREOC, 1997). The 'Bringing Them Home Report' acknowledged the social values and standards of the time, but concluded that the policies of child removal breached fundamental human rights. Almost every Indigenous family has been affected by the forcible removal of one or more children across generations. In 2008, the then Prime Minister made a National Apology to the Stolen Generations. It is important to note that to this day, Aboriginal children are disproportionately represented in out-of-home care arrangements, live as state wards or in shared care with family, and/or are fostered out to non-family members (CFCA, 2017).

3. The Intervention and the Shires

In modern times, the effects of above policies have left Aboriginal Australians with the problem of being perceived as the problem. It is true that the statistics reflect a disproportionate number of Aboriginal children in welfare, Aboriginal youth and adults in prison, and Aboriginal people dependent on welfare payments compared to mainstream Australians. In the Northern Territory where I live, "The Intervention" was rolled out by the Australian army in 2007 to attempt to address 'the Aboriginal problem.'

The Northern Territory National Emergency Response (referred to as "The Intervention") was a package of changes to welfare provision, law enforcement, land tenure and other measures, introduced by the [Australian federal government](#) in 2007 to address allegations of rampant abuse and neglect in [Northern Territory](#) Aboriginal communities.

The Emergency Response has since been replaced by the very similar Stronger Futures Policy. A major part of the roll-out of The Intervention was the implementation of Income Management. Income Management is the diversion of 50% of people's welfare payments into a managed Basics Card/approved payments system, which can only be spent on priority needs, such as food, clothing, rent, education, and health care costs. The explicit intention of Income Management is to prevent the purchases of alcohol, tobacco,

pornography and spending on problem gambling, and to assist families to meet essential household needs and expenses. Income Management applies to all Aboriginal people in designated areas who receive welfare payments, and assumes that all Aboriginal people are incapable of managing their money. This roll-out is still current and is being extended to more communities outside of the Northern Territory.

Combined with The Intervention came the Super Shires whereby the NT Government legislated for the amalgamation of 70 small, local community Councils, many of them based in Indigenous communities, into eight shires (also referred to as Super Shires). At the time of the amalgamation, there was a complete lack of assessment as to which councils were functioning well and no commitment to keeping what was working. Assets and enterprises owned by the Aboriginal community Councils to meet local needs became the property of the Shires with locals losing access or control. The Super Shires model has been described as "the most detrimental policy for Indigenous people in the Northern Territory, causing people in remote communities to feel they have lost all control of their affairs" [CAAMA, 2017].

4. Statement from The Heart

Ten years on from the Intervention, a Referendum Council was appointed in 2016 by the Prime Minister to talk to Australians about changing the Australian Constitution to recognise Aboriginal and Torres Strait Islander peoples. The final report was delivered in 2017 at the First Nations National Constitutional Convention. The 250 delegates at the Convention made the historic Statement from the Heart, including:

"Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs. This our ancestors did, according to the reckoning of our culture, from the Creation, according to the common law from 'time immemorial', and according to science more than 60,000 years ago.

...This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished, and co-exists with the sovereignty of the Crown.

In 1967 we were counted; in 2017 we seek to be heard" (Referendum Council, 2017).

The response from the current Australian Government is a recent example of acknowledgement of the impact of 'not being heard' while again reiterating old policies and practices of not listening to, valuing, or considering Aboriginal people.

"The Government does not believe such an addition to our national representative institutions is either desirable or capable of winning acceptance in a referendum.

...We acknowledge the values and the aspirations which lie at the heart of the Uluru Statement. People who ask for a voice feel voiceless or feel like they're not being heard. We remain committed to finding effective ways to develop stronger local voices and empowerment of local people" (The Guardian, 2018).

In summary, government policies and interventions have attempted to address Aboriginal disadvantage through strategies which have ignored, and often reinforced, the profound structural, social, and economic discrimination suffered by Aboriginal people, Aboriginal identity, and culture. Aboriginal identity and culture has been treated as a deficit, as an attempt to hang on to a past which can no longer be lived. Aboriginal people are seen as the

problem because they have not adapted to European culture and their disinclination to let go of their culture and Aboriginality ensures their ongoing refusal to be assimilated.

An alternative reality is that Aboriginal history and culture is alive in each Aboriginal person, whether they live in an urban setting or a remote Aboriginal community, whether they speak English or their traditional language as a first language, whether or not, they grew up with their birth family. This is a great strength as it assists people to stay strong in their identity, to feel connected to their family, culture, kin and lineage. To maintain a strong sense of connection to the land itself and to maintain the validity of their world view. However, the lived experience of the past as described above also causes trauma.

"Cultural trauma occurs when members of a collective feel that they have been subjected to a horrendous event that leaves indelible marks on their group consciousness, marking their memories forever and changing their future identities in fundamental and irrevocable ways" (Alexander et al, 2004). Aboriginal people live within the experience of discrimination and racism every day, and therefore, also within the experience of intergenerational trauma.

Colliding Worlds, Colliding Gold

When working with Aboriginal people, I have found that it is vital to acknowledge, the strength and value of Aboriginal culture and well as cultural and intergenerational trauma, and the way that this impacts upon the counselling/therapeutic relationship. At the same time, I have been continually reminded that Choice Theory, Reality Therapy, and Lead Management (CTRTLM), and in particular, the 'gold picture' approach, has profound value in strengthening people's resilience and in enabling hope for the future.

1. It is All in the Relationship

In CTRTLM, we understand that relationships are key. In Aboriginal culture, it can be said that relationships are survival. Within Aboriginal families and culture, complex kinship relationships and responsibilities govern all other relationships. This has ensured the ongoing survival and *thrival* of Aboriginal Australians for over 40000 years. Traditionally, kinship relationships provide enabling frameworks for meeting the five basic needs: survival, love and belonging, fun and learning, freedom, power and self-mastery.

Aboriginal people understand that family, community, and culture are fundamental to survival. I think it is rare to see Aboriginal people travel by themselves. As a community; as a family; if one is raised: all are raised. There is a common belief and ambition to raise conditions for everyone. In many ways, it is the ultimate practice of all for one and one for all. The goals and ambitions of people are for all to achieve, for all to be well. For example, non-Aboriginal ways of working in areas such as domestic violence need to be adapted to recognise the even when there is violence the gold picture aim is generally to improve conditions for the whole family. Splitting 'perpetrators' and 'victims' does not necessarily work.

Aboriginal people continue to face difficult choices about their lives and their place in their own communities. The gold picture of collective well-being can come into conflict with the European concept of leadership. An example is the new focus on governance and management requirements for Aboriginal corporations and enterprises. Aboriginal people, employed in leadership positions as managers, CEOs, or elected into corporate Director roles, are often younger, school-educated Aboriginal people who are more skilled in the ways and concepts of the wider Australian society than the elders, people with whom the government and corporations can do business. This can produce tensions or divisions within

a community, cutting across and undermining traditional lines of authority. Cultural concepts of leadership are about age and experience, knowledge, kinship, and having 'gone through' traditional law.

The history of impact by European Australians means that Aboriginal Australians have little reason to trust an unknown 'white fellow'. Proving one's trustworthiness can be problematic and can take a long time. Quality of relationship is measured partly by length. This is a long-lived culture. For me, living here in the Central Desert region for nearly 25 years, assists me to gain credit as I may have local knowledge and awareness. I have connections and relationships with people who know people who know people who can vouch that I am credible. As an example of counseling practice, when Aboriginal people are referred to me in private practice, there is an initial acceptance of me, as primarily people have found out about me from a friend, colleague, family member etc. This means I have some time to establish a rapport. As a clinician working in an organisation, for example a mental health service, it is my experience that I have 3 to 5 minutes to create some form of a working relationship before I am perceived as another white fellow telling them what to do. If in three to five minutes I can listen effectively, demonstrate that I care about what they are experiencing and see it as valid, and they have shared something from their quality world, as a practitioner, I then have a relationship. I have facilitated an experience that is safe, connecting, and validating and now everyone can breathe out.

Strategies that I use to assist with the development of trusting relationships:

- Stay present in the moment. It is easy sometimes to be affected by the pain and suffering, or the anger. Staying present allows space and time to simply listen. Listening is a form of validation;
- Never take things personally. Accept that trust is earned and gained and that there is every reason to assume I am untrustworthy until proven otherwise. Trust is something that is developed, and one needs to demonstrate worthiness. If people are sad or angry with me, it is always my job to stay neutral and keep it as information. This means I am constantly aware of my own internal responses, body language, tone etc.
- Relationships take time. Invest, invest, and invest. Allow the time and appreciate the difference in perception of time. I will often say to people, "I do not expect you to automatically trust me. I acknowledge that it is hard to trust me without knowing me, hard to trust the situation, hard to trust that I will or we as a business will act in an honourable way;"
- Organise meetings around food. Morning and afternoon tea, lunch. This meets the survival need and the commonality of all cultures where breaking bread is a ritual of coming together is vital. It sounds so simple and yet this creates a fundamental connection. I have had many conversations about why I do not eat meat when faced with the opportunity to eat kangaroo tail;
- Validation of the current reality, empathy, compassion and openness. Cultural and personal trauma often comes with the package. When working in Aboriginal-owned organisations, there is often a deeply littered history of illegal appropriation of goods, monies, culture, goals, and purpose;
- Adapt the way I speak. Use language that is easy to understand, and allow time for conversations in language. This is not about 'dumbing' down, or assuming

people will not understand big words; this is about using concepts that are relevant to the situation;

- Waiting and encouraging people to talk it over together in their preferred language allows for everyone to be included, everyone to have a say, everyone to be heard;
- Be prepared to sit on the ground; to sit where the people are. There are times, when I have sat on the ground literally. I have run meetings in halls where the radio is blaring, the kids and dogs are running in and out, the flies are over the top and it is 36 degrees centigrade. I have sat down on the footpath in my new white linen skirt and waited for someone to feel safe enough to talk. Basically, the rule is go where the people feel comfortable and weather the consequences;
- Appreciate the effort people go to participate and their capacity to continually go for gold again and again and again. I am constantly amazed by how resilient Aboriginal people can be in pursuit of their quality world picture. Many Aboriginal people keep getting up from set-backs or traumatic experiences, keep caring about culture, keep caring for children, keep hoping that their loved ones will change their behaviour. Given an opportunity and space, many people have shared their personal goals, hopes, and dreams simply because I asked the big questions and was willing to really listen to the answers.

2. The Past is Part of the Current Problem

The dislocation and disruption of Aboriginal culture means that communities, families, and individuals are burdened with chronic illness, chronic grief and loss, chronic mental health diagnosis, and drug use. Aboriginal people are seen as 'the problem.' Every Aboriginal person would be subjected to racism in their lives, to structural inequality, and the assumptions that all black fellows are lazy, possibly drinkers, on welfare etc. The intervention in the NT has led to a horrendous situation for many Aboriginal men who are automatically considered child abusers and paedophiles.

Strategies to assist with working within this context:

- Maintain clarity about the context within which we work. Remember that for many the greatest strength can be a great weakness simultaneously;
- Maintain focus on the present tense while still validating the anguish of the past;
- Accept that some people, families, and communities are in survival and use basic strategies like food with meetings;
- Value the lore and the culture, be willing to learn, to listen, to explore this with people;
- Educate and support people about the power of internal control;
- Accept that there is no straight line and set a time line. Conversations that appear to be deviating from the core business are valuable in terms of gaining knowledge, building relationships, and are usually about quality world pictures;

- Go for gold, return to gold, and have the quality world picture as the lynch pin for ensuring success;
- We go looking for previous achievements and see how we can build upon them;
- Value and use resources that have been created e.g. Social and emotional well-being;
- Assist people to evaluate success of current behaviour;
- As a counselor, my assumption that I bring to the session is that the person is not the problem: the problem is the problem. I assume that the person in front of me can be well; they have skills and knowledge and previous history of success and problem solving. If they feel safe, they can sit within an environment that allows them to access this and I can, therefore, assist them to assist themselves to move forward.

Example:

Lesley was an Aboriginal woman who lived on a community away from Alice Springs. She was referred to me for depression. Lesley and I used to sit on her porch and have a cup of tea. She told me that she was so angry and grief-stricken because her granddaughter had taken her baby in the car and not put her in a seatbelt. There had been a car accident and the baby had been thrown from the car and died. Lesley said she could not talk to her granddaughter any more and that she couldn't stop being 'sorry' which is the term used for grief when people die.

Sometimes we used to go for a walk and she would talk about country and her work, as she had been a very well-respected Aboriginal health worker. One day I brought the *Cards-R-Us* cards (St. Luke's Resources, Bendigo) with me to talk and to see if it would help her to move on. She looked at all the cards and then chose the card of the motor card bogged in the sand. That is me, she said, that is me. I nodded. We sat and drank tea and talked about her plants. I continued to drink tea with Lesley and one day she asked me where the car cards were, again. We got them out and she chose another, the car that was in the workshop being fixed. She said "next time, next time I am going to do it differently." What was heartbreaking is she knew there would be another death, whether it would be suicide, car accident, someone would die. What is positive is that by giving her space and tools to identify her own behaviour, she could, in time, recognise that it was not working and she needed to find another way. Over time, she did start talking to her granddaughter again, although she said she could not forgive her.

3. Aboriginal People are Not a Homogeneous Group

This is a common assumption made by non- Aboriginal politicians, policy makers, and government departments. It is crucial to understand that one Aboriginal person does not speak for all. Aboriginal people are diverse in their original nations, languages, and cultural practices, inter-generational histories of occupation and dispossession, and in their current experiences and quality world pictures. Ways of working with people differ from nation to nation, community to community, individual to individual. Given kinship and family connections, there may be crossover in terms of relationships and this can be built upon but not assumed.

Strategies to assist with working within this context:

- Being genuinely interested is vital. Asking the questions, clarifying that I am not making assumptions, continually checking in as to whether my understanding is correct;
- Being really clear about what I do not know while simultaneously being willing to learn;
- Appreciating and valuing information that been given to me and ensuring that it is represented and included in the work I do, especially when creating documentation.

Example:

Over the years, *Centred in Choice* has used a model called 'The . . . Way'. The organisation decides what their way of working is, what their values, ambitions and priorities are. These become 'The (Organisation's Name] Way.' We worked recently with the board of Directors of an Aboriginal women's organisation in a remote community. All are senior women, many suffer from ill-health, and all have multiple responsibilities in the family and community. The Organisation's Way is to go at the pace that the ladies can sustain. This means that from the non- Aboriginal perspective, achievements may be held up and people and activities may be considered slow, time wasters, impractical and so on. Staying focused with the organisational way ensures the picture in the frame is always the organisation's and the people it embraces. It is a way of ensuring each organisation, family, community is perceived as unique.

4. Always Go for Gold

As CTRTLM practitioners, this seems to be such a basic tenet of how we work. This is the information we value, we mine again and again; it is the basis from which evaluation stems. Yet in my experience this is the least valued, least understood, and least investigated information by mainstream policy developers and governmental managers.

Strategies we use to ensure the Quality World is and remains the primary focus:

- Very good listening and demonstration of that;
- We ask the tunnelling (getting more detail) questions, we think wide, ask wide and we reflect our listening by writing it up on the whiteboard, or by collecting the pictures and drawings and reflecting on this in any documentation or meeting processes;
- We are very clear that it is not our job to tell people what to do. Our job is to help the organisation realise their gold picture. We repeat this often;
- We continually ask people to give us the big picture, to build up the picture of the behaviour of what success would be like;
- We ask if we can suggest, the suggestion is relevant to the quality world picture and is only asked after we have gained a clear picture of what people are trying to achieve;
- We assist people to plan so that they can achieve immediate projects that are a high priority and in their gold picture, while longer term projects are still priorities;

- We use the knowledge of the people first and then value-add, if needed. In most cases we find that people, given an opportunity, can be really clear about what they want. We educate about why and how focusing on what you don't want is not a useful practice;
- We never say something is not possible. We always ask questions such as how do you see this happening in this context.

Example:

A young Aboriginal woman is sent to Child and Adolescent mental health on a Friday afternoon at 4 PM. The service closes at 4.21. She had been brought in because she has repeatedly tried to suicide in all sorts of horrendous ways. She has threatened this again. If I cannot work with her quickly, she will be classified 'at risk' and sectioned in the mental health ward for the weekend.

Step 1 is to set the scene. She has a drink, she has a biscuit, and I ask her to tell me her story. Step 2 is to listen to the story. It is violent, it is sad, it is desperate, and her behaviour is designed to pay back or harm the person who is harming her.

OK I say, thanks for telling me. I can see why you are so angry and hurt. 1.5 minutes

Step 3 is to go for gold. I ask her what she is doing in town. She is here for a basketball match. She is playing. I ask her about which team and what position; she tells me. I ask her if she is any good. She says yes, emphatically. She tells me it is the grand final and I ask her what she will do if she wins. She says I will go and celebrate. I ask her what she will do if she does not win and she says she will go and celebrate. So step 4 is to recognise that now I have an understanding of some of her quality world picture. Step 5 is on the scales: evaluation. I ask her, holding up my hands and acting out the scales, "How can you win at basketball if you are dead? I know it is important to you to get back at the person who is harming you, and yet how can you win at basketball this weekend if you are dead?"

My client was angry; she was angry with the dilemma; however, her quality world picture to win was stronger in that moment, for that weekend to be fun, and so we progressed from there. She chose life, she played the grand final and she came back to tell me. We moved on to dealing with the previous issues with her having a security that she was listened to, that her issues were important, that she was safe, and that I would not tell her what to do.

5. Avoid Righteous Control

Like other indigenous peoples affected by the dominant ideology, Aboriginal people are continually subjected to a range of beliefs, behaviours, policies, politics, and funding that serve to control the person or community, wrapped up in the guise of 'for their own good.' Within the areas we work, it is almost as if the policy is 'if it works, break it; if it is functioning, make it harder; if it is not compliant according to our rules, we will take it over.' This is an extremely challenging environment to work within. It means, that as a business, we walk a daily tightrope regarding with whom we work, with whom we accept contracts, and how the project or funding agreement might be influenced or affected. We are also walking the tightrope of needing to accept that people have good reason to be genuinely distrustful, reserved regarding sharing important information, and are not likely to be invested in the process until they can see we are trustworthy. Aboriginal people, especially elders, are very busy. The white fellow picture of people in community can often

be that elders are sitting around doing nothing. Many of the organisations we work with have board members who are on a minimum of 3-4 other boards all of which are engaged somehow in improving life, culture and community. Plus, they all care for family, children, and beloved elders, and they have cultural responsibilities.

Strategies I use in this environment include:

- Be clear about choice. This is an educative process. I discuss what it means to have limited choices, as opposed to perceiving no options. I discuss that some choices are between which pain we want to live with. I educate about the theory that everybody is making choices all the time based on the information they are getting. I discuss different choices and in what ways they might take people forward or backwards. I validate when the choices are dismal and assist people to make the most effective choice given the circumstances;
- Be extremely clear about what I will and won't do. For example, I will not tell people what to; I will not submit any documents to anyone without them seeing the document and being happy with it; I will not tell them that something will not work. I will remind them that it is their business or organisation and it is what they want that counts; I will keep coming back to the picture of what they want and making sure I have it all; I will keep asking them to let me know if I am on the right track.
- Be clear about my job your job. I tell people it is my job to listen to what they want and for me to adapt. It is my job to ensure that I am on track. It is my job to be responsible for ... It is not my job to make people participate, or to tell them what they can and can't do;
- I am very clear how I see my role. I am very clear about stating my areas of responsibility, and what I can and can't do. I continually repeat in different ways that it is not my role to decide what people want; it is my role to assist them to attain their goals;
- I encourage people to take their time to discuss in language and I allow time in our meetings to ensure good conversation takes place;
- I clearly state and work towards organisations being more viable, financially independent, to being compliant with regulations while simultaneously having processes and documentation that can be understood by the organisations. For example, budgets and cash flow projections can be both pictorial and written, or two separate documents can be created to ensure that information is both compliant and accessible;
- I continually provide opportunities for people to evaluate the effectiveness of our work. I ask things like: Am I on track? Have I got everything? Do you think I understand what it is you want? Is there anything I have missed? If this was achieved to meet two-way goals (Aboriginal and non- Aboriginal), how would it look?

Conclusion

This paper draws on my experience of working in a counselling and/or community development context with individual Aboriginal Australians, and with Aboriginal groups, organisations and businesses. Some strategy suggestions and examples of practice refer to work with individuals, and some to work with organisations. The same basic principles apply to both. When applying these theories, principles and strategies, I am continually

attempting to work in a culturally neutral way. This allows me to be culturally sensitive to the Aboriginal people I work with, and it prevents me from acting on assumptions that are dominant in mainstream Australia. Through this work, I have demonstrated the need for present-tense awareness and understanding of:

- Collective experience of Aboriginal Australians since colonisation, and the ongoing impacts of that;
- Ongoing denial and erosion by mainstream Australia of opportunities for Aboriginal people to be self-determining in meeting their 5 basic needs;
- Lack of trust in 'white-fella' intervention, based on Aboriginal Australians' lived experience and collective memory.

This awareness means that my method, when working with Aboriginal people, is always to seek to:

- Build relationships of trust grounded in providing quality listening and validation, safety, food, time, and continuity;
- Appreciate the impact of past and continuing injustices while identifying achievements and encouraging people to identify their quality world picture and go for gold;
- Understand that the problem is the problem, and never assume that the person is the problem;
- Believe in self-determination while avoiding righteous control.
- Believe that people can be well and businesses and organisations can be successful and healthy.

I have described that the ways of working are consistent with the principles of Choice Theory, Reality Therapy, and Lead Management. Finally, although I have not mentioned it previously, I always aim to create the environment where we can all have fun and laugh and laugh.

References

Aboriginal Heritage Office 2018: Retrieved from
<http://www.aboriginalheritage.org/history/history/>

Alexander, Jeffrey C. et al. (2004). Edition 1. *Cultural Trauma and Collective Identity*. Chapter 1 Toward a Theory of Cultural Trauma. Los Angeles: University of California Press. (pp. 1-30) Retrieved from <http://www.jstor.org/stable/10.1525/j.ctt1pp9nb>

Australia Government Recognition of Aboriginal Customary Laws (AGRACLR) Report 31. Australians Together. Retrieved from
<https://www.australianstogether.org.au/discover/australian-history/stolen-generations>

Central Australian Aboriginal Media (CAAMA) News 3rd Nov 2017. Retrieved from <http://caama.com.au/news/2017/the-many-causes-of-intergenerational-trauma-in-n-t-aboriginal-communities>

Child Family Community Australia (CFCA) 2017. CFCA Resource Sheet: Child Protection and Aboriginal and Torres Strait Islander Children. Australian Government: Australian Institute of Family Studies.

Creative Spirits: Mental Health and Aboriginal People. Retrieved from
<https://www.creativespirits.info/aboriginalculture/health/mental-health-and-aboriginal-people>

Guardian Australian Edition. Retrieved from <https://www.theguardian.com/australia-news/2017/oct/26/indigenous-voice-proposal-not-desirable-says-turnbull>

Human Rights and Equal Opportunity Commission (HREOC) (1997). Bringing Them Home: Report of the National Enquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, Commonwealth of Australia. Prime Minister Rudd [2017] National Apology to the Stolen Generations: Retrieved from
<https://aiatsis.gov.au/explore/articles/apology-australias-indigenous-peoples>

National Population Inquiry. *Population & Australia. A Demographic Analysis and Projection*, AGPS, Canberra, 1975, vol 2, 455.

Pascoe, Bruce (2014). *Dark Emu: Black Seeds: Agriculture or Accident?* Broome, Western Australia: Magabala Books.

Referendum Council [2007] Statement From The Heart. Retrieved from
[https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru Statement From The Heart .PDF](https://www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru%20Statement%20From%20The%20Heart%20.PDF)

[Reynolds, Henry \(1999\).](#) *Why Weren't We Told?: A Personal Search for the Truth About Our History.* Melbourne: Viking, 1999.

Brief Biography

Swami Kalikamurti Saraswati Suich has lived in Alice Springs in the central desert region of Australia since 1993. She has been accredited with the Australian Association of Social Workers as a mental health specialist (MAASWMH) since 2007. She is a faculty member of WGI and holds an Advanced Diploma in Community Management. Kalikamurti works in private practice as a counsellor through her business, *Centred In Choice Pty Ltd*. She also currently holds counselling contracts with several Employment Assistance Schemes and the Department of Veteran Affairs. She is an accredited work health and motor accident treatment provider. Kalikamurti has significant expertise in chronic pain and other illnesses and has presented at conferences and run workshops in this area in Australia, New Zealand, USA, and Singapore. Kalikamurti combines her expertise in three different yoga traditions with a firm basis in yoga psychology, a 5000-year-old understanding of how the mind works. As a result, she is able to include a psychospiritual component to her work, when requested. Kalikamurti has run yoga programs and retreats, conferences and workshops, and training and development for 34 years. She has nearly 25 years of working in Central Australia and has worked with numerous Aboriginal clients including individuals, families, communities, organisations, and businesses. Her business *Centred in Choice Pty Ltd*. is co-owned with her business and life partner and is an ethical, values-driven business, providing resources, training and organisational support to individuals and organisations to enhance their quality of life.

Research assistance was provided for this Idea Paper by Kate Lawrence.

AN EXERCISE TO TEACH PEOPLE ABOUT THE HABITS

Zachary Rapport

Abstract

Within this article, a new exercise is described to teach people about the 7 deadly habits. During the exercise coaches focus on one habit at a time. They present a simple definition of a deadly habit. Trainees repeat the definition then come-up with real-life examples of situations during which other people used a habit on them and vice versa. As a result of doing this exercise, students connect the habits to their own personal experiences.

Seven Deadly Habits

Before I explain the exercise to you, I will establish the reason I created it. As a professor, I train students in counseling. Almost always, the students say they haven't heard of Choice Theory. My presentation is their first exposure to it. Because I usually have just one class session to cover it, my goal is to communicate the information efficiently and in a way that makes Glasser's ideas as real as possible. I have found that a lecture, by itself, will not make the ideas real. The way to make the ideas real is to ask students to connect the ideas to their own lives. The exercise helps students do that.

Although I created the exercise to teach Choice Theory to my students, the exercise may be used with people under a variety of other circumstances—including a Choice Theory Focus Group.

Now let's look at the content the exercise covers—the habits. Why focus on the habits? Human beings have 5 basic needs—Survival, love/belonging, freedom, power, and fun (Glasser, 2005). To effectively satisfy those needs and be happy, we need good relationships with other human beings (Glasser, 2003). If we have bad relationships or no relationships, our needs go unmet and we feel unhappy. People who use the 7 deadly habits ruin their relationships (Glasser, 1999). Replace the deadly habits with an attitude and language that helps you connect with people. That is the key to improving our relationships and getting our needs met. Hence, the habits are a highly important area of Choice Theory to teach and learn.

During the exercise, coaches focus on one habit at a time. They present a simple definition of a deadly habit. Trainees repeat the definition then come-up with real-life examples of situations during which other people used a habit on them and vice versa.

You can use the same exercise to teach the 7 connecting habits. Just insert definitions and ask the same questions. As a bonus, to keep track of your place in the exercise, place a check mark in each box after you give the command.

Exercise: The 7 Deadly Language Habits

Instructions: Get into a group of 3 persons. The group may do the exercise in a group of two by omitting the observer.

Coach: Give commands to the trainee. Write down the trainees' answers on a sheet of paper. To get credit, submit the answers you wrote to your instructor.

Trainee: Respond to each command. You say the first thing that comes to mind. You spend little time thinking about it.

Observer: As the coach and trainee complete a step in the exercise, put a check mark in the box. Check each box as soon as they complete the step. If they aren't following the steps, correct them.

The instructor will walk around the room and visit each group as they do the exercise.

Submit this sheet to your instructor.

Trainee's Name: _____ Coach's Name: _____ Observer's Name: _____		
<input type="checkbox"/>	Duplicate means, make an EXACT copy of. Duplicate the following definition. Blaming: You did that and you're bad for doing it.	
<input type="checkbox"/>	Think of a time someone was blaming you. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Think of a time you were blaming someone. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Duplicate the following. Reward to control: Attempt to get someone to do or not do something in exchange for something desirable.	
<input type="checkbox"/>	Think of a time someone was rewarding you to control you. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Think of a time you were rewarding someone to control that someone. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Duplicate the following. Complaining: Communicating that you feel dissatisfied or frustrated with someone or something.	
<input type="checkbox"/>	Think of a time someone was complaining to you. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Think of a time you were complaining. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead to bring you closer together?	
<input type="checkbox"/>	Duplicate the following. Criticizing: Deciding someone or something is bad and communicating that idea.	
<input type="checkbox"/>	Think of a time someone else was criticizing you. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Describe a time you were criticizing someone. <ul style="list-style-type: none"><input type="checkbox"/> What was said?<input type="checkbox"/> What could be said instead that would bring you closer together?	
<input type="checkbox"/>	Duplicate the following. Nagging: <i>Repeatedly</i> attempting to get someone to do something.	
<input type="checkbox"/>	Think of a time someone was nagging you. <ul style="list-style-type: none"><input type="checkbox"/> What was said?	

<input type="checkbox"/>	<p><input type="checkbox"/> What could be said instead that would bring you closer together? Describe a time you were nagging someone.</p> <p><input type="checkbox"/> What was said? <input type="checkbox"/> What could be said instead that would bring you closer together?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Duplicate the following. Punishing: To purposely impose a disadvantage on another.</p> <p>Think of a time someone was punishing you.</p> <p><input type="checkbox"/> What was said? <input type="checkbox"/> What could be said instead that would bring you closer together?</p> <p>Think of a time you were punishing someone.</p> <p><input type="checkbox"/> What was said? <input type="checkbox"/> What could be said instead that would bring you closer together?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Duplicate the following. Threatening: Comply!—or I will make something bad happen to you.</p> <p>Think of a time you were threatening someone.</p> <p><input type="checkbox"/> What was said? <input type="checkbox"/> What could be said instead that would bring you closer together?</p> <p>Think of a time someone else was threatening you.</p> <p><input type="checkbox"/> What was said? <input type="checkbox"/> What could be said instead that would bring you closer together?</p>

If you use the exercise, please let me know how it went and what results you obtained. I am happy to hear from you: ProfessorRapport@yahoo.com.

References

Glasser, W. & Glasser, C. (1999). *The language of Choice Theory*. New York, NY: HarperCollins.

Glasser, W. (2000). *Counseling with Choice Theory: The new Reality Therapy*. New York, NY: HarperCollins.

Glasser, W. (2001). *Fibromyalgia: Hope from a completely new perspective*. Chatsworth, CA: William Glasser, Inc.

Glasser, W. (2003). *Warning: Psychiatry can be hazardous to your mental health*. New York, NY: Harper Collins.

Glasser, W. (2005). *Defining mental health as a public health issue: A new leadership role for the helping and teaching professions*. Los Angeles, CA: William Glasser Institute.

Glasser, W. (2011). *Take charge of your life: How to get what you need with Choice Theory Psychology*. Bloomington, IN: iUniverse.

Brief Biography

Dr. Zachary Rapport has experience counseling people who take drugs. He has taught courses at colleges and universities since 1996. He currently works as the Chair for the Department of Counseling, Psychology, and Social Sciences at Argosy University. He holds a graduate certificate in Alcohol and other drugs from Western Michigan University and the following degrees: B.A. in Psychology, Michigan State University; M.S. in Mental Health

Counseling, Nova Southeastern University; M.A. in Education, San Francisco State University; MPA in Public Administration, Kaplan University; and Ed.D in Education, Leadership, and Management, Alliant International University. He trained in Choice Theory with Carleen Glasser and Robert Wubbolding—certified in CT/RTC in 2001. When he is not researching, writing, or teaching, he's hiking the trails and taking photographs of our beautiful regional, state, and national parks.

REFLECTIONS ON MERGING TWO THEORIES TO NURTURE THE POTENTIAL OF MEDIATION

Rita Czarny

Abstract

Have you heard of **Non Violent Communication (NVC)**, also known as Compassionate Communication, as developed by **Dr. Marshall Rosenberg**? Have you heard of **Choice Theory (CT)** which, like Reality Therapy, was developed by **Dr. William Glasser**? Both theories (models, frameworks, concepts) have the similar aspiration of empowering people to resolve their internal and interpersonal conflicts by getting in touch with their needs through the feedback offered by their own feelings. While the two theories have never formally met, this paper has the ambition to conceptually marry them. This paper will compare both processes and will further analyse the **NVC** paradigm through the lenses of **Choice Theory**. This analysis will explain why **NVC** is so successful in enhancing self respect, mutual understanding, and healthy relationships. It will explore why, when using **NVC**, mediators have the potential for creating a therapeutic environment, modeling deep and respectful communication, and ultimately reaching the core of the issues to be resolved. Finally, this paper will extract practical tools mediators can offer to individuals to help them connect deeply within themselves and with each other, unfolding the mat for genuine communication and connection to happen, and ultimately resolve conflicts in a healing and restorative way.

Two men have greatly influenced my life. And no, I am not talking about my husband and my lover (which are actually one and the same!). Really, I am talking about two doctors, Dr. William Glasser and Dr. Marshall Rosenberg. In my humble opinion, both would technically meet the criteria to receive a Nobel Peace Prize for their work which extends throughout the world, and toward making our world a more peaceful one. They have practiced for many years, Glasser as Psychologist and Psychiatrist, and Rosenberg as a Psychologist, and both have eventually rejected the concept and practice of labeling people into classes of pathologies.

Instead of classifying people into boxes, they each have created communities focused on the humanity we share, on our human bond. In these two extended communities, we understand and accept it as a fact that, at any time, people are doing the very best they can. We understand that as human beings, we have one purpose only: to intrinsically meet our needs. So then, the question becomes, why are we choosing words and actions which do not fulfill our deeper needs in a positive way?

Glasser and Rosenberg both offer us, if we listen to their philosophies, a pathway toward a more livable world. Both theorize that we can control our own mind and body (Glasser, 1998 and Rosenberg, 2005). The problem originates with our attempt to control others. In doing so, we are in fact, alienating from us the very people we are trying to exert control over. Indeed, in their own different ways, they both tell us the same message. In our society, we function with the concept of external control. We think, we talk and we believe that we can impose on others what we think is best for them. It starts at home, in school and expands to the health, the social, the political and the justice systems. In all communities and public spheres, we think that if we punish the wrong, reward the good and present a carrot for motivation, we have it all under control. The strong message from both of them is that external control **IS** the foundation for our malaise as a society and as individuals.

What can we choose to do about it? This paper is an attempt to answer this very question.

About William Glasser

William Glasser is the father of Reality Therapy (RT), which guides people toward making productive choices in their search for happiness (Glasser, 1998). Choice Theory (CT) is the analytical support, guide, and explanation of why RT works. Glasser's work has transformed the quality of relationships throughout the world, in schools, hospitals, jails, and addiction centers, in sport, management and family relations, and of course, between parents and their teens.

To give you a flair for his work, the titles of two of Glasser's books speak for themselves: *Schools without failure* (1969) and *Warning, Psychiatry can be dangerous to Your Health* (2004).

About Marshall Rosenberg

Marshal Rosenberg has influenced the culture of communication and peace in the same spheres as Glasser, with his own model of Non Violent Communication (NVC) (Rosenberg, 1998). His model opens up a space to speak from a place of compassionate consciousness and to communicate from the heart. He brings his work to war torn countries and communities, bringing new hopes to those living under unbearable distress. To give you a flair for his work, the titles of two of Rosenberg's books speak for themselves: *The Heart of Social Change – How to make a difference in Your World* (2005) and *Getting Past the Pain between Us – Healing and Reconciliation without Compromise* (2005).

Striking Similarities

William Glasser and Marshal Rosenberg's life commitment is to give us ways to reach out to others, to connect, to relate with compassion. In doing so, they give us faith that we can make our world a safer place where feeling good about ourselves could be the norm within peaceful relationships. The practicalities of both their theories apply as beautifully to our relationships with others as within ourselves. Both models of thinking offer mediators practical, enlightening, and invaluable tools to carry along in their practice. Both founded an Institute to their name in the 60s, and both have implemented a process for certification.

I was Reality Therapy Certified when I became a mediator. Hence, every theory I was learning about peace building had to make perfect sense in terms of Reality Therapy and Choice Theory. They did. I later found that wearing CT/RT lenses gave me great support in my practice as a mediator. But you might wonder, what does it mean to look at life from a CT/RT frame of mind?

About William Glasser's Reality Therapy

Reality Therapy is an approach to counseling to help people lead productive, fulfilling and responsible lives (Glasser, 1998). Reality Therapy offers a technique to question how we lead our lives. Relationship problems are about the dynamic of today, the feelings of today. Glasser explains that while we are the result of our past, we can not change anything about it (Glasser, 2004). The most useful in exploring the past is to search for past behaviors which worked for us. We have much control over what we choose to do today and tomorrow, not matter the circumstances around us. We can find answers to improve our lives, our relations, and our connections if we ask the right questions.

To illustrate, when we ask the following questions we are wearing RT lenses (Glasser, 1986):

- What do you want? What do you **really** want?
- What did you do to get what you really want?
- **Is it helping?** Is the way you are looking at the situation helping?
- What do you want to change?

Is it helping? This is a good question a mediator can ask at the intake, asking if the way they communicate is productive. If people knew how to communicate, they would not need mediation. It is in fact a good question to assess any situation.

The turning point in the process of Reality Therapy happens when, and only when, people evaluate that what they have been doing till now is not working (Glasser, 2004). They need to decide that something must change from within, free of external judgment or evaluation. It worked with Jim and Jane who came to mediation.

Their 4 year old daughter, Emily, had the classic every second week-end with dad which did not always materialize and her parents had barely spoken with each other for 3 years. Jim had filed a court action to increase his time with Emily. The judge referred them to mediation. Neither of them believed it could help, they did not want to be there; Jane did not want Jim to get more time.

During the mediation, I asked them for a picture of Emily. We looked at the picture and explored what they wanted for her. We explored the pictures they had in their heads. Jane had full custody of Emily, and wanted to keep it this way. She was describing how Emily was the centre of all her energy, she spoke of how smart she was, how much she enjoyed art, how curious she was about life. Jim told some loving stories about Emily, wanted to bring her to the family cottage, take painting classes together, and wanting to start judo with her. He wanted so badly to have Emily in his life. Jane discovered that Jim was a very caring dad and she was surprised to learn a few things about Emily that she did not know.

I asked what they really wanted for her. When we ask what they really want, we get closer to their needs (Glasser, 1986). In their own ways, they talked about their need to provide for Emily the best life they could offer to her. I noticed out loud the air filled with overwhelming love and hope for Emily's future. Both parents totally agreed. It is really easy for a mediator when parties have the same deeper need and the same pictures of a better tomorrow.

In the course of the conversation, Jim had explained that he had tried to communicate with Jane through letters, voice messages, family help, threats; he came to her work, and now, court proceedings. She kept turning him away to keep peace, as she explained. It was the right time to ask the key question. This is how I framed it: "I think I hear that you both want deeply to offer Emily the best life you could give her, and you both want to be the best parent she could have." Yes, both wanted the best for Emily. From there, I just asked: "Is the way you relate to each other giving her the best of both of you?" Well, I did not expect it at all, but Jane started to cry. She realized that she had been so scared to suffer more, that she had forgotten about Emily. She had been touched by learning about details of Emily's life she did not know. Jim's eyes filled with tears. Luckily, they were so moved that they did not see I was just as emotional. I can tell you that from that moment onward, they knew what they wanted to change. They had a further conversation they needed to have to bring closure to their past. Next, it was a breeze finding new arrangements for shared time.

They got out of the mediation session talking about Emily, filling all the blanks from 3 years of non-communication. And when I went to my car, one hour later, they were still in the parking lot, talking about Emily, feeling so relieved that she will now have parents like in the pictures in their head. As a mediator, pictures give us a lot to work with. They are one among many useful aspects of Choice Theory (Glasser, 1998). Below are some basic CT concepts.

About William Glasser's Choice Theory

Choice Theory explains how we function as humans and gives meaning and life to Reality Therapy (Glasser, 2004). When using RT, Choice Theory gives us a reference map. One premise in Choice Theory is that as humans, all we do is driven by our basic needs (Glasser, 2004, 2008).

Our Needs

Basically, we are motivated to look after our needs. Glasser categorizes our five genetic and universal needs as follows: love and belonging, fun, power, freedom, and the deeper need of survival (Glasser, 1998, 2004). Our need for love is fulfilled as we connect with others, belong to communities, families and groups; our need for fun is fulfilled when we learn, explore, do what gives us pleasure; our need for power is fulfilled when we feel important, have a purpose and are skilled and competent; and our need for freedom is fulfilled when we have the ability to make our own choices, to create. The basic survival need is one of having access to food, shelter, and safety.

I would say that, as in Maslow's' pyramid of needs, the survival needs are paramount (Glasser, 1986, 2004). In our society, we can assume it is met. RT places the four needs equally at the core of being human. They vary in strength. For instance, while I might have a strong need for love and belonging, you might have a stronger need for power and freedom. Our needs might be incompatible as a couple, but work well as colleagues. We can analyse any relationship, situation, and activity by evaluating if and how they meet our needs. If you feel balanced in your life, you are probably having relationships, environments, and activities which meet some of your needs most of the time. If you feel balanced in your life, each and all of these needs are met some of the time. If your needs are in balance, you live in what Glasser calls a Quality World (Glasser, 1998).

Our Quality World

Our quality world looks like a picture album (Glasser, 1998). We all have a very specific picture album in our mind. As a mediator, this concept is extremely useful. To help people understand each other, the mediator opens the album and explores with them, the said pictures in details. You might wonder what kinds of picture are in our album. We have pictures of people, activities, situations and beliefs which meet our needs. The pictures are a snapshot of moments which are deeply satisfying for one or more of your needs. Many pictures come from watching TV. Many come from our own life experiences. Think of pictures of birthday parties (freedom, fun, love and belonging, and probably power), the smell of your mother's favourite soup (love & belonging), a painting, your dog, your phone (power, freedom, and belonging), a peaceful world... All these scenes have in common excitement, warmth, good feelings. We do feel the quality in our body, in our gut. We keep these images alive and put them

We evaluate, we compare our world as we perceive it through our Quality World. If the images from our album and the images we perceive from our world are in sync, we are

happy and at peace; if they clash, we are safely in our picture album. No two people have the same album, ever.

Pictures are also the source of conflict (Glasser, 2004). The role of the mediator is to bring the pictures into light, to bring out the needs connected to the pictures. For the mediator, it is important to know that we can replace or even remove pictures from our album.

The bigger the clash, the louder we hear the signal in our gut and we always behave in an attempt to keep feeling good or to reduce the clash (Glasser, 2004).

Our Total Behaviour

Interestingly, we never stop doing, thinking, feeling and physiologically being (Glasser, 1998). We can never separate them. They are us, we are them. As you are reading this article, you are your total behaviour. You are sitting and reading (Doing), you are engaging into the reading or into some other thoughts (Thinking), you enjoy the reading or you are bored (Feeling) and your back might hurt from sitting, or feel cold because of a draft (Physiology).

If you don't mind, I would like to do a little experiment (Glasser, 1998). Would you do the following? Raise your right hand... This is easy isn't it?

Think of a blue sky... You can picture a blue sky in your mind.

Now, feel sad... Not that easy, is it?

Do give yourself a headache... Not easy at all.

When unhappy, we have headaches, back pains, ulcers. Choice Theory was first called Control Theory to express that we are at all times in control of ourselves (Glasser, 1986). Glasser changed the name because it was often misinterpreted to mean control over others. As his message is exactly about eradicating control over others, the message did not match an image of self control.

In CT, we often use the image of a car to understand this concept (Glasser, 1998) Imagine you are a car with front wheel drive. You are the driver, holding onto the steering wheels. The front wheels each represent what you do, and what you think, and the back wheels each represent your feelings and physiology. When you turn the steering wheel, you have direct control over the front of the car (Thinking and Doing). The back wheels are wired to follow, they cannot be independent. Too bad we are not a Subaru.

A Language of Choice

In an inappropriate way to meet our needs, we may **choose** negative thoughts; we may choose to depress, to act out, to take drugs, to scream, to control, to anger... (Glasser, 1998, 2004). Somehow this will serve some of our needs in the short term, even if it will not necessarily make us feel better. Did you notice that these verbs are active action verbs? Did you notice the verb **choose** in front of them? This is actually how we speak when we wear Choice Theory glasses (Glasser, 1998). This specific wording is a way to remind us that we can choose a different behaviour. If we state that we choose to depress, we might decide to do and think something different. Words are powerful. Once we speak in these terms, once we look at our choices through these glasses, we accept responsibility for our own behaviour. At that point, we are in a position of awareness conducive to change (Glasser, 1998, 2004)

Glasser will submit that our pain is always related to relationships with others (Glasser, 2004). Disputes start with the clash in pictures between two or more people. The pictures can be about how we measure success, how to share an inheritance, or how to bake the perfect cake. A conflict happens when our respective pictures do not match. To resolve a conflict, we need clarity about everyone else's picture. We can communicate to do that. We often think we do.

Glasser suggests that we ask ourselves if what we are doing is getting us closer to the people we need (Glasser, 1986). Our communication patterns do not work. We are sometimes lost as to how to reconnect to the people we need in our lives. What better way to build quality relationships than by a language which connects people to their respective needs, at the level of their heart (Glasser, 1998). What if there was a language where people would be free to say what they sincerely need to say [Freedom], could impact their world positively [Power], could connect in a loving caring way [Love and belonging], and would feel good using it [Fun]. This language would certainly meet all of our needs and be called a quality language. I had this picture in my album.

I was wearing my RT/CT lenses when I discovered Non-Violent Communication (NVC) from Marshall Rosenberg (Rosenberg, 2003). What I saw was clearly in line with RT/CT. What I felt was clearly in tune with my picture of peace. The pictures blended perfectly. I could not resist, I jumped in it, I immersed in it.

About Marshall Rosenberg's Non Violent Communication

Dr. Marshal Rosenberg developed a framework to help people communicate from their hearts; a communication tool to facilitate giving and receiving with love; a language from a consciousness of peace, acceptance, and compassion (Rosenberg, 2005). Practically, Rosenberg developed the Non Violent Communication model to help individuals listen to themselves with compassion; hear others with compassionate curiosity, and interact with the same compassion. NVC is a deeply connective language. The model can be used to express oneself, it can be used to reach out to others, and it can be combined to explore who we truly are (Rosenberg, 2005).

Non Violent Communication

The NVC formula includes four communication steps which explore: observation, feelings, needs, and requests (Rosenberg, 2005). Technically, the four steps bring our awareness inward ourselves and inward others. The formula guides us into finding the words to express the following:

Inward ourselves:

1. When I see, hear...
2. I am feeling...
3. Because I have a need/value for...
4. What would work for me is...

Or

Toward/inward others:

1. When you say or do ...
2. I wonder if you are feeling...

3. Maybe because you have a need/value for....
4. Would you like....?

When talking about someone else's need and feelings, we always take a guess. It stays true to RT, to not assume or assess anything (Rosenberg, 2005- Glasser, 2004). It does not matter if the guess is right or wrong. We are speaking from a place of curiosity directed to bringing awareness to the needs and feelings. The concept is so easy, so simple and so clear; it speaks for itself, doesn't it? Well, let's take a closer look on the practicality of choosing to use NVC.

1. On Observation

Observe and outline what we see or hear, what happened that had an impact on us, or like Marshall would say, "*what is alive in us*" (Rosenberg, 2005). The brief observation is meant to be just a pure objective video or tape replay of a moment. The challenge is to do that without any blame, judgment of any kind, or criticism; not even an interpretation. To illustrate, it makes intuitive sense that naming a person or action as *bad, wrong, cheap, selfish, too much* implies a judgement. Do you know that *good, right, generous, perfect, nice* are also judgments? Whether *positive or negative*, the qualifiers we choose to use imply that we hold the true criteria to make the evaluation (Rosenberg, 2003).

Choice Theory informs us that in qualifying others, we are comparing them with our own quality word, and we are imposing our pictures over theirs (Glasser, 1998). Often, the other person will not agree with your description. By using very factual untainted drawing of a situation, we are creating a quality environment the other will feel safe engaging in.

2. On Feelings

Express how we feel in relation to the said observation (Rosenberg, 2005). The challenge is to observe feelings in the gut, and stay away from thinking with the head. To illustrate, did you know that you express a thought and not a feeling when you say:

I feel that you should treat me better.

I feel like you were manipulating me

I feel you ignored me again.

The three examples originate from the head, not from the gut, the body, the heart. Something which is a pure feeling would sound like the following: *I felt hurt, puzzled, and lonely*; are your feeling *grateful, hopeful, or excited*...? Choice theory informs us that our feelings and physiology is our window into ourselves right in the moment (Rosenberg, 2005).

3. On Needs

Express what needs of ours is frustrated or satisfied by the said situation and feelings – talk about our needs and values, what matters to us (Rosenberg, 2003). Alternatively, wonder aloud about what needs the other tries to meet. It is fascinating to see how we are at loss for finding words relating to our feelings and our needs. We often mix needs with feelings (Rosenberg, 2005). The needs as described in NVC fit into categories similar to RT, with the following precision: Autonomy, Celebration, Integrity, Interdependence, Physical nurturance, Play, Spirituality, Peace... (Rosenberg, 2003). Choice Theory informs that our needs are the motivator of all of our behaviours. Every one of our moves has a purpose to meet some of our needs (Glasser, 1998). No wonder NVC language brings us back to them.

4. On Request

Make a request outlining what we hope to achieve, offer an image of what would work for us. The request deals with an action or a suggestion for connection (Rosenberg, 2005). The challenge in NVC is that a request is in no way a request: if we are speaking NVC, the other will hear that it is safe to say no..... no strings attached at all. The challenge is also that we rarely feel comfortable asking for what we really want. And if the response is negative, we will hear it as a rejection of ourselves. Another challenge is to remember that an answer of no is only an expression of a need not met by the request. Marshall suggests that when we hear no, it is an opportunity to seek what it would take to get a yes (Rosenberg, 2003). For mediators, this is a very precious tool to inform our questioning. Listen to the compassion in the following request: *Do you want to talk about it?* No wonder Rosenberg calls it the language of life. In Choice Theory language, the request is an invitation to explore how to create a new picture which includes everyone's pictures (Glasser, 2004). What would be the use of starting a conversation with someone who did not have the picture of a conversation with us in their head?

Speaking NVC Language

The language of NVC integrates the four elements outlined above. The purpose of NVC is to reach out to what is alive in us via the feelings. Some of the steps can be unspoken; a smile might represent them all. The connective thread is the intent, the gift of our presence (Rosenberg, 2005). Glasser lists the following guidelines for communicating with care which includes supporting, encouraging, listening, accepting, and trusting, respecting and negotiating differences (Glasser, 1998). Glasser also lists what he calls the deadly habits: criticizing, blaming, nagging, complaining, threatening, punishing, bribing, rewarding to control. Marshall calls it alienating language. Deadly habits are all about control; external control that is. When we engage in the deadly habits, we have a goal for the other person of what we think is right (Rosenberg, 2005). NVC is entirely clean of any deadly habit and made up only of caring ones.

Once we understand the ABC's of this new language, once we study it, it takes a few years to speak it smoothly and fluently. We did not learn it in school. We can choose to learn it and if we chose to use it effectively, we will feel better in our relations with others. As Rosenberg says:

The mechanics are only helpful to the degree to which they support our connecting in a certain way. If we get so preoccupied with the mechanics, that they become the only objective, we've lost the process [P. 19 – Getting past the pain between us].

Do you notice that NVC stays totally out of our head? We explore our thinking; we reach a new level of consciousness (Rosenberg, 2005). As a paradox, we have to think a lot to keep the thinking component out of the conversation. By CT standards, we change our thinking to change our feeling (Glasser, 1998). The cycle is closed.

Nurturing the Potential of Mediation: Choosing to Wear CT and NVC Bifocals

Both, in Non Violent Communication – NVC – and in Reality Theory – CT – a conversation can yield a potentially therapeutic effect only if, and only when wrapped with ultimate care. In mediation, we can approach any *difficult* [Not a very NVC qualifying adjective] party with the following in mind:

NVC calls it **intent**: Intent is about being genuine, connecting with love and compassion with the other, while withholding any kind of judgment (Rosenberg, 2005).

RT calls it the **environment**: Environment is of quality when connecting with the person in a way to meet all of their four needs. In a quality environment, the other puts you in their Quality Album (Glasser, 1998, 2004).

Yes, this is true for mediators, and yes, this is true for teachers, managers, parents, partners, doctors. Same is true for ourselves. NVC and CT/RT are tools, a blueprint we can rely on to help us translate what is said and what is left unsaid. My husband and I discovered NVC together, in our volunteer work in the restorative field. I want to clarify that we still fight 'normally'. What has changed now is that, when we are done fighting, we sit down and say: How can we translate our interaction in NVC language? We gather our sheet with the long list of words relating to feelings and needs, we explore and after much work, we say: Wow, this process works. Sometimes, we argue about the way to say it in NVC language. And then, we remember how Marshall tells us to put on our NVC ears. For inspiration, during a NVC training, Martha Lasley reported that she heard Marshall ask prisoners he was teaching NVC: *What beautiful need of yours did you hope to meet when you chose to do what brought you here?* He really wanted to know.

Who Owns Meaning?

Strong with both frames of mind coloring our vision of the mediation room, we learn to let go of evaluations. We know how to get closer to parties' picture albums and create an environment where the parties feel safe. We can offer them the gift of Choice Theory. They may or may not accept it. We can offer them questions to evaluate whether if what they said and did is giving them the relationship they want. We can translate all that we hear and see in NVC language. As a mediator we are a gate keeper; this is the keeper, the reminder, and the support for the environment and the intent. No one can ever know what any act or word meant until it is named, undressed, and held close to the heart.

A Glimpse into The Future

I want to present you with another man whose work has brought more peace to the world than Barack Obama has to date. Dominic Barter has developed the model of Restorative Circles (RC) in Brazil and is bringing it to North America. RC brings all parties within a community impacted directly or indirectly by a conflict together. An act or words which created pain is the catalyst for bringing them together. Barter, during his workshops, names them the Author(s), the Receiver(s) and the Community. The model is greatly informed by NVC, would pass the test of Control Theory, and offers much hope for the future of peaceful communities. While this RC model is not the focus of this paper, it is a further application of the concepts described herein; this paper would not have been completed without at least, mentioning it. When Dominic is asked if something is wrong, fair, or unimportant, I have heard him say: "According to whom"?

A Last Word

I have a picture in my mind: I see a world where every school applies and teaches Choice Theory. In these schools, children feel good about themselves; they grow to their full potential, and develop the skills to live peacefully with others. The curriculum includes NVC, and NVC is the language spoken by everyone. They graduate from these schools where they can never fail because they always do the very best they can. They help build a world

literate in NVC and CT. The world receives a Nobel Peace Prize, and there is no more need for mediators. Now I would love to know: What is your picture?

References

Glasser, W. (1986). *Control theory in the classroom*. New York, NY: Harper & Row.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York, NY: Harper Collins Publishers.

Glasser, W. (2004). *Warning, psychiatry can be dangerous to your health*. New York, NY: Harper Collins Publishers.

Rosenberg, M. (2003). *Non Violent Communication: A language of life*. (2nd ed.). Encinitas, CA: PuddleDancer Press.

Rosenberg, M. (2003). *We can work it out: Resolving conflicts peacefully and powerfully*. Encinitas, CA: PuddleDancer Press.

Rosenberg, M. (2005). *Getting past the pain between us – Healing and reconciliation without compromise*. Encinitas, CA: PuddleDancer Press.

Rosenberg, M. (2005). *Speak peace in a world of conflict*. Encinitas, CA: PuddleDancer Press.

Websites:

<http://www.wglasser.com/>
<http://www.cnvc.org/>
<http://www.restorativecircles.org/>

Brief Biography

With a Specialized B.A. in Psychology and a Certificate in Dispute Resolution from York University, Rita Czarny is Reality Therapy Certified, she is trained in Transformative Justice, Restorative Justice, and has more than 25 years experience in the field of human relationships. She is a certified trainer in Nonviolent Communication.

THE POWER OF CHOICE FOR TODDLERS: A RATIONALE FOR IMPLEMENTING CHOICE THEORY IN THE EARLY CHILDHOOD CLASSROOM

Leigh Roche

*The day we stop playing . . .
will be the day we stop learning.* - William Glasser

Abstract

Choice Theory dovetails with what early childhood educators know is important for children's social-emotional and cognitive development. This article explores how Choice Theory correlates with a high-quality early childhood program and includes ways early childhood educators can create an environment to support Choice Theory as it relates to task mastery, emotional regulation and imagination.

Choice Theory for toddlers is a natural connection: it complements what early childhood experts know about toddlers and it helps toddlers manage their need to be in charge, setting the stage for their ability to make beneficial choices as they grow. Toddlers need opportunities to make choices to satisfy their needs (power, survival, belonging, freedom, and fun) through everyday activities.

Very young children can develop the ability to make beneficial choices in activities, interactions and emotional regulation through guidance from engaged adults. A high quality early education program can embrace Choice Theory across all curriculum areas and include STEM/ Maker activities (active engagement with materials in science, technology, engineering and mathematics) as well as mindfulness. Implementing choice theory guides toddlers to focus on their accomplishments as they build and master new skills, take risks, increase emotional regulation and develop imagination.

A high-quality early childhood education (ECE) environment includes a safe space with age-appropriate toys and equipment to explore, and adults who respond to children's needs calmly to facilitate choices in how children get their needs met. Being able to exercise choice can help young children know they have the power to control how they experience life. Experiences early in life bring to bear long-lasting influences over brain development – because they act as instructions on how best to respond to the particular environment (Tottenham, 2014).

According to Dr. William Glasser, all behavior is purposeful. Behaviors are our best attempt at that particular time to satisfy one of the five basic human needs that motivate us: survival, belonging, power, freedom, and fun. As early childhood educators, we are responsible for facilitating and helping the children in our care to satisfy these basic psychological needs through care and learning activities. Instead of being shaped by reward and punishment or some kind of external controls, Choice Theory says that we have choices based on how we are motivated by our human needs. Even babies and toddlers have an inborn capacity to make healthful choices about how to move and explore, to learn (Gerber, 1982) and early educators can capitalize on this.

Toddlers have a strong desire for independence even though the pre-frontal cortex, the area of the brain responsible for planning, impulse control, and working memory is not yet developed (Gerber, 1982; Klein, 2014). Toddlers are figuring out what they can do, what different things do and what their world is all about through direct experiences. Infants and

toddlers need boundaries that are consistently and predictably reinforced to impart security. It is within these consistent boundaries young children begin to have an understanding of choice. To develop inner discipline, children must be given the freedom to make choices (Gerber, 1982). Toddlers essentially want to cooperate and want to contribute, but need to learn ways to make appropriate choices; all of this takes repetition to master.

In choice theory, the teacher fulfills the role of manager of the children in a needs satisfying classroom that share these characteristics: create positive relationships, focus on quality and self-evaluation, and motivate children to learn (Glasser, 1998). Toddlers can exercise choice in their daily activities and peer interactions. Choice within boundaries which are consistently and predictability reinforced provide security (Gerber, 1982).

With coaching from compassionate and calm teachers, toddlers can learn they have choices in how they react to their feelings and emotional states. The toddler brain is ruled by emotions because of the biology of brain development. How adults respond to toddlers' emotional outbursts helps toddlers learn to develop the ability to self-regulate emotions. Early childhood teachers need not respond to toddlers' seeming unreasonableness with anger, outrage or coercion; instead, adults acknowledge toddlers' feelings, label them, and coach toddlers toward stating what they need and how they feel. Thus, toddlers have opportunities to begin to learn the [Caring Habit](#) step of negotiating.

Mindfulness and Emotional Regulation

Given that toddlers are ruled by the emotional centers of the brain, early childhood educators can help toddlers to learn that emotions come and go and that they are able to cope with strong emotions. Toddlers need support to process their emotions and to learn ways to react to their emotions. Mindfulness, through focus on the breath, is a valuable skill early educators can transfer to toddlers.

Young children learn how to respond by observing how others act; teachers can model appropriate behaviors with their calm responses, thusly, toddlers learn that how they respond to strong emotions is also a choice. Teachers label a child's emotions and sit with the child to help the child breathe and regain calm, then coach young children to use words to express feelings to get their needs met.

There are many resources available related to mindfulness for young children, but one that is effective and attractive for young children is a "[Belly Breathing](#)" video that features Elmo from Sesame Street along with singers Colbie Caillat and Common. Practicing belly breathing when calm helps young children choose how to respond when caught up in strong emotions. Books including: *The Feelings Book* (Paar, 2005); *I Can Handle It* (Wright, 2016); and *When I Am/Cuando Estoy* (Rosa-Mendoza, 2007) discuss how to handle strong emotions. The *Pete the Cat* stories (Litwin, 2008) are effective at communicating ways to have a positive outlook even when things don't go one's way--very helpful for toddlers.

To develop inner discipline, children must be given freedom to make choices. - Magda Gerber

Toddlers benefit from challenging activities where they can exercise choice and have to work through some mild discomfort. Challenging activities foster skill building, emotional regulation and cognitive growth. When toddlers have choice in activities, they have opportunities to experiment and try ways to act on materials. Providing plenty of time for toddlers to play independently prevents them from having to fight for autonomy. There are always times in the course of the day where toddlers must comply (washing hands, eating

lunch, and taking a rest); if they experience time to be autonomous, toddlers are less likely to balk at the demands of adults (Gerber, 1982).

Choice helps toddlers handle their desire to be in charge (Klein, 2014). To enhance the child's sense of being a decision maker, allow time after making a choice or requesting something to give them time to process whether or not they will cooperate with that choice. Part of being a toddler is resisting adult directives just so they can test the limits of their power.

Early childhood is an advantageous time for children to begin to learn how work through challenges and frustration. Toddlers possess the ability to focus on their own accomplishments to feel successful without measuring or comparing against others.

Child psychologist Dan Kindlon cautions against preventing children from feeling discomfort in his book *Too Much of a Good Thing: Raising Children of Character in an Indulgent Age* (Kindlon, 2003). If kids don't experience unpleasant feelings, they won't develop an ability to cope with any unpleasant feelings. Children need to experience age-appropriate discomfort, failure, and struggle as they master new tasks.

Task Mastery Improves as a Result of Effort and Learning

Young children have an understanding of their ability as learning through their efforts and trial and error. Children try to improve their level of mastery if they are presented skill tasks that are a moderate challenge without any physiological or psychological stress (Nicholls, 1984). Young children focus on improving their mastery of tasks simply as their own accomplishment and not in relation to how others perform a task. This concept of undifferentiated self-evaluation that young children have provides them with strong feelings of competence from their own accomplishments without comparing themselves to others (Nicholls, 1984).

Toddlers enjoy and need a variety of practices and activities that recognize the many modalities by which they learn and communicate. A STEM/ Maker area in a toddler classroom supports children's opportunities to engage with materials directly and make independent choices. A STEM/Maker center provides opportunities to choose, explore, and learn based on learner interests. Young children can engage in discovery and construction through different actions with materials and loose parts, as they explore concepts from the lessons and related concepts that teachers present. STEM activities connect science, mathematics and other curriculum areas to daily experiences and provide challenges young children can work through independently. It gives them opportunities to figure out: what can I do with this stuff?

Role of Early Childhood Educators

Early childhood educators can develop and implement a supportive environment for playful learning, experimentation, and risk taking. Specifics for toddler learning environments are delineated in the Infant/Toddler Environment Rating Scales (ITERS) manual (Harms, Cryer, & Clifford, 1990). The ITERS outlines Materials and learning environments that are appropriate and safe for young children to explore independently. Creating an appropriate learning environment allows early childhood educators to act as facilitators and provocateurs, giving young children the opportunities to develop skills of choosing as well as opportunities to make mistakes and start anew.

Implementing program standards as specified in the essential National Association for the Education of Young Children's *Developmentally Appropriate Practice* (Copple & Bredekamp, 2009) and the developmentally-based *Creative Curriculum* (Dodge, 2006) provide a strong foundation for quality early childhood programs that teach young children intentionally.

Educators can ask thoughtful questions to encourage inquiry, expand or clarify children's thinking and children's' questions are acknowledged and even celebrated. Teachers encourage choices in children's relationships with peers and provide opportunities for extended play and collaboration (Craft & Chapell, 2014). Teachers can closely observe children to see innovations in children's thinking in order to prompt and encourage imagination (Greene, 1995).

Toddlers Need Choices within a Secure Framework

As educators of young children we can let them know we are open to learn along with them. We must listen and have a willingness to be open to their ideas and what they think in an environment free from criticism or mockery. Adults can help young children process behavior choices. Young children need practice to think things through and have adults who coach them through challenging situations which will ultimately give them the gift of self-evaluating their situations and behaviors.

Toddlers derive implicit theories to explain the actions of objects and the behavior of others; these theories form their foundations for learning and an understanding of the physical and social worlds. Young children also are astute and responsive to what they can learn from the actions and words directed to them by other people. This capacity for joint attention is cornerstone of culturally transmitted knowledge (Tomasello et al., 2005). This connection of relationships and social interactions to cognitive development is consistent with how the brain develops and how the mind grows

According to educational philosopher Maxine Greene, a child's primary reality is their perceived life-world. The structures of perceptual consciousness through which the child first comes in contact with his environment underlie all the higher-level structures which will develop later in his life. (Greene, 1995). In young children's infantile stage of life, they have an unselfconscious, overlapping between the self and others. As they grow, young children begin to have an awareness of their connection to the natural and social worlds, and begin to experience how they can affect relations within their experience (Merleau-Ponty, 1962).

Children endeavor to organize their experiences before they are capable of logical thought. Imagination is critical to helping children become aware of the world around them, understand and make meaning in their lives (Greene, 1995). Learning experiences with attuned adults can maximize how children connect with and act upon their world and ultimately imagine, invent, feel, and create their world

Summary and Conclusion

Implementing choice theory in the early childhood learning environment is beneficial in many ways. It develops problem-solving skills, invites cooperation and collaboration, strengthens their sense of community, builds mutual respect and takes advantage of children's normal human need for power and control. According to developmental expert Erin Leyba, providing young children opportunities to use their voices, make decisions, develop ownership, and solve problems fosters cooperation and contributes to caregivers bonding with them (Leyba, 2016).

Affinity between the child and the teacher/caregiver and a sense of belonging are the most critical aspects for all other needs to be met. As choice theory states, the most important need is love and belonging; closeness and connectedness with the people we care about are essential for satisfying all human needs. When a young child knows they are cared about, they have more of an internal desire to please their caregivers, further releasing the relationship from counterproductive and damaging external control. Having a sense of internal control and competence will serve children as they progress through their learning and their lives.

References

Copple, C. and Bredekamp, S. (2009). *Developmentally-Appropriate Practice in Early Childhood Programs* (3rd ed.). Washington, D.C.: National Association for the Education of Young Children.

Craft, A. R. & Chappell, K.A. (2014). Possibility Thinking and Social Change in Primary Schools, *Education*. 3-13. doi: 10.1080/03004279.2014.961947.

Dodge, D. T, Rudick, S., & Burke, C. (2006). *The Creative Curriculum for Infants, Toddlers and Twos*. Washington, DC: Teaching Strategies.

Gerber, M. (1982, Summer). Discipline is Learning and Nurturing Combined. *Educaring*, 3(3).

Glasser, W. (1998). *Choice Theory: A New Psychology of Personal Freedom*. New York: HarperCollins Publishers.

Glasser, W. (2017). Deadly and Connecting Habits. *William Glasser Institute Mountain States Region*. Retrieved from <http://www.glassermr.com/deadly-and-connecting-habits/>

Greene, M. (1971). Curriculum and consciousness. *Teachers College Record*, 73(2), 253-269.

Greene, M. (1995). *Releasing the imagination: Essays on education, the arts and social change*. San Francisco, CA: Jossey-Bass.

Harms, T., Cryer, D., & Clifford, R. M. (1990). *Infant/Toddler Environment Rating Scale*. New York, NY: Teachers College Press. Retrieved from http://www.youtu.be/_mZbzDOpyIA

Kindlon, D. (2003). *Too Much of a Good Thing: Raising Children of Character in an Indulgent Age*. New York: Miramax.

Klein, T. (2014). *How toddlers thrive: What parents can do today for children ages 2-5 to plant the seeds of lifelong success*. New York: Touchstone.

Leyba, E. (2016). 5 Guidelines for Giving Kids Choices. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/joyful-parenting/201602/5-guidelines-giving-kids-choices>

Litwin, E. (2008). *Pete the Cat: I Love My White Shoes*. New York, N.Y.: Harper Collins.

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge Kegan Paul Ltd.

Nicholls, J. G. (1984). Achievement motivation: Conceptions of ability, subjective experience task choice and performance. *The Psychological Review*, 91(3), 328-346.

Nicholson, S. (2009). The Theory of Loose Parts, An important principle for design methodology. *Studies In Design Education Craft & Technology*, 4(2). Retrieved from <https://ojs.lboro.ac.uk/SDEC/article/view/1204>

Paar, T. (2005). *The Feelings Book*. New York, N.Y.: Little, Brown Young Readers.

Rosa-Mendoza, G. (2007). *When I Am/ Cuando Estoy*. Frisco, TX: Me+mi Publishing.

Sesame Street. (2012, October 19). *Belly Breathing* [Video file]. Retrieved from

Tomasello, M., Carpenter, M., Call J., Behne, T., & Moll, H. (2005, October). Understanding and sharing intentions: The origins of cultural cognition. *Behavioral and Brain Sciences*, 28(5), 675-735.

Tottenham, N. (2014). The Importance of Early Environments for Neuro-Affective Development. *Current Topics in Behavioral Neurosciences*, 16, 109-129.

Wright, L. (2016). *I Can Handle It*. Laurie N. Wright.

Brief Biography

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COUNSELING WITH LEADERSHIP TRAINING

Rusty Duncan

Abstract

This idea paper shares the case study of a counseling technique implemented to better meet the needs of students struggling both academically and socially in the public school setting. The study was initiated after a second-grade teacher requested assistance with an eight-year-old male student. The teacher reported the student did not have any friends in his class and that he practiced various disruptive behaviors. The disruptive behaviors included problems getting along with others. After initiating leadership training sessions and strategically grouping students who exhibited disruptive behaviors with a student who typically models appropriate and desired behavior in short-term "Leadership Training" sessions, the noted behaviors upon follow-up indicate an overall positive impact on academic and social success. The underlying theory of this technique is borrowed from William Glasser's Choice Theory, suggesting that when a student's basic needs for love and belonging are met, they become empowered to experience freedom, fun, success, and power.

Applied Counseling Technique

The counselor consulted with the teacher and obtained the names of two students selected to participate in a small group with the identified problem student. One of the two students was a model student in many ways, thus his participation in the group was intended to serve as a positive influence for the other two participants. The three students were told that they had been selected for leadership training. The rationale for placing a child in a leadership role is that he will learn how his actions can positively influence his own life and the lives of others; thereby, his overall self-image and esteem are enhanced. The hope is that this enhanced self-image will transfer to his daily interactions with others.

The group met weekly for nine weeks. The duration of each meeting was approximately 45 minutes. Each weekly session included social skills training as the nucleus of each lesson. An emphasis was placed on leaders being helpers, and the students were instructed on various ways they could be helpers at school. Using the Socratic Method, students were questioned about ways they had been helpers at school. Listening to their responses appeared to empower them to act with confidence in the leadership training.

Moreover, the leadership training included various fun activities. The group worked with puzzles as a means of increasing group cooperation to achieve a common goal. At times, the students worked on individual puzzles, and this activity appeared to inspire confidence in the students. The analogy of a puzzle being much like life was introduced to the students, and it was explained that a person's life must be put together as well. The counselor further explained that leadership training was important for helping them put the pieces of their lives together. Another fun activity was playing catch with a tennis ball or a plastic ball. During several class meetings, students also had the opportunity to practice basketball skills. These activities not only helped develop confidence, but it also strengthened participants' relationships through social connection. Throughout the leadership training the students received praise and positive feedback for their good deeds in social skills lessons and cooperation during the fun activities.

After concluding the leadership training, each student received a certificate of completion in "Leadership Training." The referring teacher noted a remarkable improvement in the behaviors of the student she had referred for guidance and counseling. The referred student now had a peer group, a practiced awareness of social skills, and strategies to be a helpful leader. This leadership training appeared to have a positive impact on all three participating students. Perhaps the success of this counseling technique hinges on meeting the love and belonging needs of students while simultaneously giving the students a sense of empowerment, freedom, and fun. The referring teacher was also pleased with the overall success of the technique.

Summary

Counseling with Leadership Training is a practical method based on Choice Theory Principles, focusing primarily on building connectedness through relationships and meeting one's need for love and belonging, thus enhancing one's sense of power, freedom, and fun. This counseling technique certainly has broad applications in educational settings and can be modified to meet the needs of a variety of organizational settings, meeting the need to connect people while putting them in position for success. The heuristic nature of this technique provides one a great appreciation of Choice Theory and its effectiveness. To satisfy our needs we must have good relationships (Glasser 1998). In the future self-evaluation of behavior will replace praise, because students can learn self-evaluation behaviors in Leadership Training and the need for praise will diminish. Moreover, it is suggested that the next time this technique is implemented an objective frequency of misbehavior count, before and after the Leadership Training be included and perhaps, a positive behavior frequency count, before and after training for all participants be included.

References

Glasser, W. (1998). *Choice Theory: A new psychology of personal freedom*. New York: HarperCollins Publishers.

Brief Biography

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POPULATING THE QUALITY WORLD: A NEUROBIOLOGICAL EXPLANATION

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Abstract

In his explanation of the brain as a control system, Glasser (1999) described the Quality World (QW) as a photo album that contained pictures of those things which we have or want and which fulfill our Basic Needs. The QW is differentiated from the Everything I Know World (EIKW) in that pictures in the QW are need fulfilling and relatively permanent, while pictures in the EIKW are transient and not Need fulfilling. While this analogy is useful in understanding the concepts of Choice Theory Psychology, it doesn't explain the biological workings that support the ideas. One of the criticisms of Choice Theory is that it lacks a research base to explain the physiological underpinnings of the theory. This paper addresses that concern and suggests a neurobiological explanation of how the QW is populated through dopamine/glutamate interactions. While the neurobiological explanation works for how any construct is fixed in the brain, chemical dependency (i.e., addiction) will be used as the primary example to illustrate the mechanism.

Key words: choice theory psychology, addiction, dopamine, glutamate, substance abuse, chemical dependency

In his explanation of the brain as a control system, Glasser (1999) described the Quality World (QW) as a photo album, a type of mental mosaic that contains pictures of those things which we want and that fulfill our Basic Needs. The QW is differentiated from the Everything I Know World (EIKW), also known as the Perceived World, in that pictures in the QW are need fulfilling and relatively permanent, while pictures in the EIKW are transient. While this analogy is useful in understanding the concepts of Choice Theory Psychology (CTP), it doesn't explain the biological workings that support the ideas. One of the criticisms of Choice Theory has been that it lacks a research base to explain the physiological underpinnings of the theory. This paper briefly addresses that concern and examines the extant literature for a neurobiological explanation of how the QW is populated through dopamine/glutamate interactions. While the neurobiological explanation works for how any construct is fixed in the brain, chemical dependency (i.e., drug addiction) will be used as the primary example to illustrate the mechanism. This mechanism was chosen because it has been extensively studied using the disease concept, and because it continues to present itself as a public health concern, especially among the military and military veterans.

Despite current paradigms in government sponsored addiction research that suggest addiction is due to irreversible physiological brain damage, the mechanism of addiction is not a sign of failed brain functioning. The brain functions in addiction exactly as it is designed to function, according to CTP. The brain is neuroplastic and synaptic plasticity is an ongoing function during both active addiction and recovery. Hebb's Postulate (Hebb, 2009) states that neurons that fire together wire together. As we engage in Total Behaviors, directly choosing cognition and behavior to meet our Basic Needs, the brain

wires itself to allow this thinking and behavior to occur at the level of automaticity (Bargh & Ferguson, 2000). Neuroplasticity doesn't wire the brain for addiction and then cease to function. If the process worked in that manner, then addiction would be irreversible and no one would ever recover. People do recover from addiction, however, so we know that this idea is not accurate (Peele, 2016). Studies on natural recovery have shown that a significant percentage of those with alcohol dependency recover without treatment, and those addicted to other drugs do as well (Granfield & Cloud, 1999; Quinn, Stoové & Dietze, 2015). Those who get treatment also recover (Crits-Christoph, Markell, Gallop, Gibbons, McClure & Rotrosen, 2015). It does no good to claim that the small percentage of people who don't recover are the only ones who are addicted. This definition is a clinical illusion, an old tautology that has been addressed for many years in research and need not be rehashed here.

If the brain is functioning exactly as the brain is supposed to function, then how do we explain addiction, a condition in which people repeatedly make irrational choices that harm themselves and those around them? CTP explains that all behavior, including using alcohol and other drugs, is designed to get us closer to what we want (i.e., the pictures in our QW) and fulfill our Basic Needs. Need fulfillment is motivation for behavior. Nothing states that what we do has to be rational and good for us. It is a system that is designed for Need fulfillment and explains why we do everything that we do. It works this way with alcohol and other drugs (AOD), and everything else we experience in life.

Glasser worked with William Powers to develop the model of the brain as a control system. This model became the basis of internal control psychology, the theory which underlies both Power's Powers' (1973) Perceptual Control Theory (PCT) and Glasser's Choice Theory. Choice Theory was originally called Control Theory (Glasser, 1984b) but the name of the theory was changed to distinguish it from PCT and to illustrate the central concept of choice. Part of the reason for the split between the models of Powers and Glasser was Glasser's insistence on the presence of Basic Needs (i.e., Belonging, Recognition, Fun, Freedom, Survival) in the model. Power's Powers maintained that the internal control model worked without the necessity of suggesting the existence of the Basic Needs; and while this proposition is demonstrably true (Forrsell, 2009), a phenomenological examination of life experience suggests Glasser's Needs theory also has validity. In CTP, those things that meet the Needs, become pictures in the Quality World, which is a small part of the EIKW. The EIKW contains just that, everything that I know; but all experiences are not Needs satisfying and may be transient, i.e., produce no lasting synaptic change. This is explained by differences between transient and stable neuroplasticity.

Kalivas and O'Brien (2008) distinguish between transient neuroplasticity and stable neuroplasticity: "Transient neuroplasticity refers to the necessary changes that are antecedent to developing a new behavior, whereas stable neuroplasticity corresponds to the stable information that is retrieved to guide the execution of learned behavior" (p. 167). This relatively stable change in thinking and behavior, i.e., learning, is an example of stable neuroplasticity. The short-term change in neuronal activity that occurs as a part of all life experience and that precedes the long-term structural, i.e., physiological, changes in the neurons that form the brain is transient neuroplasticity. If I watch a PowerPoint presentation about a subject which is new to me, and that causes brain activity, then that is transient neuroplasticity. If I assimilate the information from the presentation into my cognitive and behavioral routine, then that produces stable neuroplasticity. My battle buddy (or warrior companion) is a paradigm that is incorporated into my cognitive behavioral routine. Associative memory makes the construct accessible at a future time. This doesn't mean that the structure can't change, but our cognitive schemas are supported by the

information we assimilate and accommodate into our belief systems, which form the ground of our QW.

The things that meet the Needs the best develop as pictures in the QW. The QW is a place in the mind that is like a picture album. As we experience life, we develop ideas about what will fulfill the Needs. We know that some things fulfill the Needs better than others. No one starts out with an explicit knowledge of the Needs. This knowledge is physically acquired through the experience of pleasure and pain, and psychologically experienced as happiness and misery. Those things that meet the Needs cause a sense of pleasure/happiness, while these things that don't meet the Needs create the feelings of pain/misery. It will be noted that pleasure/happiness/pain/misery are not in themselves motivators. The Basic Needs are the primary motivators while pleasure/happiness/pain/misery are the gauges which indicate whether or not the Needs are being met (Mottern, 2008). One may choose to suffer temporary pain (physical or psychological) in order to attain long-term pleasure. This choice to suffer in the present to achieve pleasure in the future is based not on the presence or absence of pain, but on anticipation of Need fulfillment. When the Needs are satisfied, or when we anticipate they will be satisfied, the picture of the Needs satisfier is placed in the QW. The QW is the place where only the best, most fulfilling Needs pictures reside.

Once a picture is placed in the QW, it is very difficult, if not impossible, to remove that picture from the QW. My battle buddy may die. While he is no longer able to fulfill my Need for Belonging, I still have his picture in my QW as a Needs satisfier. His picture remains in my QW because of the memory function. I can reminisce about the pleasant (Needs fulfilling) times I had with him, so his picture remains, even though it may be faded (just like an old photograph) because he is no longer meeting my Needs in a significant way. The brain doesn't know what is real and what isn't. When I think of my buddy, the neural pathways that form the construct of him are activated, just as if he was actually standing in front of me. Thinking about something (e.g., remembering or watching it) activates the same neurons as actually doing it. This is one of the functions of mirror neurons (Rizzolatti & Fogassi, 2014; Rozzi, 2015).

This characteristic of the brain, to recall in detail specific past events, often causes problems, especially in cases of Post Traumatic Stress Disorder (PTSD). Unable to differentiate between what is real and what is imagined, the brain creates the Total Behavior of stressing, including the emotional and physiological upheaval within the individual. As far as the brain of the person who is experiencing the PTSD episode is concerned, the traumatic events that caused the initial nervous sensitization are actually occurring, and all parts of Total Behavior (i.e., cognition, behavior, emotions and physiology) will be affected. Within the original traumatic situation, that Total Behavior makes sense and may be a survival response. Survival is one of the Basic Needs, and because that behavior has Survival value, the picture of that behavior is stored in the QW, on an unconscious level, even though it may cause problems outside of the original context.

Another behavior that causes problems, and may often be used as a coping mechanism to help deal with problems like PTSD, is the use of alcohol and other drugs. This is especially a problem in the military due to the exposure to traumatic events and the prevalent attitude and acceptance of alcohol as a coping mechanism within the military. Alcohol and other drugs are somewhat unique in that they get to be pictures in the QW in two ways:

- 1) AOD may get to be a picture in the QW because the very act of using may fulfill the Needs. Much of the work I do with AOD treatment at Cedar Crest Hospital & RTC (residential treatment center) is with military personnel. Alcohol use is often seen as a cultural norm within the rank and file, although the military has long been diligently

working to eradicate that perception. Institutions, much like individuals however, often have a memory, and the culture of alcohol still plagues the armed forces. Recent research by Bräker and Soellner (2017) suggests that drinking may be understood as a behavioral contagion. This indicates the profound effect culture can have on behaviors such as alcohol use. From a Needs fulfillment perspective, military service is often seen as a rite of passage into adulthood, with drinking being a part of that experience. Drinking is a bonding activity, and fulfills the Need for Belonging. Being able to hang out with one's buddies is a way to get away from the structure of military life, if only for a while, and fulfills the Need for Freedom within a structure designed to bring about conformity. Drinking also fulfills the Need for Fun, in a variety of ways.

AOD users get their needs fulfilled through the act of, and acts that surround, using. Is this a good choice? No, it isn't a good choice because it hurts them and hurts others, but it doesn't matter whether it's a good or bad choice because it fulfills the Needs. The Needs don't care about anything but fulfilling the Needs. The choices we make to fulfill the Needs may hurt us, they may even kill us, but we will continue to choose them because they fulfill our Needs in some way. AOD users will use until their hearts stop and after being resuscitated they will use again. This is the insanity of addiction. Addiction need not be that spontaneous, however. Long-term use of AOD (including tobacco) are known to cause harm, but people continue to use them even knowing the risks associated with use. The author often poses the query of "why" this is so to treatment groups with whom he works. One of the best explanations for this irrational behavior he has heard is, "Well, it hasn't killed me yet." This is an excellent example of how Basic Psychological Needs are often more important than the Survival Need.

2) When the Needs aren't met, we are miserable. Misery is the affective indicator that the Basic Needs aren't being met. AOD create a sense of euphoria, or pleasure. Pleasure is the accumulation of dopamine in the nucleus accumbens, a structure within the basal ganglia of the brain intimately related to goal directed behavior through association with limbic and cortical structures. The mechanism through which this chemical uptake of dopamine fools the brain into thinking that Basic Needs are being met will be discussed, below. For now, it's sufficient to understand that when this uptake of dopamine and associated memory functions occur, the picture of AOD is immediately developed in the QW. I know that I can change the way I feel, both emotionally and physically, by using AOD. This implies that I can eliminate the misery of not meeting Basic Needs by using AOD. While AOD does not fulfill our Needs, it does alleviate the pain of not having our Needs met, at least as long as the effects of the drugs last, i.e., as long as dopaminergic system is activated. Once the effects wear off, we are thrown, once again, into the misery that precipitated the use in the first place. We simply got rid of the symptom, i.e., the misery, which was trying to tell us that we needed to do something to meet our Needs.

If I am a soldier in a combat zone and have some of my limbs blown off, or see my buddy have his limbs blown off, or if I experience any of the associated horrors of battle, I may develop some psychological pathology associated with the experience, e.g., PTSD, and adjusting to life after the experience. AOD use is a quick way to avoid the pain and misery that often accompany such experiences, and it is one of the major reasons that substance abuse plagues veterans. Alcohol is a central nervous system depressant, and alcohol use facilitates relief from cognitive, affective, and physiological distress. Alcohol also provides a sense of control over one's life and the experiences occurring within it (Glasser, 1984a)

AOD usage, however, is a short-term cure, a quick fix, for not getting our Needs met through sustainable long-term behaviors. If we choose this short-term solution often

enough, however, it's possible that AOD may get to be a picture in our QW because using becomes a pattern of behavior. When this occurs, we are usually on the road to physical dependence and psychological addiction, two separate concepts. As the physiological effects of the drugs lessen with repeated use, i.e., tolerance, we must use more and more of the drug to achieve the same, desired effect. Withdrawal may occur after cessation of use. Tolerance and withdrawal are characteristic of physical dependence. Even after physical dependence is no longer an issue, however, psychological addiction can persist. Once a picture is embedded in the QW through pleasure/happiness caused by Basic Needs fulfillment or relief from pain/misery caused by lack of Needs fulfillment, the picture remains. This means that synaptic plasticity and associative memory formation brought about through dopaminergic interactions become set in the neural circuitry of the brain.

Dopamine also acts to determine salience, how pleasurable a reward is (Kalivas & Volkow, 2005). Keiflin and Janak (2015) proposed that addiction formation is facilitated through the signaling of reward prediction errors by dopamine neurons. Dopamine neurons in the ventral tegmental and substantia nigra pars areas of the brain discriminate between expected reward and actual reward, i.e., the reward prediction error. The larger the reward prediction error, the stronger the signaling by dopamine neurons to reward learning centers of the brain. Drug induced stimulation of the dopamine neurons can cause release of up to ten times the normal dopamine release associated with food and sex (Harvard Mental Health Letter, 2010), meaning that these drugs initially create a large prediction reward error, resulting in learning through the dopaminergic interactions described, above. In CTP terms, it is through these dopaminergic interactions that pictures are placed in the mental mosaic of the QW.

It should be noted that the reward prediction errors occur with any unexpected stimuli, not just AOD. Milkman and Sunderwirth (2010) have suggested that behavioral addictions are formed in the same manner as addictions to AOD based on the biochemical model. This suggestion matches the brain as a control system model in which anything that fulfills Basic Needs becomes a picture in the QW. Glasser proposed this in his work, *Positive Addiction* (1976). Dopamine also acts to promote behavior toward goal attainment. Salomone (2009) points out that dopamine in the nucleus accumbens, acting as a part of several regions in the forebrain, affects "regulation of behavioral activation, work output, and effort-related choice behavior" (p. 3).

Because AOD develop as pictures in our QW, they are relatively permanently fixed in the QW. While non-use of synaptic pathways cause those connections to lose potentiality (the pictures in our photo albums begin to fade), the neural pathways are still there. Relapsing, i.e., choosing to continue to use again, is a common behavior because we know that when we are miserable and want to stop hurting all we have to do is to use. Everitt and Robbins (2005) have suggested that dopaminergic innervation moves control of goal directed habitual behavior for AOD from the ventral striatum in the brain to dorsal striatal regions. Suffering is a significant relapse trigger, especially for those who have exhibited a propensity for choosing substance abuse as a behavior. It is a categorical statement but most substance abusers have a low tolerance for suffering and frustration. Instant gratification (lack of impulse control) characterizes many of the decisions they choose to make. These decisions tend to be bad choices and often lead to further substance abuse, thus perpetuating a vicious cycle of bad choices and eventual chemical dependency by making changes in the neural structure of the brain. How the picture of using and AOD is imprinted in the brain (and how any picture in the QW is developed) is intimately connected to the dopamine/glutamate system.

Dopamine doesn't only contribute to the process through the experience of pleasure, itself, but also to the learning process. Pictures develop in the QW due to synaptic plasticity and associative memory and are known as engrams, "enduring physical or chemical changes to populations of neurons that are triggered by new information and experiences" (University of Chicago Medical Center, 2017, para 2). Recent studies have also suggested that synaptic plasticity is not the only way memories are formed. Titley, Brunel, and Hansel (2017) have suggested that intrinsic plasticity, amplification of neuronal activity within the engram cells, themselves contribute to long-term potentiation (i.e., learning). Berke and Hyman (2000) have suggested that "addictive drugs can engage a set of molecular mechanisms normally involved in associative learning – stimulation of dopamine D1 receptors, the activation of the cAMP/PKA/CREB signal transduction pathway, a transient burst of altered gene expression, and synaptic rearrangements" (p. 516). Dopamine acts on both synaptic plasticity and associative memory mechanisms.

Dopamine interacts with the neurotransmitter glutamate to facilitate reward-related learning and behavior. Glutamate transmission from cortex to allocortex (e.g., amygdala and hippocampus) into the striatal motor circuit (including the NA [nucleus accumbens]) emerges as critical for executing a learned behavior (Kalivas and Volkow, 2005). Furthermore, it is thought that as a behavior is repeatedly executed, the role of corticofugal glutamate projecting from the PFC [pre-frontal cortex] and amygdala into the NA, become less important in favor of glutamate projecting from sensory motor cortical areas to the dorsal striatum (Everitt and Robbins, 2005) (Kalivas & O'Brien, 2008).

While dopamine signals that a reward is salient, glutamate sets the memory circuitry to allow future reference and initiate behavioral effort toward goal attainment (e.g., relapse). In the CTP model of the Total Behavior car, dopamine may be seen as an integral part of the steering column while glutamate is part of the ignition system.

Reality Therapy (and CTP which underlies the practical therapeutic interventions) takes as its goal to help people make more effective (Needs fulfilling) choices in their lives. This means helping them make choices that lead to individual happiness without harming others. Part of the treatment for drug addiction is to encourage people to experiment with Total Behaviors that fulfill that goal. As these Total Behaviors fulfill Basic Needs and these new pictures are placed in the QW, individuals are then free to choose from the behavioral options in their mental photo album. This process may take time, so the ability to choose happiness over pleasure (by anticipating future rewards) is an essential skill. At this point, developing a philosophy to help through that transition (i.e., between when the old, pleasurable experience is given up to when a new Needs fulfilling experience is learned) is a key to long-term change.

Glasser (1976) suggested several ways to make this transition, including running and transcendental meditation, two of the emerging health paradigms of the time. These days, mindfulness meditation has been shown to be part of an effective method of helping people change behaviors, including substance use (Goldberg, et al., 2018; Grant, et al., 2017; Li, Howard, Garland, McGovern & Lazar, 2017). Mindfulness meditation is one of the skills taught to military patients in the chemical dependency program at Cedar Crest Hospital & RTC in Belton, Texas. This is combined with other Cognitive Behavioral Therapy (CBT) techniques, such as an arousal control skill utilizing diaphragmatic breathing for vagal nerve stimulation, and visualization techniques, to provide alternative behaviors that assist patients with behavioral change. Philosophical support is presented through the study of CTP and Stoicism (the progenitor of CBT, and distinguished from stoicism) in the form of cognitive restructuring, to support the military culture in a healthy manner. The 21-day

program also includes psychoeducational materials on substance use disorders and recovery.

Although cursory, the information provided here helps to explain the physiological underpinnings of CTP, especially the concepts of how pictures come to be placed in the QW (through dopaminergic processes involving synaptic plasticity in learning and memory), and why behaviors become habitual (through glutamate interactions in the dorsal areas of the brain) even when they harm the individual choosing the behaviors and others around that individual. CTP has always maintained that the behaviors an individual chooses don't have to be good for the individual; they just have to meet Basic Needs (the ultimate motivators of all behavior). The underlying premises of CTP are borne out through an understanding of the neural processes at work in the brain and which determine behavior. The basis of internal control psychology (i.e., behavior controls perception) and the CTP axiom that behavior is directed toward attainment of the Basic Needs, is supported by the neurobiological interactions of the dopamine/glutamate system.

References

Bargh, J. A., & Ferguson, M. J. (2000, November). Beyond behaviorism: On the automaticity of the higher mental processes. *Psychological Bulletin, 126*(6), 925-945.

Berke, J. D., & Hyman, S. E. (2000). Addiction, dopamine, and the molecular mechanisms of memory. *Neuron, 25*, 515-532.

Bräker, A. B., & Soellner, R. (2017). Is drinking contagious? An analysis of the collectivity of drinking behavior theory within a multilevel framework. *Alcohol and Alcoholism, 52*(6), 692-698.

Crits-Christoph, P., Markell, H. M., Gallop, R., Gibbons, M. B. C., McClure, B., & Rotrosen, J. (2015). Predicting outcomes of substance abuse treatment in a feedback study: Can recovery cures be improved on. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551657/>

Everitt, B. J., & Robbins, T. W. (2005). Neural systems of reinforcement for drug addiction: From actions to habits to compulsions. *Nature Neuroscience, 8*(11), 1481-1489.

Forssell, D. (Ed.). (2009). *Perceptual Control Theory: Science and applications: A book of readings* Hayward, CA: Living Control Systems.

Glasser, W. (1976). *Positive addiction*. New York, NY: HarperPerennial.

Glasser, W. (1984a). *Take effective control of your life*. New York, NY: HarperCollins.

Glasser, W. (1984b). *Control Theory: A new explanation of how we control our lives*. New York, NY: HarperRow.

Glasser, W. (1999). *Choice Theory: A new psychology of personal freedom*. New York, NY: HarperPerennial.

Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical Psychology Review, 59*, 52-60.

Grant, S., Colaiaco, B., Motala, A., Shanman, R., Booth, M., Sorbero, M., & Hempel, S. (2017). Mindfulness-based relapse prevention for substance use disorders: A systematic review and meta-analysis. *Journal of Addiction Medicine*, 11(5), 386-396.

Harvard Mental Health Letter. (2011, July). How addiction hijacks the brain. Retrieved from https://www.health.harvard.edu/newsletter_article/how-addiction-hijacks-the-brain

Hebb, O. O. (2009). *The organization of behavior: A neurophysiological theory*. Mahwah, NJ: Lawrence Erlbaum Associates.

Kalivas, P. W., & O'Brien, C. o. (2008). Drug addiction as a pathology of staged neuroplasticity. *Neuropsychopharmacology*, 33(1), 166-180.

Kalivas, P. W., & Volkow, N. D. (2005). The neural basis of addiction: A pathology of motivation and choice. *American Journal of Psychiatry*, 162(8), 1403-1413.

Li, W., Howard, M. O., Garland, E. L., McGovern, P., & Lazar, M. (2017). Mindfulness treatment for substance misuse: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 75, 62-96.

Milkman, H., & Sunderwirth, S. (2010). *Craving for ecstasy and natural highs: A positive approach to mood alteration*. Thousand Oaks, CA: Sage.

Mottern, R. (2008). Choice Theory as a model of adult development. *International Journal of Reality Therapy*, 27(2), 35-39.

Peelle, S. (2016). People control their addictions. *Addictive Behavior Reports*, 4, 97-101.

Powers, W. T. (1973). *Behavior: The control of perception*. Chicago, IL: Aldine.

Quinn, B., Stoové, M., & Dietze, P. (2015). One-year changes in methamphetamine use, dependence and remission in a community-recruited cohort. *Journal of Substance Use*, Retrieved from https://www.researchgate.net/profile/Brendan_Quinn/publication/279969367_One-year_changes_in_methamphetamine_use_dependence_and_remission_in_a_community-recruited_cohort/links/561da73008aef097132b2670.pdf

Rizzolatti, G., & Fogassi, L. (2014). The mirror mechanism: Recent findings and perspectives. *Philosophical Transactions of the Royal Society B*. Retrieved from <http://dx.doi.org/10.1098/rstb.2013.0420>

Rozzi, S. (2015). The neuroanatomy of the mirror neuron system. In P. F. Ferrari, & G. Rozzi (Eds.), *New frontiers in mirror neuron research* (pp. 3-22). New York, NY: Oxford University Press.

Titley, H. K., Brunel, N., & Hansel, C. (2017). Toward a neurocentric view of learning. *Neuron*, 95(1), 19-32.

University of Chicago Medical Center. (2017, July 5). Neuroscientists call for more comprehensive view of how brain forms memories. Retrieved from <https://www.sciencedaily.com/releases/2017/07/170705152749.htm>

Brief Biography

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THE RELATIONSHIP BETWEEN PROFESSIONAL DIVERSITY/MULTICULTURAL GUIDELINES AND CHOICE THEORY/REALITY THERAPY

Robert E. Wubbolding

Abstract

Professional literature abounds with information about Multiculturalism and Diversity. Organizations have issued statements for counselors and therapists working with clients who are racially different, culturally diverse, and whose lifestyle is outside the experience of the professional person. Consequently, counselors and therapists need to be aware of their own biases and understand the systemic barriers faced by minorities. They need to appreciate the almost unlimited diverse values and behaviors of persons different from the counselor. Absent from these very helpful statements are specific explanations of human behavior and suggested specific skills designed to help counselors get beyond self-reflection and move toward incorporating useable skills.

Choice theory fills the gap by providing an interpretation of human behavior universally applicable as well as a flexible structure for maintaining the necessary relationship with clients and for practicing counseling. Reality therapy provides a delivery system with immediately useful skills for counselors to employ with a wide diversity of clients in multicultural settings.

Professional organizations regularly update their codes of ethics and guidelines that relate to specific issues. The American Psychological Association (2017) has provided documents such as *APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* pertaining to multiculturalism and diversity. The American Counseling Association has written documents on the same topics including the necessity of counselor self-awareness, cultural humility and cultural competence. The ACA Code of Ethics (2014) states that counselors honor diversity and embrace approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts. The Code further states that multicultural counseling competency is required across all counseling specialties and that counselors gain knowledge, personal awareness, sensitivity, dispositions and skills pertinent to being a culturally competent counselor in working with a diverse client population (ACA Code of Ethics, C.2.a., 2014). The National Association of Social Workers has provided guidelines and standards for practice. For example, "Social workers will use a broad range of skills and techniques that demonstrate an understanding of and respect for the importance of culture in practice, policy and research" (Standard 4, *Standards and Indicators for Cultural Competence in Social Work Practice*, 2015).

The premier book on the ethical practice of counseling and therapy, *Issues & Ethics in the Helping Professions*, by Corey, Corey, and Corey, (pp. 139-141, 2019) elaborates on qualities, skills and guidelines for multicultural counseling. The authors divide these principles into three categories:

- I. Counselor awareness of own cultural values and biases. Counselors are aware of how their personal attitudes toward people from different cultural groups may help or hinder the counseling process. They recognize their limitations and discomfort with "ethnicity, culture, gender, sexual orientation, and other socio-demographic variables" (p. 139).

II. Understanding the client's worldview. Counselors are aware of their own negative as well as positive attitudes toward clients whose behaviors and values differ from theirs. Regarding skills the authors state that counselors are familiar with relevant research and are actively involved with clients outside the counseling setting.

III. Developing culturally appropriate intervention strategies and techniques. Counselors respect and utilize indigenous helpers. They understand how their own values might clash with those of their clients. They are willing to seek consultation. They work to eliminate biases and prejudices and "develop sensitivity to issues of oppression, sexism, heterosexism, elitism and racism," (p. 141). Most relevant to the practice of reality therapy is another general statement listed as a skill, "Take responsibility for educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation" (p.141).

More information about the guidelines detailed in the above reference can be found in Sue, D.W. and Sue, D. (2013), Ratts, M. and Pedersen, P. (2014), Hayes, P. (2013), and many other sources including the codes of ethics, standards and guidelines issued by professional organizations.

The Contribution of Choice Theory and Reality Therapy

The necessity for self-awareness and the use of appropriate strategies and techniques clearly focus on counselors and their biases, their lack of cultural sensitivity and inexperience with culturally different clients. Absent from the statements surveyed is a discussion of human motivation, purpose, goals and origin of behavior. Knowledge of these components is essential and how to deal with them constitute practical and teachable skills. From the point of view of choice theory and reality therapy, little is stated about how to intervene with clients who are "different" from the counselor. And yet, students and trainees at every level seem to want the question answered, "What do I do after I have become aware of my biases, etc.? Give me something that I can do or say that would be helpful." Clearly, and most emphatically, choice theory and reality therapy fill this significant and glaring gap in the literature of multiculturalism and diversity. They explain human behavior and provide tools for intervention. However, the tools, described in many counseling books, are not simplistic techniques to be blindly applied. Their use is always grounded in a safe, secure and empathic counselor/client relationship. Reality therapy procedures provide tools for helping counselors listen. Counselors using reality therapy procedures listen for the desires, the perceptions, the actions, cognitions, feelings and perceptions of clients. Users of reality therapy teach clients that they need not be victims, but that they have more choices than previously perceived. In his lectures, Glasser often stated that human beings are often victims but they need not remain in the state of victimhood. I have personally asked, "You have two choices: pull up the anchor and catch the wind or stare into the water and lament the fact that the anchor won't move. Which is a better choice for you?" Any such intervention must be well timed and spoken with empathy and compassion.

Definitions of Multiculturalism and Diversity

Often the word multiculturalism is used interchangeably with diversity. However, for the sake of clarity, it is helpful to understand the differences between these two fluid concepts. The following distinctions are derived from the definitions provided by the National Association of Independent Schools (2018). Diversity refers to "otherness" including race, gender and culture. Multiculturalism is an "evolving process" and includes an understanding of multiple norms characteristic of many cultures. The definition has evolved to refer to "the

breaking down of systemic barriers to equity and justice" (NAIS, Diversity and Multiculturalism, 2018).

Diverse or Monolithic?

Maya Angelou frequently asserted that we are more alike than we are different. Previously, counseling theory and practice seemed to overemphasize the uniformity of motivation and counseling interventions with all clients regardless of ethnicity and other characteristics that make human beings seem different from each other. Currently, at least at the university level, it appears that instruction emphasizes differences, i.e., diversity and separateness of groups. Thus, the pendulum has swung from sameness to heterogeneity, from uniformity to variety, and in more current language from conformity to diversity. Choice theory and reality therapy offer concepts and language that can be used by a wide variety of individuals and groups for promoting mutual understanding and appreciation of "other" people.

Pedersen, Lonner, Graguns, Trimble, and Scharron-del Rio state, "While people are much more similar than they are different, the differences are fascinating and sometimes difficult to understand without considerable exposure to and interaction with people from different cultures and ethnic groups" (2016, p. 1). I can recall spending an evening with a group of Japanese businessmen in Tokyo. My translator, sitting next to me, told me everything that the group was discussing. At one point he remained silent for a seemingly long period of time while the group continued talking with each other. After a few moments I asked him, "What are they saying?" He responded, "They're speaking Japanese." Had I been unaware of the difference in communication styles, I would have pursued my question further. But I knew it was wise to nod my head in agreement and say nothing more.

Choice Theory/Reality Therapy and Diversity

Choice theory and reality therapy have enjoyed a long and successful application around the world. Certification programs exist on 6 continents. Regional and national organizations conduct trainings in countries and regions as diverse as Singapore, Australia, Africa, Kuwait and Europe as well as North America and South America. This willingness to form cohesive organizations that are members of the umbrella organization, William Glasser International, illustrates the desire of diverse populations to preserve the accuracy in teaching, to increase the number of quality teachers and trainings and especially to adapt the principles to their respective cultures.

Universality of Choice Theory

Choice theory explains all human motivations and behaviors, not merely those specific to individual cultures. According to this theory, all human beings seek to satisfy 5 generic needs or motivators (Glasser, 1996, 2011). They are survival or self-preservation, belonging or love, power or inner control, freedom or independence, and fun or enjoyment. They choose many of their behaviors, especially actions, to satisfy their needs and their specific individual wants that spring from the needs. More specifically, all human beings seek perceptions that satisfy their internal motivations.

Cultural adaptations are reflected in language used to present choice theory. For instance, several people from the United Kingdom told me that the word "fun" could imply silliness. Thus in explaining fun, instructors who are knowledgeable of this interpretation explain that the word fun is not synonymous with frivolousness, folly, or childishness. In some cultures, the word "control" elicits extreme images of domination by rulers, surrender to the stronger, or even forcefulness. Clients need to hear the concepts of choice theory in a vocabulary

geared to their individual perceptions that reflect their experience and their respective cultures.

Implementing Reality Therapy

Cultural adaptations also occur in using reality therapy. Helpers in any capacity apply the procedures when teaching or practicing reality therapy and thereby assist individuals to incorporate them into their own lives. The language of implementation becomes culturally accurate when helpers understand the communication patterns of their clients and students. In other words, people implementing both choice theory and reality therapy need to be "culturally competent." Corey et al, (2019) emphasize that, "Culturally competent therapists are able to adapt and incorporate various therapeutic approaches to address multiple facets of each client's unique needs and life experiences" (p. 138). They add that multicultural competence includes seeking consultation, continuing education, and making referrals.

Cultural Competency

Corey et al, (2019) summarize a wide range of multicultural counseling competencies. These include the fact that some people communicate less directly and more *indirectly* than western cultures (Corey et al, 2019). Wubbolding (2013) states, "In some cultures it is appropriate to employ a more circuitous manner of communication than the direct manner typically used in psychotherapy based on Euro-American values" (p. 358). Both Masaki Kakitani, senior instructor of the William Glasser Institute International in Japan, and Rose Inza Kim, also WGI-I senior instructor in Korea, agree that, "what are you looking for" or "what are you seeking" sounds less intrusive than "what do you want?" Wubbolding adds that these questions might appear very similar, but in a culture in which direct communication and assertiveness are not virtues, inquiries focusing on such words as "seeking" and "looking for" sound softer and are more acceptable (Wubbolding 2013), (Personal Correspondence, 2016). Counselors and teachers in Singapore often utilize the entire family in helping students evaluate their behavior by inquiring about possible judgments of parents and even grandparents (Wubbolding, 2000). Of course this type of intervention is not unknown in individualistic western societies, but it receives more emphasis in cultures where the family plays an even more significant role in the life of a student.

Cultural sensitivity has long played a significant role in both the teaching and practice of reality therapy. Wubbolding and Brickell (1998) state, "The ability to adapt the principles of reality therapy to cultures other than that in which they originated (Euro-American) takes study, flexibility, consultation and a willingness to adjust the ideas" (p. 49). They add that teaching reality therapy in the Middle East requires the incorporation of principles from the Koran and specific references to Allah, the Prophet. Also, many writers see reflections of the Christian gospels in choice theory and reality therapy (Jackson, 2015), Linnenberg (1997).

Human relationships also provide the cornerstone for many theories of counseling, therapy and education and they serve as the bedrock for family life, business transactions and international interchanges. Many students even attain advanced degrees in "International Relations." The *International Journal of Choice Theory and Reality Therapy* often contains articles that trace the development of national organizations such as noted in the Spring edition 2017 (vol. 36, no. 2) in countries around the world including United Kingdom, Ireland, Singapore, Slovenia and Croatia, Australia. Besides individual national leaders, Jean Seville Suffield of Canada deserves the institute's gratitude for her pioneering work in cultures on six continents. Most of the articles about the development of choice theory and

reality therapy focus on organizational development rather than cultural adaptations. And yet, some adaptations are described in a 2004 article in the *International Journal for the Advancement of Counseling* the authors of which represent a wide variety of nations. In speaking of the significance of the adaptation of reality therapy to many cultures, Wubbolding, Brickell, Imhof, In-za Kim, Lojk, and Al-Rashidi (2004) state, "Reality therapy . . . if used too assertively by the counselor, the result is the feeling of encroachment and the appearance of resistance. Clients may otherwise interpret a therapist's buoyancy, eagerness, and altruism as impatience, rudeness, disrespect, and even arrogance. Learning from clients about their cultures as well as knowledge of cultural practices can facilitate the practice of building the relationship of mutual respect, acceptance, understanding, and trust" (p. 224).

Summary and Conclusion

Members of William Glasser International have distinguished themselves in the assiduous archiving of institutes and societies fostering the teaching and development CT/RT in nations and regions around the world. Previous issues of the *International Journal of Choice Theory and Reality Therapy* edited by highly trained professional editors have contained this historical record of the establishment and progress of these vibrant organizations. Future generations will undoubtedly refer to these documents as evidence of the commitment of William Glasser's students as well as the international and multicultural nature of his monumental contributions to the fields of mental health, education and the overriding and wide spectrum of human relations.

However, there is a dearth of information about how CT/RT has been altered, extended, and adapted to the many cultures around the world. Theories and practices focusing on career development, management skills, counseling interventions and educational practices require adaptation. On a personal level when I teach CT/RT in Asia and the Middle East, the instruction is uniquely tailored to each culture. However, the indigenous peoples are the experts in the necessary adaptations of choice theory and reality therapy that is rooted in western culture.

I invite institute instructors from around the world to publish how they have adapted CT/RT including changes in vocabulary, instructional alterations in style or practice and in general how CT/RT meshes or does not mesh with cultural behaviors and values.

References

American Psychological Association. (2002). APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists. Retrieved from <http://www.apa.org/guidelines>

Corey, G., Corey, M., & Corey, C. (2019). *Issues and ethics in the helping professions*. (10th ed.). Boston: Cengage Learning.

Glasser, C. (1996). *My quality world workbook*. Los Angeles, CA: William Glasser Inc.

Glasser, W. (2011). *Take charge of your life*. Bloomington, IN: iUniverse.

Jackson, D. (2015). *Becoming a better good Samaritan*. Independence, MO: Aardvark Publishing.

Hayes, P. (2013). *Connecting across cultures*. (2013). Thousand Oaks, CA:SAGE.

Linnenberg, D. (1997). Religion, spirituality in the counseling process. *International Journal of Reality Therapy*, 17(1), 55-59.

National Association of Independent Schools. (2018). Retrieved from <http://www.nias.org>
Diversity and Multiculturalism.

National Association of Social Workers, (2015). Retrieved from <http://www.nasw.org>
Standards and Indicators for Cultural Competence in Social Work Practice.

Pedersen, P., Lonner, W., Draguns, J., Trimble, J., Scharron-del Rio. (2016). *Counseling across cultures* (7th ed.). Thousand Oaks, CA: SAGE Publications, Inc.

Ratts, M. & Pedersen, P. (2014). *Counseling for multiculturalism and social justice* (4th ed.). Alexandria, VA: American Counseling Association.

Sue, D.W. & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6th ed.). NY: Wiley.

Wubbolding, R.E. (2000). *Reality therapy for the 21st century*. Philadelphia: Brunner Routledge.

Wubbolding, R.E. (2013). Reality therapy. In J. Frew & M. Spiegler (Eds.), *Contemporary psychotherapies for a diverse world* (1st rev. ed.), (pp. 339–372). NY: Routledge Taylor Francis Group.

Wubbolding, R., & Brickell, J. (1998). Qualities of the reality theapist, *International Journal of Reality Therapy*, 17(2), 47-49.

Wubbolding, R. E., Brickell, J. D., Imhof, L., Kim, R., Lojk, L., and Al-Rashidi, B. (2004). Reality therapy: a global perspective. *International Journal for the Advancement of Counselling*, 26(3), 219-228.

Brief Biography

Author of 17 books, Robert E. Wubbolding, EdD, LPCC, BCC, CTRTC, is the Director of the Center for Reality Therapy, former Director of Training for the William Glasser Institute (1988 – 2011), Senior Faculty William Glasser International.

BOOK REVIEW by:

Lucy Billings Robbins

THE UNDEFEATED PARENT: A GUIDE TO MANAGING CHILDREN'S STRESS

Miranda Mulyana, MOrgPsych
Irena Kit Phey Ling, PhD

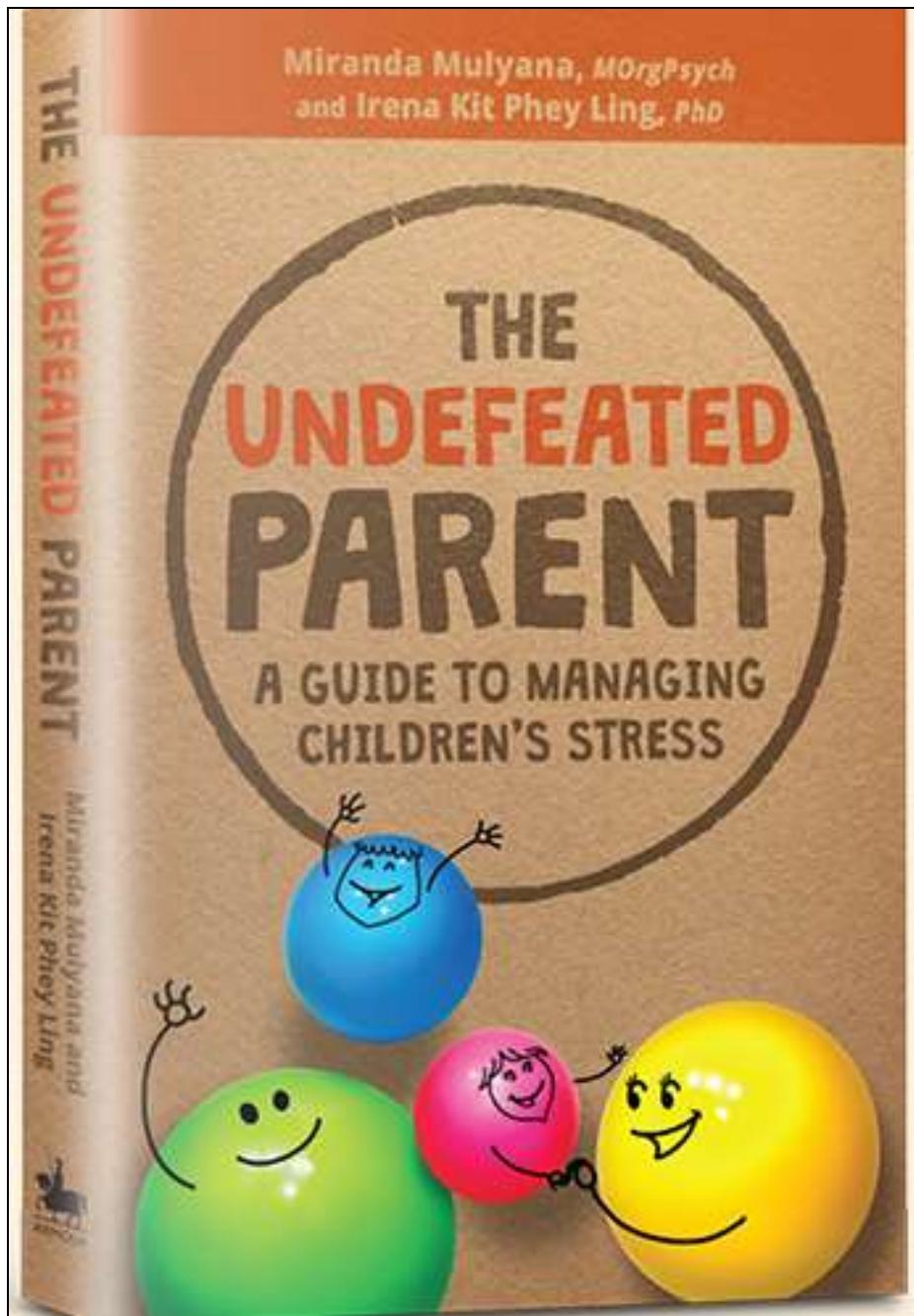
The choice theory child-rearing axiom is this: Don't choose to do anything with a child whom you want to grow up to be happy, successful, and close to you, that you believe will increase the distance between you. — Dr. William Glasser

The vast majority of family unhappiness is the result of well-intentioned parents trying to make children do what they don't want to do, especially in Asia where there is pressure to excel. Miranda Mulyana and Irena Kit Phey Ling in this debut book explore the ways parenting myths result in stressful parenting and provide effective strategies for reducing family stress. *The Undefeated Parent* was written specifically for Asian parents by Asian parents.

The most consistent stressor for Asian parents surrounds their child's education: career vs. stay-at-home parent, the perfect preschool, kindergarten, and primary school. The stressors seem to begin at birth. Asian parents often equate elite schools, high achievement, and top percentile with success. Many Asian parents are over committed to providing the best resources for their child's education but often feel disappointed when the outcomes do not meet their high expectations. The parents then struggle with their own stressors. The authors dedicate a full chapter to each of six important educational concerns of Asian parents. In addressing parenting dilemmas, the authors use research-based studies to support their recommendations and reflective questions consistent with Choice Theory/ Reality Therapy (CTRT) to provide step-by-step exercises for parents to self-evaluate the current choices they make in the parenting journey. Consistent with CTRT, the book does not prescribe one-size fits all solutions. Instead it guides parents to consider their present circumstances, to evaluate their current relationships in the family, to find the strengths of their children, and to focus on enhancing quality relationships. While the parenting issues are written specific to the Asian context, the book also provides insights into the CTRT concepts, such as Basic Needs, Quality World Pictures, and Connecting and Disconnecting Habits. All are applicable to any parent-child relationship. This book gives hope and arms parents with tools to help their children define success in a personal way.

Miranda and Irena are both registered psychologists in Singapore with years of work experience with children and parents. Both have knowledge and application of cognitive assessments along with understanding from personal experiences as parents. Irena is a faculty member and Miranda is working toward faculty status with WGI. I have had the opportunity to facilitate faculty training for both authors and am impressed with their knowledge and understanding of Choice Theory and their ability to apply it creatively and accurately in this outstanding guide for Asian parents. I have acted as a consultant for various projects for the last 5 years with Miranda. I celebrate and congratulate Miranda and Irena in the publication of *The Undefeated Parent*.

I highly recommended *The Undefeated Parent* for parents who wish to take a different perspective of their stressors, have insight into their children's wellbeing, and know how to facilitate their children to be successful. The book is also ideal for counselors and therapists who seek to better understand and work with Asian parents and Asian parenting challenges and it is a welcome addition to continuing the mission of connecting through Choice Theory.



The Undefeated Parent can be purchased by clicking [here](#).

CHOICE THEORY AND REALITY THERAPY IN INDIVIDUAL AND GROUP COUNSELING IN A MALAYSIAN CONTEXT

Ahmad Jazimin Bin Jusoh

Abstract

Each counseling theory has the advantage of its own approach to helping clients. This paper illustrates a method of understanding human behavior based on Choice Theory and Reality Therapy as applied to Malaysian clients. Choice theory assumes that behavior is motivated by five basic needs: love and belonging, power, freedom, fun, and survival. Reality therapy is based on choice theory and aims to help individuals gain more effective control over their own lives. Counselors use the WDEP system (i.e., wants, doing, evaluation, and planning) in reality therapy to help clients change by encouraging appropriate behavior based on the needs of the individual. This paper provides case analyses and applications of these theories in Malaysian clients.

Key words: choice theory, reality therapy, love and belonging, power, freedom, fun, survival, and WDEP system

Malaysia

Malaysia is located in South East Asia and consists of a federation of 13 states. The country occupies beautiful lands that are full of cultural, ethnic, and religious diversity. Malaysia is a multicultural society. In 2015, the Department of Statistics Malaysia (2015) recorded a population of over 30 million, which, according to the U. S. Central Intelligence Agency's (2009) estimation, is made up of 50.4% Malaysians, who are Muslims by birth; 23.7% Chinese, who are mainly Buddhists and Taoists, with some Christians; 11% indigenous peoples, who are mainly animists; 7.1% Indians, who are mainly Hindus; and 7.8% others. Bahasa Melayu is the official language of the country. English is widely used in business and commerce, alongside various Chinese dialects, Indian languages, and indigenous languages. Malaysian society has experienced both social and political changes since 1957, such as increases in urban migration, increases in the elderly population, and rises in divorce rates, transformations in family structures, and a surge of illegal immigration (Pope et al., 2002). Crime rates have also increased tremendously over the years. Counseling resources and programs to help manage such occurrences could have played a vital role for the Malaysian people.

Thus, given that Reality Therapy focuses on responsibility of individual decisions and plans, counselors must be aware of the cultural elements that may interfere with the client's growth (Ahmad Jazimin et al. 2016). Counselors who are skillful enough can turn cultural tension into opportunities that can help the client overcome their issues and become more liberated people, flexible and realistic person.

Choice Theory

Choice theory, first introduced by William Glasser (1998), is similar to other counseling theories in that it examines the manner in which individuals act and why they act in that way. This approach stresses that humans have freedom, can make choices, and are responsible for their choices. Glasser's (1998) choice theory explains in detail that all happiness and pain is derived from our efforts to fulfill the five basic needs of love and

belonging, power, fun, freedom and survival built into our genes. All behavior that attempts, but fails, to satisfy one or more of these needs is painful.

Society or those around the individual, such as parents, siblings, and teachers, can influence the individual to act in a certain way. This pressure or coercion is a form of external control psychology that persuades many individuals to choose other than what is desired (Ahmad Jazimin et al. 2016). Problems arise in a society that believes individuals can be forced to do things they do not want to (Noryati & Ahmad Jazimin, 2016). Glasser (1998) stressed that choice theory is a form of internal control psychology and rejected the assumption that human behavior is influenced by external control psychology, which is based on the control of others. On the other hand, internal control psychology is based upon internal motivation and individual choice and produces behavior that is flexible, targeted, and creative. Glasser (1998) believed that human relationship problems are caused by a lack of effective communication with others. Each individual has a will and desires that are different. Failure in comprehending other people's psychological needs causes communication problems to exist.

According to Glasser (1998), every individual has the desire to be fulfilled. They have a perception of themselves and what they want. This picture depends upon the individual's interactions with others, beliefs, and past experiences. All these produce a condition that the individual can change. Conflict arises when what the individual wants is not the same as what the individual has the ability to do. Clients make choices based on whether experiences cause pleasure or pain through a balance scale that exists within each person. The result affects total behavior, encompassing four components: acting, thinking, feeling, and physiology (Glasser, 1998). Therefore, individuals are responsible not just for choosing what they wish to accomplish, but also what they think, feel, and experience physically. Total behavior is deliberate and derived from the internal aspects of the individual and not from external forces. Although environmental factors influence an individual's decisions, these factors do not specify individual behavior. All behaviors result from intrinsic motivation directed towards achieving a condition that satisfies one or more of the basic human needs (Glasser, 1998).

Glasser (1998) believed that humans can control what is done (action) and what is thought (mind) but can only indirectly control emotions (feelings) and physical reactions (physiology). These components make up a behavioral system, constantly interacting with each other. If one component changes, the others change too. There are two components easier to access and to be controlled by willpower. These are the doing and the thinking component. Feeling and physiology, although equally important, are not so amenable to change by direct decision.

Total behavior that contributes to a failure identity fulfills basic needs in a responsible way. Individuals who fail usually are disappointed with life and often deny failure to reduce the feeling of pain. As a result of the disappointment and desperation, the individual may choose negative action and experience behavior that is ineffective. Successful people are individuals who take responsibility for their own choices (Glasser, 1965, 1998, 2000).

Reality Therapy

Reality therapy is a counseling application used to help clients (Wubbolding, 2011). Glasser (1965, 1990) and Wubbolding and Brickell (1999) contributed to the idea by introducing counseling strategies based on the WDEP system (i.e., wants, doing, evaluation, and planning). The counselor uses the WDEP strategy to help clients clarify their wants, examine

what they are doing towards achieving their wants, evaluate their actions, and develop a plan to change their behavior.

Contribution of Reality Therapy

Reality therapy has contributed much to the field of counseling. In 1960, Glasser began to apply the principles of reality therapy for development in schools and remained active in the education field throughout his career (Glasser, 1965, 1990). Over the years, reality therapy has proven to be highly practical for use in schools and educational institutions (Carey, 2002; Davies, 2000; Richardson & Wubbolding, 2001; Zeeman, 2006). In addition, counselors have used reality therapy based on the WDEP system to help clients with Internet addiction problems (Kim, 2007), interventions to enhance motivation (Erwin, 2006), interventions to improve self-concept (Kim & Hwang, 2006), cross-cultural issues (Wubbolding et al., 1998), coping with cancer (Avants, Margolin, & Singer, 1993), and sexual misconduct problems (Henry & Cashwell, 1998). Therefore, research has shown that counselors have successfully used reality therapy to help clients suffering from a variety of challenges.

Case Studies in Individual Counseling

The WDEP procedure was used when assisting clients in individual counseling. The counselor should first build a close relationship with the client before the WDEP procedure is applied to build the client's trust in the counselor (Ahmad Jazimin et al. 2016). Below are a number of cases and solutions based on a WDEP session.

Case 1: Young Adult Male

The client claims that he is the "most unfortunate human in the world." He often blames others for his failure in academics (he believes that they do not help him succeed), and for this reason, he limits social interactions with family and friends. The client also hates when others succeed and, sometimes, feels like killing individuals he dislikes. He feels that he is unlike anyone else around him and believes that they are hindering him from succeeding in life.

W = Explore wants, needs and client's perception.

- 1) The counselor builds a strong relationship with the client and begins exploring issues that trouble the client. The counselor also tries to understand the client's wishes. Here, the counselor understands the client's problems based on choice theory. According to what he says, the client cannot love others and feels that he too is unloved by others, while also being unable to accept him. The counselor explores these feelings according to his basic needs. Some questions may include:
 - a. "What kinds of things do you wish to talk about in this session?"
 - b. "What do you want from others?"
 - c. "Have you achieved what you want?"
 - d. "What is something you want, but have not yet implemented a plan to achieve?"
 - e. "What do you want and not want, in general?"
 - f. "Who do you aspire to be?"
 - g. "If you'd like someone to be in your life, who would it be?"
 - h. "What exactly happened that has caused you to behave the way you do?"
 - i. "What triggers you to behave the way you do?"
 - j. "Does the cause matter to you?"

- k. "If your desires are fulfilled, what you can do?"
- l. "How do you feel when you can't get what you want?"
- m. "How do you feel when you can get what you want?"

2) In the session, the counselor may also ask, "How many of your desires have been achieved?" The objective is to enable the client to explain how, when, and where he satisfied his basic need.

D = Sharing on client's total behavior. What are you doing? In what direction are you going?

- 3) The counselor explores the client's total behavior (feeling, thinking, action, and physiology). At this stage, the counselor asks, "How can you help yourself to get what you want?" in order to figure out how his basic needs can be fulfilled.
- 4) Then counselor inquires, "What is something that you can do that is what you want to?" In this session, the counselor explains what total behavior is to the client and helps him choose the best behavior while encouraging positivity and evaluating his control capacity.
- 5) The counselor also asks, "What is it that you want but cannot have?" This question is aimed to help the client understand the difference between his quality world and real world.

E = Client evaluation on their behavior.

- 6) The counselor submits questions that are formulated to get the client to evaluate himself and to change his or her total behavior. The counselor may ask, "Are you on the right path to getting what you want?"
- 7) In the evaluation stage, the counselor asks, "Do you have a picture to enable the continuation of your life?" The counselor reminds the client that control over total behavior is crucial to achieving his goals, and that he must focus on desires in his quality world. The implemented plan for change must be simple, immediate, specific, and genuine.
- 8) Based on the client's needs, the counselor asks the client to evaluate if his desires are realistic and if they can actually be achieved. The counselor may also ask, "Is what you are doing in accordance with your needs and desires?"
- 9) The counselor asks, "How do you know if you are happy or not? How satisfied are you?" These questions aim to help the client make judgments on how far his decision will fulfill his desires and needs.
- 10) The counselor asks, "Who can make you change your behavior?" The question helps the client to recognize and accept the strength to control himself.
- 11) The counselor also evaluates the client's behavior with others and helps the client understand his relationships: "What can/will destroy your relationship with others?"
- 12) The counselor asks, "What happens if your will or needs do not align with the desires of others?" This question is intended to make the client consider situations that can induce conflict.

P = Planning and client commitment.

- 13) The counselor and the client discuss future plans: "How can you solve your problems in order to get what you want?" This question aims to teach the client how to plan situations according to WDEP and to achieve his goals.
- 14) The counselor may also ask, "How committed are you to this plan?"

Any suggestions or help the counselor provides must come in the early stages of therapy, long before the client makes the plan to help himself. In choice theory and reality therapy, all decisions and actions should come from client.

Case 2: Young Adult Female

The client was a 16-year-old student with feelings of rebellion. The client often thinks that her parents do not love her. She displays her rebellious attitude through actions such as skipping class and always complaining about being in pain. The client has frequently been seen roaming around the school, library, and canteen with schoolboys. She has been reprimanded time after time by teachers, but her behavior does not change; thus, the principal has referred this case to the counselor.

W: Explore wants, needs, and client's perception.

- 1) The counselor builds a solid relationship with the client to begin understanding what she wants. In the present case, the client wishes to be loved and wants the freedom to make decisions for herself. Problems arise when the client's wishes are not understood and her expectations remain unfulfilled.
- 2) The counselor explores the client's needs through questions such as:
 - a. What do you want?
 - b. What are your actual needs?
 - c. What is not right to you?

D: Explore client's total behavior. Doing? Direction?

- 3) The counselor understands the client's problems by studying her behavior and situations:
 - a. The client does not feel like the counseling sessions are meaningful, because her basic needs are not being met.
 - b. Family influences on the client do not allow her to make her own decisions and evaluate herself.
 - c. The client blames her parents for her problems.
 - d. The client is not prepared to accept changes after the evaluation process.

E: Self-evaluation.

- 4) The client must build resilience, reduce dependence on the counselor, and maintain realistic expectations. Meanwhile, the counselor must ask himself or herself the following questions:
 - a. What is the best way to communicate with the client at this time?

- b. How can I encourage my client to make decisions based on her own decisions?
- c. How I can use the client's culture and life to help her increase her self-confidence, maintain resilience, and reduce her dependence?

P: Planning and commitment.

- 5) The counselor must take into account the following to help the client change her behavior more effectively:
 - a. Never force a client to do anything; she may lose her creativity and will.
 - b. Consistently give credit to the client.
 - c. Nurture the client's autonomy, responsibility, empathy, and self-conceptualization.
 - d. Encourage the client to consider different perspectives.
 - e. Be professional and do not act as a determinant in the client's decisions.

Choice Theory and Reality Therapy Group Counseling

Choice theory and reality therapy teaches all individuals the value and responsibility of decision-making, and thus, is also valuable in the group counseling process (Ahmad Jazimin et al. 2016). In these examples, the counselor used the WDEP procedure to help clients in a group setting. It is important to note that, in all forms of group counseling and particularly with choice theory and reality therapy, people are able to change more when they are comfortable with other group members and when there is a mutual understanding of behaviors (Ahmad Jazimin et al. 2016).

Mohd. (2013) conducted a study to measure the effectiveness of the CTRT approach in group counseling to increase self-concepts in students with family-related issues. This study was carried out in one of the schools in the Hulu Selangor area in Malaysia; this particular school was selected because it was known to have many students with family problems. There were 18 study subjects (students who were given a pre-test questionnaire) selected through the sampling method. Students consisting of form two and form four students has been divided into two groups, namely a control group and a treatment group. The group division was based on paired random sampling.

Eight group counseling sessions (90 minutes per session) were conducted using the CTRT Group Counseling Module approach built by Ahmad Jazimin et al. (2016). The Tennessee Self Concept Scale (TSCS) was used as a pre- and post-tests to gauge students' self-concept before and after the sessions were carried out. The control group did not undergo any counseling sessions or other treatments.

During the pre-test, none of the study subjects received any treatment, neither individual nor group counseling or any other interventions. The pre-test scores revealed that all subjects' levels of self-concept were low, and all had problems related to family. From there, all treatment group subjects and control group were randomly divided into two groups through paired random sampling to ensure that 1) the groups were no different before the treatment was carried out, and 2) to clearly any measurable changes after the treatment was implemented (Mohd. 2013).

As a result of the treatment process through the CTRT Group Counseling Module, there was a striking increase in self-concept amongst subjects, which coincides with CTRT's goals (Mohd. 2013). According to Glasser (2000), reality therapy is intended to assist an individual in gaining more effective control over one's life, and that each individual has the confidence and responsibility to make their own choices. In this study, all study subjects

had the choice to select a successful or failed identity. The eight sessions carried out according to Ahmad Jazimin et al. (2016)'s module successfully helped study subjects make the best choices for themselves, all the while taking responsibility for their decisions.

Apart from that, CTRT effectively leads subjects to reconstruct their self-concept and form a connection between their quality world and real world (Ahmad Jazimin et al. 2016). Researchers believe that the group counseling process nurtures insight in the individuals. According to Wubbolding (2001), one of the session objectives is to help clients evaluate relationships between their action and goals; in other words, what a client wants, he or she has to make happen for him or herself. As a result of the sessions, subjects in the treatment group showed significant differences in self-concepts scores, while the control group showed little to no differences in the pre and post self-concept tests (Mohd. 2013).

Noryati and Ahmad Jazimin (2016) studied truancy student behavior in a Malaysian school. The first participant was a 16 year-old-female student; her disciplinary files and documents (alongside those of the other participants) were retrieved from her school and then analyzed by researchers. The participant is the third child of the six in her family, but her parents are divorced and she lives with her mother. Her mother got an income of only 150 USD per month. Overall, the participant has a low academic achievement record, but her disciplinary files are clear of any offenses except for her multiple truancies, 41 days during the year to be exact.

The second participant was a 17-year-old female student. She, too, has many siblings, and her father works at the Land Office while her mother is a seller. The total income of the parents is approximately 400 USD. This participant has a good record of academic achievements before she started skipping school (a total of 59 days). She, too, does not have any record of other misconducts.

The third study participant was a 15-year-old male student. He is the seventh child of nine, living with his father, who works as a cook in the cafeteria, and his mother, who is a housewife. The father's total income is 150 USD per month. This participant's academic standing is low, and he has a record of both truancy and tardiness. Based on his disciplinary records, the student skipped 42 days of school and was given a written warning.

The findings indicated that three basic needs of love and belonging, fun, and freedom are most related to truancy among the study participants (Noryati and Ahmad Jazimin 2016). The first and second participants felt that they were not receiving love from their families and described the home life as difficult and tense. They also did not have close relationships with their friends. This lack of love and belonging could be considered a strong factor in why they skip school. For example, the first participant said that she was not loved by her divorced parents:

"My family shared very little affection, even between brothers and sisters...We are not like other people's family...My father does not take care of me and family."

She also claimed that, instead of attending school, she often went into the bigger towns. In fact, she was proud of the fact that she was not caught by anyone during those times. She felt that the sense of fun and freedom she gained made her actions worthwhile (Noryati and Ahmad Jazimin 2016).

The second participant claimed to skip school because she wanted her father's attention. She, too, felt that her father did not give affection to her family, and she was unable to

share this feeling with friends at school. Thus, she chose to skip her classes altogether. She said:

"Daddy does not love me...I played truant because I wanted attention from him... But he did not care me if I went to school or not... I hate my dad ..." (Noryati and Ahmad Jazimin 2016).

As opposed to the first and second opinions, the third study participant felt that the attention and care he received from his families made him feel controlled, which contributed to his rebellious behavior. By skipping school, he was indulging his desire to be free of control and supervision, and demonstrating to others that he had the power to make choices for himself. Furthermore, he could share the experience with his friends. As the third participant said:

"I want to play truant for fun. I can then see my friends... I feel free when I'm skipping ...not bound by my parents" (Noryati and Ahmad Jazimin 2016).

Based on the results, each study of participant had his or her own reasons for their truant behavior, although most reasons seemed to concentrate around their desire for freedom, love and attention from others, and acceptance from friends. In addition to these reasons, the data also showed that teachers' attitudes and the learning environment in general also made students avoid school (Noryati and Ahmad Jazimin 2016). These findings are similar to the results of previous studies conducted by researchers such as Ratnamla (2009), who stated that teachers and the individuals' levels of motivation are key factors in understanding truant students. Othman (2005) also added that students were tempted to cut class when teachers were too strict, fierce, or assigned too much homework. This finding is also supported by Reid (2005), who mentioned difficult curriculums place pressure on teens in school. Additionally, Galloway (1985) noted that students with low academic standings and in substandard learning environments were less interested in going to school, which was then strengthened by Baker, Sigmon, and Nugent (2001), who found that unsafe and unhappy school environments were not conducive in stopping students from skipping class.

All of these reasons that were identified in these studies all coincide with what Glasser (1998) stated about external and internal controls, namely that the expectations and demands of other individuals are often perceived as coercive external controls that affect many individuals' choices in behavior. Most study participants believed that family members, friends, teachers, the school's strict rules, and the learning environment in general are the causes behind their truancies (Noryati and Ahmad Jazimin 2016). However, if seen from the perspective of meeting basic needs, external controls are only catalysts to symptoms, while the main causes to most problems are occurring in the internal control psychology of the participant. In fact, this was demonstrated in multiple situations, such as when the desires to have fun and freedom motivated the individuals to skip school.

Glasser (1998) additionally noted that a failed identity is usually disappointed with life and often denies or avoids that failure in order to reduce the pain that the individual feels. Because of frustrating or devastating past experiences, negative parts of the personality arise and ultimately begin to choose behaviors that are not effective for change, but instead, mask the actual problems. Thus, individuals with failure identities will also run from the responsibility of their actions and emotions, and they cannot have clear thoughts. In the same thought, a failure identity will skip school to in order to try and fulfill their desires and expectations, except they will choose the wrong behaviors to do so (Glasser 1998).

Love and belonging, as can be seen in the participants' responses, were very important to students. This is consistent with Glasser (1998)'s view that love and belonging are the essence of any relationship, whether it be with family, friendships, and colleagues. These needs can be fostered by means of cooperation, mutual care, willingness to share, and joint activities. Failure to satisfy the need for love and belonging encourages individuals to choose behaviors that are less suitable, for instance, skipping school. In the case of the study participants, insecure family backgrounds with little attention and support greatly contributed to their behavior. They expected to have closer family relationships and to be better understood and cared for by significant (Noryati and Ahmad Jazimin 2016). Meanwhile, too much affection or attention shown by means of control also pressures the students to act out; since they feel smothered by their families and that they have to escape their everyday life by any way possible.

Finally, study participants skipped school because they wanted to be closer with their friends (Noryati and Ahmad Jazimin 2016), a finding that is consistent with Muhamad Nur Farhan (2006)'s study, which showed that there is a significant relationship between truancies and a student's intimacy to his or her peers. Moreover, Glasser (1998) said that, in a school setting, students need to feel accepted by their classmates and teachers in order to contribute to the school community, and thus feel that they are important and meaningful. Students who are unable to adapt or feel marginalized and alienated are also trying to meet the same needs as everyone else, but they do not yet have control over the behaviors to do so. Unfortunately, if left unmet, these unfulfilled needs may go on to affect the student's academic performance, which would, again, affect his or her behavior (Glasser 1990).

Conclusions

The level of professionalism of a counselor can be evaluated based upon the ability to interpret a theory and translate that theory into practice. Knowledge of counseling does not just require rote abilities but skills to be practiced. Counseling theories are not formulated to discuss why a person is troubled and how best to help the individual. To successfully apply choice theory, the counselor should understand human problems based on individual needs. In conclusion, the counselor should know choice theory to understand the psychology of the individual and how to use reality therapy based on the WDEP system. When used correctly, this method has the potential to effectively help clients achieve their desires.

References

Ahmad Jazimin, J., Mohd. Nasir, B. Mohamad Aziz, S.M.A. (2016). *Modul Kaunseling Kelompok CTRT*. UPSI: Tanjong Malim.

Avants, S. K., Margolin, A., & Singer, J. L. (1993). Psychological interventions and research in the oncology setting: An integrative framework. *Journal of Psychotherapy*, 30(1), 1-10.

Baker, M. L., Sigmon, J.N., & Nugent, M. E. (2001, September). *Truancy Reduction : Keeping Students in School*. Washington: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Carey, T. (2002). Student self-report of counter control. *Journal of Reality Therapy*, 22(1), 4-9.

Davies, N. (2000). Psychology, choice theory and the classroom. *Journal of Reality Therapy*, 20(1), 34-36.

Department of Statistics Malaysia (2015) Retrieved from <https://newss.statistics.gov.my/newss-portalx/ep/epLogin.seam>

Erwin, J. C. (2006). Boosting students' intrinsic motivation: A choice theory approach. *International Journal of Choice Theory*, 1(1), 11-13.

Galloway, D. (1985). Schools and Persistent Absentees. New York : Pergamon Press

Glasser, W. (1965). *Reality Therapy: A new approach to psychiatry*. New York: Harper Collins.

Glasser, W. (1990). *Quality schools: Managing students without coercion*. New York: Harper Collins.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York: Harper Collins.

Glasser, W. (2000). *Reality therapy in action*. New York: HarperCollins.

Henry, C., & Cashwell, C. S. (1998). Using reality therapy in the treatment of adolescent sex offenders. *Journal of Reality Therapy*, 18(1), 8-11.

Kim, R. I., & Hwang, M. G. (2006). A meta-analysis of reality therapy and choice theory group programs for self-esteem and locus of control in Korea. *International Journal of Choice Theory*, 1(1), 25-30.

Kim, J. U. (2007). A reality therapy group counseling program as an internet addiction recovery method for college students in Korea. *International Journal of Reality Therapy*, 26(2), 3-9.

Mohd, K. (2013). *The effectiveness of choice theory reality therapy group counseling on self-concept among students with family-related problems*. Paper Project. Unpublished: University Pendidikan of Sultan Idris.

Muhamad Nur Farhan, M. H. (2006). *Relationship between Peers with Truancy Issues in a Secondary School at Pahang*: Unpublished project paper. Tanjung Malim: University of Pendidikan Sultan Idris.

Noryati, I., & Ahmad Jazimin, J. (2016). Truancy Among Students at a Secondary School in Malaysia Based on CT. *International Journal of Choice Theory and Reality Therapy: An On-Line Journal*. Vol. 36(1), 104-122.

Othman, J. (2005). *Truancy in Secondary School*. Unpublished project paper. Tanjung Malim: University of Pendidikan Sultan Idris

Pope-Davis, D. B., Toporek, R. L., Ortega-Villalobos, L., Ligiéro, D. P., Brittan-Powell, C. S., Liu, W. M., Bashshur, M. R., Codrington, J. N., & Liang, C. T. H. (2002). Client Perspectives of Multicultural Counseling Competence: A Qualitative Examination. *The Counseling Psychologist*, 30(355). doi: 10.1177/0011000002303001

Ratnamla, K. (2009). *Truancy amongst student in Hulu Perak District*. Masters Dissertation Unpublished. Tanjung Malim: University of Pendidikan Sultan Idris.

Reid K. (2005). The causes, views and traits of school absenteeism and truancy. *An analytical review. Research in Education*, 74(1), 59-82.

Richardson, B. G., & Wubbolding, R. E. (2001). Five interrelated challenges for using reality therapy with challenging students. *Journal of Reality Therapy*, 20(2), 35-40.

Wubbolding, R. E., Al-Rashidi, B., Brickell, J., Kakitani, M., Kim, R. I., Lennon, B., Lojk, L., Ong, K. H., Honey, I., Stijacic, D., & Tham, E. (1998). Multicultural awareness: Implications for reality therapy and choice theory. *International Journal of Reality*, 17(2), 4-6.

Wubbolding, R. E., & Brickell, J. (1999). *Using Reality Therapy*. New York: Harper Collins.

Wubbolding, R. E. (2000). *Reality Therapy for the 21st century*. New York: Harper Collins.

Wubbolding, R.E. (2011). *Reality Therapy*. Washington DC: American Psychological Association.

Zeeman, R. (2006). Glasser's choice theory and Purkeys's invitational education- applied approaches to counseling and schooling. *International Journal of Reality Therapy*, 26(1), 14-17.

Brief Biography

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FORMULATION IN REALITY THERAPY: MAKING SENSE OF CLIENT'S PROBLEMS

Bosiljka Lojk

Introduction to Formulation

Formulation in psychotherapy is an alternative to psychiatric diagnosis. There is the difference between psychiatric formulation as an addition to diagnosis and formulation in psychotherapy as an alternative to diagnosis. Formulation in psychotherapy is approach to understanding and explaining client's difficulties relies on a specific theoretical frame. Even though formulations may vary given their theoretical underpinnings, they all have in common the following underlying features, in that they:

- summarize the client's core problems;
- indicate how the client's difficulties may relate to one another, by drawing on psychological theories and principles;
- suggest, on the basis of psychological theory, why the client developed these difficulties, at this time and in this situation;
- give rise to a plan of intervention which is based in the psychological processes and principles already identified;
- are open to revision and re-formulation.

(Johnston & Dallos, 2003:6)

When applying the formulation, a psychotherapist explains to the client their own understanding of the client's current condition. Resulting formulation is agreed upon with the client, easy to understand, specific to that client's condition, and allows for verifying the accuracy of initial information over time.

Choice Theory – Theoretical Frame for Formulation in Reality Therapy

The Reality Therapy practitioners, although familiar with the "formulation" concept (i.e., a process of transferring theoretical understanding to work with clients), did not use that term in their clinical practice and training until recently. The formulation in Reality Therapy is understood as the mutual process of exchanging, reflection and self- evaluation as a part of the moment-to-moment process in therapy.

Dr. William Glasser, author of Reality Therapy and Choice Theory, abandoned the traditional medical model (i.e., "illness model") and introduced the "mental health model" instead. Glasser referred to the symptoms diagnosed as mental illness in the DSM-IV (now DSM-V) as purposeful behavior supported by human creativity rather than mental illness diagnosed from symptoms alone and not supported by pathology. Based on Choice Theory, a fundament of Reality Therapy, Glasser defines mental health as a state of balance where individuals enjoy all aspects of their life, especially relationships with important people such as partners, family members, friends, or coworkers.

According Leon Lojk, Reality Therapy is an evolutionary-systemic psychotherapy approach based on Choice Theory. In this theoretical frame the human being is viewed as an internally motivated closed loop system whose behavior is purposeful – surviving by constantly trying to achieve a balance within the life context. Human behavior is not a response to external or internal circumstances but rather an attempt to gain balance by satisfying inner instructions and those developed through lifetime experiences. The environment does not change an organism; organism alters itself and the environment. The behavior occurs as a circular causality without specific beginning or end where an organism

follows its own instructions. This theoretical view considerably differs from other theories which interpret the functioning of an organism as linear causality: cause (stimulus) – organism – response (behavior). In contrast, Choice Theory explains human organism as a complex interplay of four inseparable aspects – action, thinking, feelings, psychology – all involved in ongoing survival. This theoretical concept is known as Total Behavior presented below as a circle.

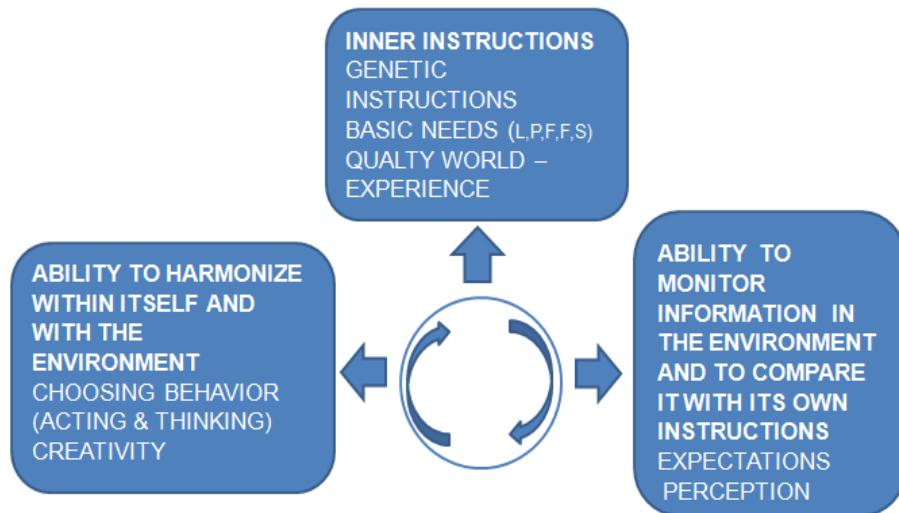
Human Organism – Total Behavior



The Total Behavior concept is probably Glasser's crucial contribution to psychotherapy. When explaining human behavior, Glasser is focusing on the inseparable connection between action, thinking, feelings and physiological processes, rather than on the action only as the main description of behavior, as most other theoretical approaches do. Glasser's Total Behavior concept underscores the importance of inseparable unity of mental and physical aspects of humans (i.e., behavior = organism). This approach awards humans by individuality, responsibility and freedom, regardless circumstances.

While acting and thinking components of human behavior individuals can consciously choose, the related feelings and psychological processes are more automatic and not in one's direct control. Still by choosing acting and thinking we instantly choose our feelings and physiology. Understanding all aspects of human functioning as connected and inseparable allows individuals to have a sense of control over their lives, regardless of circumstances. The outer line encircling the Total Behavior represents our perception through which we process information from the environment (select, interpret, and evaluate).

Functioning of the Human Organism



To explain the functioning of human organism it is critical to understand its three crucial characteristics: a) inner instructions b) ability to monitor information in the environment and to compare it with its own instruction, and c) ability to harmonize within itself and with the environment.

a) Inner instructions

Functioning as a closed-loop system, human organism constantly tries to meet its own instructions in order to achieve internal balance and a balance with the external environment. Inner instructions are critical for the survival. The following example illustrates the meaning and importance of instructions: if a human is submerged under the water and spends too much time without oxygen, human will die. But if fish is dropped in the water it will happily swim without a need to come up for the oxygen. These two living organisms have different inner instructions – humans need oxygen and their surviving instructions suggest they cannot breathe under the water. Fish, on the other hand, has very different inner instructions and is able to absorb the oxygen directly from the water. This example illustrates different relations closed-loop systems may have with their environment. Although external circumstances have an important role in how organisms behave, the final decision relies exclusively within an organism, and is guided by inner instructions.

According to Dr. Glasser humans are born with four Basic Needs that serve as specific human instructions critical not only to survival but also to mental health: love and belonging; power; freedom; and fun. These Basic Needs must be satisfied for an individual to be mentally healthy. Based on their own experiences over time, individuals additionally develop more granular instructions that guide their functioning, referred to as individual's Quality World. The Quality World can be described as a kind of individual's automatic pilot. Related inner instructions are closely connected with human's ability to monitor and compare information and register differences, described below.

b) Ability to monitor and compare information and register differences

Humans possess an ability to constantly monitor, select and compare information from the environment with their inner instructions. External information is filtered by inner instructions. Based on one's Quality World, individual sets own expectations and also

assigns value to incoming information, forming perception. There is often a difference between expectations and perceptions. Reality Therapy defines that difference as frustration. Individual behavior is driven by frustration. Coming from one's Quality World, expectations can be unrealistic or impossible to achieve, undermining individual's stability. One's stability can be further influenced by the value individual assigns to information and subsequent perception. The magnitude of frustration thus depends on the extent to which one's expectations are realistic, and what perceptions one chooses in a particular situation.

c) Ability to harmonize within itself and with the environment

Frustration activates human ability to harmonize with the environment and achieve internal harmony. All produced behavior has an ultimate purpose to reduce frustration and establish balance. Since humans cannot tolerate the gap between expectations and perception, they constantly search for ways to achieve the balance. But efforts to reduce frustration may actually deepen it, depending on one's understanding of behaviors and underlying beliefs. For example, individual may believe that it is possible to control external circumstances and others' behavior directly, and thus focus their action towards that objective. Such efforts inevitably become ineffective and deepen one's frustration. Long-lasting frustration, coupled with ineffective solutions, can result in unusual symptomatic behaviors that aim to reduce frustration. Such behaviors psychiatrists tend to diagnose as pathological. In the Reality Therapy context human organisms are viewed as highly productive and creative systems. Consequently, such behaviors are interpreted as a signal that client is not in balance, attempting to employ creativity to regain the balance.

Humans are in balance when their basic needs are satisfied in three main areas of life – family, professional life, and personal life. Relationships with other people, especially with important ones, are crucial for the satisfaction of basic needs and the key to overall life balance. Dr. Glasser summarized that view in his statement: "All long-lasting psychological problems are relationship problems." Individuals that enter therapy tend not to be well connected with others nor have satisfying relationship. Why is that? The prevalent reason is that people are inclined to believe that they are victims of circumstances and others and, following the same logic, that they can control and manage others' behavior. Moreover, they understand relationship as an interaction between individuals and expect others to satisfy their needs and make them happy. Such understanding of human behaviour Glasser calls External Control Psychology, labelling it as the core of psychological problems.

The Choice Theory perspective places one's own behavior at the core of relationship where an individual satisfies own needs in connection with others. Individuals are fully responsible for the quality of their relationships since they have exclusive control over own behavior. Depending on the beliefs which guide their actions, individuals choose to be more or less satisfied in a given relationship. Ultimately, one can always choose to end any relationship.

The main goal of Reality Therapy is to offer clients an opportunity to replace the External Control Psychology beliefs with Choice Theory beliefs. Individual beliefs are part of specific instructions that are developed with experience. Beliefs related to human behaviour are not an exception. The External Control Psychology is prevalent and it is no wonder that people have mostly developed related beliefs. Reality Therapy, on the contrary, emphasizes understanding and awareness of human behavior. Since most of human behavior is automatic, clients are not aware of their External Control Psychology beliefs which are at the basis of their problems. Understanding and being aware of their own beliefs enable clients to develop new effective long-term behavior.

Table below displays the Total Behavior concept from the two described perspectives:

Thinking Component of Total Behavior

External Control Psychology Beliefs	Choice Theory Beliefs
My behaviour is my response to certain circumstances.	My behaviour is my choice under certain circumstances.
My behaviour is a response to your behaviour and vice versa. I can make you behave the way I want and I believe that this is right and just.	My behaviour is my choice, your behaviour is your choice. Your behaviour is just an information for me, what will I do with it is my choice and vice versa.
My role (my duty and responsibility) is to make you behave the way I want you to behave. I believe that this is right and you should behave that way.	My role (my duty and responsibility) is to create conditions. What will you do within it is your choice and your responsibility.

Acting Component of Total Behaviour is in Accordance with Beliefs

External Control Psychology Beliefs	Choice Theory Beliefs
Destructive behaviour: criticizing, blaming, complaining, insulting threatening, punishing...	Connecting behaviour: supporting, encouraging, listening, accepting, trusting, respecting, balancing differences...
Using excuses	Using initiative
Denying responsibility	Taking responsibility

Feelings and Physiology Are Inseparable with Thinking and Acting Components

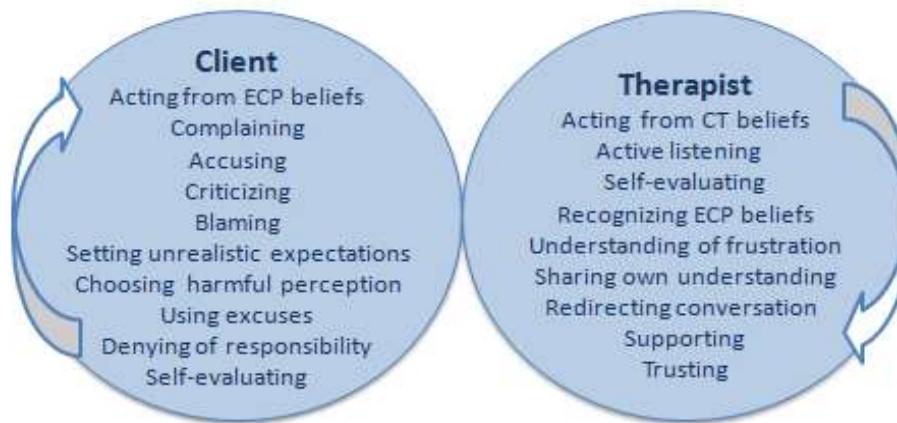
Formulation in Reality Therapy

Formulation in Reality Therapy begins when clients start to tell their story and lasts till the end of the therapy. As previously underscored, formulation is a mutual process of exchanging, reflection, and self-evaluation, that is a part of the moment-to-moment therapeutic process. While aware of the difference between client's perspective and explanation of the problem, the therapist aims to harmonize the process and avoid misunderstanding. Trust and respect are crucial for creating productive relationship with the client. However, the relationship between therapist and client is based on two different core beliefs: External Control Psychology and Choice Theory Psychology. As a result, the client can sometimes perceive therapist's intervention as an attack on their personal values rather than a new perspective on the problem. For the therapeutic process to be successful the therapist must display ongoing sensitivity, patience and acceptance towards client. The clients' personal involvement and participation is vital to success since they need to make progress in their quality of life. The pace of the formulation process may differ for clients that opt voluntarily to engage in therapy and those that are sent by others to see the therapist. In the former case, client tends to begin telling their story right away enabling the therapist to immediately start formulation. In the latter case, the therapist often needs to

spend some time establishing relationship with the client and working on mutual agreement how to proceed before commencing formulation.

Reality Therapy is the process of using the Choice Theory beliefs in counseling /psychotherapy. The therapist shares the Choice Theory beliefs during the therapeutic process as the most important aspect of forming relationship with the client, engaging in self-evaluation throughout the process.

Relationship Between Therapist and Client in RT



Active listening aims and enables the therapist to recognize clients' External Control Beliefs. Clients usually start personal story with complaining, accusing, criticizing and blaming others and circumstances for their problems. Such actions are typical for individuals who believe that external circumstances and others manage their lives. Clients perceive themselves as victims and others and/or environment as causes of all problems.

Clients' description of the situation and events where they blame others and view themselves as victims represents a harmful perception that is a significant component of frustration. Such perception masks unrealistic expectations on the part of client. The told story reflects personal dissatisfaction and imbalance, revealing loneliness and problematic relationships with important people. Clients are not ready to assume personal responsibility and use excuses for own passivity. For the therapist, this represents an opportunity to explain the situation using the Choice Theory Beliefs, and to monitor how clients accept new perspectives. In this process the therapist enables clients to become aware of own unrealistic expectations and harmful perceptions creating thus conditions for improvement and change. Therapist redirects conversation from what clients cannot change in life to what they can change – own behavior. Both therapist and the client are undergoing self-evaluation throughout the process. In the beginning the clients' self-evaluation rests on the External Control Beliefs. Over time, with therapist's guidance and learning new perspectives, clients adopt the Choice Theory Beliefs as the basis for self-evaluation and personal change.

Case Formulation – Ana

Ana was 39. She has been seeing psychiatrists since the age of 14, and over the years they have diagnosed her with different disorders, from borderline to anxiety disorder and depression, to a variety of phobias. She occasionally took medication prescribed by her psychiatrist. She came from a wealthy family of intellectuals. Ana's parents divorced when

she was 13. Her father, with whom she was very close, started a new family and stopped communicating with her. Ana was trying to reunite with him for a long time, but to no avail. Her father died when she was 17, and she only learned about it six months later. After her parents' divorce, she had a very distraught relationship with her mother who first took her to a psychiatrist at the age of 14, due to, she claimed, her inappropriate behaviour. She was then diagnosed with borderline disorder and prescribed medication. Ana was an excellent student with above-average intelligence. At the age of 18 she enrolled in a university, and graduated at the age of 22. When she was a sophomore, her mother was diagnosed with cancer, from which she died two years later. After learning that her mother was ill, Ana attempted suicide and was hospitalized. Upon release from the hospital, her mother initiated a procedure to deprive Ana of legal capacity, which took effect immediately after graduation. Before she died, Ana's mother brought home her long-time friends' son, who was also in psychiatric treatment, and talked Ana into marrying him. The mother died when Ana was 24.

After completing her studies, and deprived of legal capacity, Ana has been living on the pension she inherited from her mother. She claimed her marriage was never consummated. She and her husband lived in separate rooms, in the house she inherited from her parents. She didn't leave the house for a long time and gave an impression of long-term neglect. She said that she wanted to start the therapy because of her agoraphobia problems. She arrived to therapy accompanied by her neighbour, who sexually abuses her in exchange for being her chaperon.

Reality Therapy does not rely on psychiatric diagnoses. The practitioners do not treat the symptomatic behavior that clients identify as a reason for engaging in therapy. The therapeutic process rests on the following theoretical frame:

- a) the clients have long been frustrated and unhappy with their present life;
- b) they have unrealistic expectations that are not being fulfilled;
- c) they have been trying to reduce the frustration for a long time, but in ways that have only intensified it;
- d) the symptomatic behavior is a new creative attempt to restore balance;
- e) the main driver of the clients' behavior are External Control Psychology beliefs.

Considering that Ana has been in psychiatric treatment since the age of 14, she has obviously been frustrated for a long time. It is indisputable that she had numerous traumatizing experiences during her adolescence, which were difficult to cope with using her own strength and experience. As an adolescent, she was clearly a victim of the family circumstances and her parents' behavior. However, at the time when Ana commenced therapy she was 39 years old. At that age adults have control over their own behaviour. Even though she was not a minor anymore, the prolonged psychiatric treatment reinforced her role of a victim. Ana blamed her dissatisfaction on many life circumstances and events such as inappropriate upbringing, parents' divorce in the midst of her adolescence, strong-willed powerful and successful mother, abandonment by her father, left, various diagnoses assigned to her by multiple psychiatrists, plentiful medication she took at a young age, husband imposed on her by her mother, and finally the agoraphobia she has suffered from for over a year, due to which she does things she would not do otherwise. Ana's story clearly revealed that she was trapped in the past, in prior relationships, other people's will, and her own physiology and feelings over which she had no direct control. She believed that past events still controlled her life. These beliefs and outlook on life rendered her unable to take initiative and live a full life, making her unhappy. In line with her beliefs, Ana has come up with a variety of excuses that prevent her from moving forward. Her repertoire of behaviour was equally unproductive – criticizing, accusing, objecting, complaining, feeling

sorry for herself, bribing – all of which she used to try and change the external circumstances and other people. These behaviors, however, only reinforced her isolation. She viewed herself as a toy of fate and did not believe she had any choices.

In reality, the past does not control Ana's behavior, but given her difficult personal history she developed a belief that her behavior was a response to the external circumstances and behavior of other people. Consequently, she directed the conversation to the past events and resulting symptoms, with a belief that it would be possible to liberate herself of the symptoms that "make her life miserable".

Evoking painful memories from the past cannot change what happened, and it contributed little or nothing to what Ana needs now – a stable and happy life. It did not even help her feel well during the therapy. Therefore, discussing past was unproductive except in situations where the therapist needed to explain to Ana how she developed the belief that she is the victim, which she was not able to grasp. The past was discussed only if it helped her feel better in the present.

Ana's story suggested that she was unhappy and quite lonely. She was not able to meet her own needs in a way that would make her life fulfilled. She was unemployed and had no friends. The only relationship Ana referred to was the relationship with her husband. However, she perceived him as an intruder imposed on her by her mother, describing him in very negative terms. She barely communicated with him. They slept in separate bedrooms and have never had sexual intercourse. She hoped, she said, that he will move away and leave her alone. Ana spent most of her time in pyjamas watching TV because she "does not feel like doing anything else." She did not shower, comb her hair, or cleaned her house. The only thing she would like to do is to go out, but she was afraid.

Reality Therapy defines frustration as the difference between expectation and perception. For years, Ana has been progressively deepening her frustration by building unrealistic expectations and viewing her situation in a way that made her powerless and miserable. She was convinced that her life circumstances were the consequence of others' behaviour, and that fear prevented her from taking the initiative to live a full life. Such perception of life made her unhappy.

All Ana's actions were attempts to reduce frustration, but her behaviour was unproductive and unable to restore balance in her life. Over time she developed a fear of open spaces and psychiatrists diagnosed her with agoraphobia, which she viewed as her main problem.

Ana developed and kept indulging in self-destructive behavior that constantly deepened her frustration. Even though her behavior as purposeful "worked for her", the cost was obviously very high since she remained highly frustrated and unhappy. This undesirable modus vivendi, a vicious cycle that pulled Ana down like whirlpool, became the key reason to engage in therapy. She entered the therapeutic process with a hope to alter her painful reality and create ways to live a normal life. However, Ana was focused on her feelings and psychology related to agoraphobia. These two components of behavior are not in person's direct control and self-help is not possible. Instead, the focus must shift to activity and thinking, components of behavior that can be controlled by an individual. Once Ana would become aware of her beliefs, she would be able to create possibilities to choose more effective long-term behaviors.

Ana's knowledge of psychiatry and psychotherapy was surprisingly extensive. During first session, she was trying to impress and convince the therapist that she cannot be helped, which she tried to prove with abundant paperwork from various experts. She was trying to

resolve her long-standing problems with the help of psychiatry and numerous psychotherapists of different orientations. As she has not succeeded so far, she decided to start over.

Ana was fervently sticking to her diagnosis. Although she presented it as an enemy, she nurtured it as if it were her best friend. This was understandable, because the symptoms distracted her from the problems she could not resolve. Therefore, although asking for help, she defended her diagnosis relentlessly. In this process the therapist demonstrated understanding and acceptance. Ana felt that therapeutic relationship was based on respect, although she and therapist had different outlooks on her issues. When giving explanations, the therapist stayed true to the Choice Theory beliefs, but also stressed that there were other approaches and sources she could turn to. It is critical for a client to feel safe with a therapist and to be able to meet own needs. This is the only path to develop trust needed to embrace new behaviors the client would never embrace without support. During a year-long therapeutic process Ana made remarkable changes in her behavior which eliminated the symptoms she displayed at the outset.

The therapist's primary focus was to shift the conversation from the past, that could not be controlled, to present living context. This critical redirection was not easy since Ana was heavily burdened by her past. Therapist agreed with Ana to allow the past into the conversation as long as it helped create positive future. Once the conversation was shifted to the present, it became clear that Ana was lonely, with no friends, without work or any structured obligations, daily neglecting herself by wasting time in pyjamas watching TV. Such destructive behavior contributed to her solemn mood. As present, unlike past, can be changed, the therapist worked with Ana to turn her whining into action by focusing her on what she can change, rather than dwelling on what she cannot change. Overcoming the enclosed living place became the priority over conquering open space. Slowly but steadily, Ana discovered possibilities that could help her turn her life around. Although she remained sceptical, the trusting relationship with therapist enabled her to introduce small changes into her life that provided her with a growing sense of control. These new experiences helped Ana alter her engrained belief that she was the prisoner of life, and she began to believe that she could control it. With this outcome the main objective of the therapy was achieved.

Thinking and acting are the components of behavior we can willingly control. Small steps led Ana to gain a sense of control over her life, even if it only meant washing her hair and body after not doing it for six months, or cleaning her bathroom after not doing it for years. One might find it difficult to label this as "psychotherapy" but these seemingly menial actions became closely related to subsequent changes in Ana's beliefs and her ability to control her life – experiences she never had before.

The therapeutic work with Ana was based on the choice theory where therapist recognizes opposing beliefs in the content provided by the clients, and gives them opportunity to test these beliefs. Ana was provided ample opportunities for continually self-evaluation the activities and beliefs she advocated. In doing so the therapist relied on client's experiences, and then, together, searched for new possibilities to convince the client that she was creating her own happiness. Ana learned relatively quickly that thoughts and actions had their emotional and physiological underpinning, and that the only way to control feelings was through actions and thoughts one chooses. She was ready to take a risk due to her trusting relationship with therapist. Lacking experience, clients are often hesitant to take risks and engage in novel behaviors. Ana did not have many positive experiences, and if she wanted to gain them, she had to trust therapist. In this way, she learned to trust herself and others. Trusting relationship is a powerful therapeutic tool.

Inspired by new perspective that she discovered in therapy, Ana started editing short stories she had been secretly writing for a long time, and was able to publish them six months later. Her book was a great success. This significant event opened up new possibilities to connect with the outside world such as promotion of the first book, radio interviews, talks with the press, etc. At one point her companion cancelled the therapy session. When Ana came to the session couple of days later, she was delighted. "I was faced with a decision," she said, "to go alone or stay at home... and there was no problem at all." She opened the door to show the therapist that she arrived by herself. She stayed in therapy for several more months. The books she subsequently published were the testament that she managed to overcome her problems.

From the standpoint of Choice Theory, creative behaviors have their intended purpose, which they fulfil for as long as there is need for them. After Ana filled her life with activities which helped her expand her social network and meet the necessary conditions to establish closer connections with people, and after she became a successful writer, she started believing that she, indeed, had control over her life.

References and Further Reading

Gazzaniga S. Michael (2011). *Who is in charge*. Harper Collins Publishers

Glasser William (1960). *Mental Health or Mental Illness?* New York: Harper & Row.

Glasser William (1965). *Reality Therapy*. New York: Harper & Row.

Glasser William (1981). *Stations of the Mind*. New York: Harper & Row

Glasser William (1994). *Kontrolna teorija*, ZaloZba Taxus, Ljubljana

Glasser William (1998). *Choice Theory a New Psychology of Personal Freedom*. New York: Harper Collins Publishers

Glasser William (2000). *Counselling with Choice Theory, The New Reality Therapy*, New York: Harper Collins Publishers.

Glasser William (2000). *Fibromyalgia, hope from a completely new perspective*, WGI, Inc.

Glasser William (2003). *Warning: Psychiatry Can be Hazardous to Your Mental Health*, Harper Collins Publishers.

Johnstone Lucy and Rudi Dallos (2014). Second Edition: Formulation in Psychology and Psychotherapy. Making Sense of People's Problems

Lipton Bruce (2005), *Biology of Beliefs*. *Biologija vjerovanja* (2007), TELEDISK, d.o.o.

Lipton Bruce and Steve Bhaerman (2009). *Spontanious Evolution, Spontana evolucija*, (2010) TELEDISK d.o.o,

Lojk Leon (2000). *Scientific Argument for Reality Therapy*, Znanstvena utemeljenost realitetne terapije, Alinea, Zagreb

Lojk Leon (2014). *Following the development of Glasser's ideas*, EIRT website, *International Journal of RealityTherapy*, 2017

Lojk Leon and Lojk Bosiljka (2010). Psihoterapija na Slovenskem – Realitetna terapija, EIRT, Kranj

Lojk Leon and Lojk Bosiljka (2011). Psihoterapija – Realitetna terapija, Ipsa, Ljubljana

Lynch Terry, (2005). *Beyond Prozac, Healing Mental Distress*, Mercier Press, Douglas Village, Cork

Marken S. Richard and Timothy A. Carey (2015). *Controlling People: Paradoxical Nature of Being Human*, Australian Academic Press

Marken S. Richard, (2014). *Doing Research on Purpose*. St. Louis, MO, USA: New View.

Maturana R. Humberto and Varela J. Francisko, (1998). *The Tree of Knowledge, The Biological Roots of Human Understanding*, Scherz Verlag AG.

Powers William. T. (1973). *Behavior: The Control of Perception*, Aldine de Gruyter, NY.

Powers William. T. (1999). *Perceptual Control Theory, Hierarchical Perceptual Control Theory and Internal Control Psychology*, International Journal of Reality Therapy.

Powers William. T. (2013). *Making Sense of Behaviour, Umevanje vedenja*, (2016) EIRT

Witeker Robert (2002). *Mad in America*, Perseus Group Books.

Brief Biography

Boba Lojk, RT psychotherapist, senior instructor at William Glasser International, has developed an original approach in teaching New Reality Therapy based on personal experiences. Along with her husband Leon she set up the five years reality therapy psychotherapist training as well as four years reality therapy counsellor training. Boba is EART general secretary and confounder of Training Centre for Choice Theory and Reality Therapy in Slovenia that in 2009 became the European Institute for Reality Therapy (EIRT). Boba is EIRT Director of Training. Her contribution is that EIRT in 2011 has been recognized by EAP as The European Accredited Psychotherapy Training Institute (EAPTI). Thanks to this recognition as EAPTI every student who becomes RT psychotherapist through EIRT's program automatic gets European Certificate for Psychotherapy (ECP) through direct award by EAP.

MENTORING AS CONVERSATION

Michael Carrigan

Perhaps few aphorisms are as invoked by speakers and writers as, "A picture is worth a thousand words." For those of us schooled in the precepts of learning styles and multiple intelligences theory, it makes perfect sense that, especially for the visual learner, images and icons are the pathway to understanding—one's ability to learn a new idea or concept is directly proportional to the clarity of one's ability to see or envision the new concept. The expression "I see what you mean" indicates that the learner has appropriated the new learning and signals that comprehension has begun.

But what of the reverse of the saying? Are a thousand words (or, for the sake of argument, several hundred) worth a clear picture, a clear image? I suspect that even several thousand words written by a physicist to explain the "God particle" might not penetrate my decidedly non-scientific brain and leave me with a visual representation of just what the Higgs-Boson actually looks like. On the other hand, I have many times experienced play-by-play by great sportscasters that has enabled me to see the game, even though I was listening on car radio. Their often-sparse word paintings have triggered a clear mental picture of what was happening on the field or the court. I saw the game through the pathway of their words and my hearing.

Since conversation is at the heart of how mentors and their proteges develop and maintain their relationship, would having several thousand of the words spoken between them help us move in the direction of saying, "Now I see what this mentoring thing is about?" I do believe having such a collection of conversational exchanges, especially in the case of effective mentoring relationships, might indeed help us generate a series of images that suggest what mentoring ought to be about. And because I was privy to a special mentor/protege relationship several years ago, I want to use parts of those conversations to paint a picture of what mentoring can look like when it is being done well.

The Setting

As part of a study of the impact of professional learning communities (PLCs) upon novice teachers, I spent several months visiting a large urban high school in the Northeast of the United States and observed weekly sessions of a small group of teachers who had organically coalesced around the issue of producing student-generated videos as part of their academy's focus on media and communications. (Carrigan, 2008) I use the word "organically," because ostensibly teachers were required through state and district mandates to participate in the PLC process, but even a few minutes in the presence of this group would suggest that their model collaboration transcended their being required to meet.

At the center of the group was "Hector" (a name he gave himself to protect participant anonymity), an artist and teacher who was moving into his second decade of teaching. Though he started at the school as a teacher of "survey art," he soon realized that the traditional approach to teaching his subject made little sense and had little impact on the engagement level of his urban students. Though trained as a sculptor, he taught himself the craft of video production, and in a relatively short period of time the program he created in this comprehensive high school was outpacing the district's "star" school of the performing arts in the arena of student videography. (His unexpected success did create some ripples of jealousy in the district.) With the effectiveness of his work, he was often called upon to generate projects that would be used to demonstrate the viability of what

this school was doing for its largely immigrant student body. These weekly gatherings, which occurred over lunch in his own workshop-style classroom, had been taking place even before the district implemented mandatory professional learning communities.

In addition to Hector, the group included Sarah, Hector's protege under a formal mentoring relationship required by another state mandate and also a teacher of video production, Sophia, a young teacher of social studies and law, and Daisy, a veteran teacher of Romance Languages, who often translated the group's products into the major world languages spoken by many of the students in their homes. The meetings provided both an opportunity to talk shop specifically about the up and coming deadlines of various projects, but additionally, they provided opportunities for collegial conversations that often went into an inquiry mode about teaching and learning and often about the social and economic realities of the lives of the diverse student body.

The principal of the school handpicked this group in response to my request for the chance to conduct my visits, which included my providing a set of protocols for an exploration of how they might refine their professional exploration in their PLC (Allen *et. al.*, 2004), recording and transcribing the actual conversations which took place, and having a chance to interview each of the members of the group. While the project was ostensibly designed to explore the impact of protocol-based conversations upon the experience of novice teachers, for me the most striking development which emerged from my visits was the opportunity to witness the unique relationship between mentor, Hector, and protégé, Sarah. The group meetings morphed usually into an extended conversation between Hector and Sarah, and they permitted me to continue to listen long after the other members of the group left.

Portraits of the Conversants

Hector Simone: The Teacher as Artist

If the group were a jazz quartet, it would indeed be "The Hector Simone Quartet," not that he would egotistically demand it, but rather because his persona cast the defining shadow as to how this group functioned and the purposes for which they met. He carefully avoided imposing traditional concepts of leadership on the group, but described a unique facilitative and caretaker role when discussing leadership in the group.

Hector: By default, I am. I try to play down that aspect as much as possible. I'm nobody's boss and I don't want anybody to ever feel like that. I want people to come because they want to come. I do try to make it happen, I do try to write up agendas, I'm trying to get other people participating in that, too, because if I write the agenda, it's about my concerns. So I'd like other people to add to that. So we talk more about the kinds of things they're going through . . . coming out of an artistic background, everybody's input is valid and equal . . . there's no hierarchy, but I do work a lot to make it happen. (Hector, 11/27/07)

By his own admission, Hector's training as an artist determined his style and the way he played his role in the group, indeed the way he approached his function as a teacher. An art history major and trained as a sculptor, he began at the school ten years prior as a teacher of art foundations and taught himself (as he continued to do) the art and craft of video production. This improvisatory quality marked his understanding of the role teacher and his role within the group:

Hector: I don't know that there was any one tipping point where there was an "Ah-ha" moment, I just think of education as a process of improving upon yourself. In terms of

what my philosophy of what I think about teaching in and of itself is, the information is out there, whether it's in a book at Barnes and Noble or it's a pod cast online, or looking things up on the Internet, kids can teach themselves and in the end everyone teaches themselves. Take a student in a math class, there's a moment where there's writing on the board explaining something, but the student says, "O.K. let me try something." It's a choice to struggle with understanding, and you can figure out whether it's the teacher's writing on the board, or the text book in front of them, the job of the teacher is not just, "I'm going to show them how to do this," but to help them to make that choice to do what's in front of them. (Hector, 11/27/07)

Hector continued to practice his art and during the time of my visits he developed a video production for presentation in tandem with a composer of contemporary music and continued to develop a display of his own sculpture. One sensed viscerally creative energy upon entering Hector's classroom, which itself was a work of art in progress with student projects in various stages of development and high-end computers to do the work of video production. A compact man who resembles a soccer player from his father's birth country, Colombia, Hector projects what in the past might have been called a bohemian persona, with a jaunty ponytail usually tied close to his head and a wardrobe befitting a denizen of Greenwich Village or Soho in New York City. He spoke in a firm but measured baritone that projected assurance, but also invited others to respond without fear of being judged or considered inconsequential to the conversation. His relationship to his students, who were always present (even during our lunchtime meetings), was a uniquely nurturing one, and his students (who often referred to him by the first initial of his last name) offered him the flattering compliment of mimicking his sartorial preferences.

Above all, Hector was a colleague who listened deeply and who acknowledged the contributions of his colleagues to their on-going dialogue. He built his responses upon their contributions. His protégé, Sarah, acknowledged this trait:
Sarah: His preferences are more about dialogue, communication, reflection, and that personality is a little matching with mine . . . Just talking, communicating, coming up with thoughts has been our relationship. He has inspired me to look and reflect upon things that are not obvious. (Sarah, 1/22/08)

Sarah: The Brahmin Newcomer

The newest member of the group, Sarah, by virtue of her Brahmin Indian heritage with its total commitment to education, had been schooled in traditional Asian and Western ways. Sarah: And in Brahmin families, even today, what you make is not important, "What's your level of education?" This is where it's at. Their houses are so simple, the real Brahmin. I'm not talking about Bombay, Delhi, everything there now is mixed up, it's urban, it's not the same. There's no money, but "What did you do? What's your grade?" So you do your prayers in the morning in the correct fashion, right background, incredible emphasis is paid to that type of stuff and those are the kids that you see over here that everyone talks about. (Sarah, 2/18/07)

Having spent her childhood first in India, until age 7, then in Dubai, where she attended primary and secondary school, she returned to India for college and later came to the United States to study at Indiana University. She worked in video production in India and the United Arab Emirates. Sarah brought the philosophical and ethical foundations of her ancient culture and her valued educational credentials to her work in this school. She was struggling to translate the virtues of her background with its emphasis on ritual and structure into the improvisatory reality that Hector navigated so effortlessly in this multicultural community. Interesting, Sarah felt an immediate connection to her largely

immigrant student group since "I've been an immigrant, it's easy to work here, it's a land of immigrants." For her the setting of this school "has an appearance similar to developing countries, populated, industrial, polluted. I don't find it that far away from what I've seen in India. It looks a lot like India." (Sarah, 12/11/07) While the broad contours of her own immigrant experience enabled her to empathize with the school's students and families, she had little experience with African-Americans and the Portuguese and South American cultures that made up a large portion of the school's population. One exception was that she was able to feel empathy for the young women who become pregnant as teen-agers, since early childbearing is not exceptional in India and she was able to engage these students without judging and thereby alienating them.

As a protégé, Sarah paid respectful homage to her mentor, Hector. She recognized that the outstanding collegiality in this relationship was not the norm for other novice teachers in her school setting.

Sarah: I think, I'm fortunate, because of my mentor's personal capacity and his persona and relationship with other people in the school. It's tremendous, I think it's strong. I know for a fact that my colleagues have not been as fortunate. (Sarah, 1/22/08)

Recognizing the wealth of her background and the strength of her potential, Hector was encouraging her to find the excellence hidden within.

Sarah: The essential difference that I've noticed, although the end answer is always the same, Hector has a tendency to say, "Think for yourself, that may not work for you." Certain policies that are being initiated by the administration, he has the courage to say, "This may not work for you. So don't do it, if it is not working for you." He has the courage to say that and I go back and reflect. "This is a big policy that teachers should be following based on whatever the administration is about, but, it's not working for me," and he is one person who has the courage to say, "Then don't do it." (Sarah, 1/22/08)

Part of how that was translated was that Sarah had initially a decided preference for "theory first" and application second, based upon her own academic experiences, but something which did not necessarily work with her students. Her previous teaching experience as a graduate assistant revealed a key issue faced by all novices.

Sarah: I had so much inside me, but I didn't have the capacity to impart it to another person. I felt helpless despite being a decent enough speaker. I didn't have an accent issue as much as some of the other foreign students did, but I just did not know how to tell the next person what I was thinking or engage them. . . . I'm still struggling with engagement issues and there are shortcomings that I didn't even know I have, that I've started seeing. (Sarah, 12/11/07)

Hector and Sarah: A Match Made In...

Sarah's reference to how fortunate she was to have Hector as her mentor was right on target, and their compatibility and the efficacy of their relationship was exceptional. One might want to posit that having a pair sharing the same discipline is the key to a successful mentorship, and while there are benefits to that sort of connection, being with a colleague of the same subject matter is no guarantee of an effective relationship. I believe that there were deeper elements at work here that went beyond the fact that they shared video production as an interest and as a profession.

William Glasser, M.D. and psychiatrist developed a framework for thinking about the connections between basic human needs and the efficacy of relationships and organizations.

Through his work in schools (he developed a model of the ideal school community through his notion of the Quality School) (Glasser 1969, 1986) and as a therapist (his system he dubbed Reality Therapy) (Glasser, 1975) he articulated a premise that human beings act in ways that they believe will help them to match their Quality World Pictures which meet their basic needs: survival (food, shelter, clothing, safety, both physical and psychological); love and belonging; power; freedom; and fun. In the work that he did in school design, he believed that many students opted out of school (even if they continued to attend and be present physically) because they did not believe school to be a place where these needs might indeed be met. The thrust of the development of the Total Quality School was to create learning communities where fulfillment of these needs was perceived to be a reality by the student.

I want to suggest that the success of Hector and Sarah's relationship had as much to do with Hector's instinctive understanding of these needs and Sarah's sense that her needs were being met as with the more obvious subject matter compatibility between them. Specifically, I believe that further exploration of some of the dialogue between them will help us to see five pictures that clarify mentoring as an activity that can be understood as a process for helping a protégé meet his or her basic needs: 1) mentoring as creating trust ; 2) mentoring as creating a sense of belonging; 3) mentoring as empowering; 4) mentoring as allowing choices; 5) mentoring as permitting play and fun.

Mentoring as Creating Trust

As a novice teacher, Sarah was already vulnerable in the way that all first-year teachers are. But her vulnerability was perhaps heightened given her unique cultural background as a native of the Indian sub-continent in the midst of urban East Coast United States. "On the negative front, I face nationalities that are alien to me. A lot of people of my origin would go to other school districts for whatever reason . . ." (Sarah, 12/11/2007) Hector is instinctively aware of this vulnerability. "I'm really invested in the new video teacher. . . I'm trying to give the support that I didn't get." (Hector, 11/27/07)

Hector developed a way of disarming the volatility of the issue of cultural differences and on one afternoon he and Sarah spoke freely of the issue of race and culture and how many of their colleagues were still struggling to engage in meaningful conversations about it. Hector created a beautiful bridge for Sarah by laughing at his own ambiguous status as a multicultural personality.

Hector: I mean coming into this school my jaw dropped. My jaw dropped, because looking at me, right off the bat you can't tell what I am. So coming in, a lot came from both sides, both sides of the racial spectrum. And I heard awful things . . . But when I came in, there was extreme language from both sides, because I fit into, there was a whole lot of, I guess I'm an ethnic equivalent to a Rorschach test. (Chuckles all around.) The ink blot test, look at this, "What do you see?" So I, you know, white teachers assumed I was white, and Hispanic faculty members assumed I was Hispanic. You look at my last name, and all of a sudden I could be Middle Eastern. A lot of people assume I'm Jewish, the Portuguese teachers assumed I was Portuguese, yeah you know . . . "Didn't you graduate from here?" I guess I should take that as a compliment, it feels that I'm part of the architecture now (Hector and Sarah, 12/18/07)

Hector gave Sarah an invitation which she accepted willingly.

Sarah: You're aware of our caste system. Trust me, there's so much expectations tied up with the highest caste. If you're a kid with a certain background, why are you not doing well in school? (Responds to a question, "Does the caste system still function as a legal

structure?"') Absolutely, no not legal. Only the quota for the lower caste, like affirmative action. We have reservation of 50 percent for the lowest caste. And it's used very badly.

Hector: What is the name for the lowest caste?

Sarah: The Sudras.

Hector: Sudra, but renamed, Gandhi renamed them.

Sarah: Harijen, he called them Harijen like "children of God." (Hector and Sarah, 12/18/07)

What ensued for the next several minutes was an open exchange about perceptions of Indians that Sarah struggled against, not unlike the way in which other minority groups have to struggle against perceptions from those who would seek to limit their access to full participation in the American mainstream. It culminated with Sarah acknowledging (with a touch of humor) the self-imposed stereotyping of her own culture, "It's like when a Brahmin marries outside, it's like this, 'There goes the future!'"

I probed both Hector and Sarah about the relative uniqueness of their conversation about race and culture in the life of their school community. Hector acknowledged that those conversations would seldom happen in a group setting, but "I do have better conversations, thoughtful conversations, but usually on an individual basis." (Hector and Sarah, 12/18/07) Sarah opined that the conversation happened squarely because of her trust that Hector was actually listening to her and listening without judgment.

Sarah: But it's definitely a personality match, because of Hector, I bring him a dilemma all the time. He actually rephrases, and that's his way of making sure that he got it. A lot of teachers don't let me complete my thoughts. They have their answers ready, like an oversimplistic solution to something which is never going to be possible in our business. How can you listen to half of what I have to say and have an answer for me. Because most things are not that easy. But he rephrases the whole question, and then he answers me. To me that's what needed in a deeper discussion. Many of the older teachers, they won't let you finish the question, they're tired or they have too much to do . . . you get a little scared as a new teacher to take their time or to ask some stupid question . . . (Hector and Sarah, 12/18/07)

Hector instinctively understood the power of sharing a key aspect of himself and his intentional use of the strategy of paraphrasing as tools to enable him to help Sarah sense that her basic survival need of psychological security could be fulfilled in the open exchanges that marked their regular conversations.

Mentoring as Creating a Sense of Belonging

The previously cited exchanges between Sarah and Hector indicate that novice teachers can often carry within themselves a sense of being the outsider to the key groups in the school, be it the department, the grade level, or even the entire faculty organization. Sarah suggested that often veteran teachers make the novice scared even to ask the most basic questions that abound when one is a newcomer. Dr. Glasser's framework would suggest that once a basic sense of trust has been established, other interpersonal needs can be addressed as the relationship develops.

Again, Hector's intuitions about what made the PLC and his relationship with Sarah effective went to another of Glasser's articulated basic needs, the need for a sense of belonging. In describing the PLC's efficacy he suggested that "part of it is that everybody likes and cares about each other. So many other meetings are negative. We don't focus on issues like students wearing hats. . . It is an enjoyable experience. I want them to be comfortable, I want them to eat their lunch here that when they sit down it's not like you have to show up." (Hector, 11/27/07)

At another point, Hector suggested that the group process seemed so inviting to him and his colleagues because it developed in an organic way that transcended the mandatory requirement for meetings to occur.

Hector: I evolved into it. . . I had been working with other teachers for the news program. . . so I've always been, "Hey, swing by over lunch and let's talk in my room. If you want to work on something with the kids, that would be a cool kind of thing." So they would always come and talk, so when the professional learning communities started to happen, well you know what? We're already doing it. Let's call it that now. (Hector, 11/27/07)

Hector likened these organic sessions to what had been a natural collaboration and process of collegiality that exists among studio artists.

Hector: The concept of the solitary monastic artists who are struggling by themselves exists, but actually artists are social and part of their concern, they bring their concerns to social situations. Where accountants don't bring their concerns at night over a glass of wine, you don't do that, because you put everybody asleep. The artists, if you're working during the day, you bring that to the café, and "this is what I was doing, wow, what are you doing?" You're all of sudden in the realm of ideas, so that's the kind of thing, we're coming here, eating, having our coffee, and trying to work stuff out.

Hector's inherent hospitality was communicated clearly to Sarah who offered that "you need somebody who is interested enough in you to take that time out . . . someone to give you time every day" (Sarah, 12/11/07). The connections that Sarah made with Hector and others from the PLC were essential for her "because for new teachers, it's nice to hear dialogue from other teachers, since we're always groping for answers" (Sarah, 1/22/08).

As part of a final reflection on the group's effectiveness, Hector and Sarah were probing why they believed their group (and by extension their mentor-protégé relationship) was successful in a way that few were operating in the building. Hector wanted to base it upon the adults' commitment to the work of providing special opportunities for the students, but Sarah suggested that a more interpersonal element was operating, something much more akin to Hector's willingness to pay tribute to a sense of inclusion and belonging.

Sarah: I also find something very intriguing about our set-up, everything's a work in progress, you make mistakes, you just move along. And I notice there's a huge tendency in families around education, particularly in my land, there's a tendency to beat up your weak points, "This is your weak point." And he doesn't do that, which has helped. Because if someone is constantly reminding you where you're weak, then you get scared to try and experiment (Hector and Sarah, 1/22/08).

As his instinctive approach to mentoring enabled Hector to support Sarah in developing a sense of trust and safety, his hospitable and non-judgmental leadership of the PLC and his mentorship with her supported Sarah in developing a keen awareness that she belonged in the PLC, in the department, and in the relationship with her mentor.

Mentoring as Empowering

The word “power” is often avoided in conversations about schools, since traditional models of school leadership often prefer to talk about control rather than to explore how power operates in the school. Glasser himself recognized the cultural biases that often worked against a frank recognition of its essential status: “The need for power is particularly difficult to satisfy because in many cultures (certainly ours) the mores of the culture condemn those who openly strive for it” (Glasser, 1986, p. 24). (Glasser’s articulation of this need is often misunderstood, because often people consider power as something which one person has “over” another. Glasser was really exploring an intrinsic and highly personal sense of “empowerment,” in which we human beings are able to connect to a personal sense of efficacy and an ability to have an impact on our environments. We gain a sense of inner self-confidence when we receive confirmation that our efforts are impacting our surroundings and those with whom we come in contact.

Given the complexities of first-year teaching assignments, one would not be hard pressed to find that novice teachers spend much of their first years in a roller coaster ride ranging from the top rails of feeling reasonably competent to the dipping and accelerating lows of feeling disempowered. So how a mentor communicates to the protégé around this need is a true challenge. One needs to be sensitive that a mal-phrased assessment of the protégé can have seriously negative effects.

Hector’s non-hierarchical approach to working with his colleagues and with Sarah is a key component, I think, of why Sarah was able to come through her novice year unscathed in the way that many new teachers experience their initiation into the profession. Previously, we saw Hector’s claim that “I’m nobody’s boss and I don’t want anybody to ever feel that way” (Hector, 11/27/07). We saw Sarah’s admission that Hector’s instincts for avoiding too much focus on “weak points,” was a key to enabling her to feel included and belonging to the group and the relationship. But I believe what truly assisted Sarah in developing a sense of empowerment was the way in which Hector used reflective processes to encourage Sarah to develop her own inner self-efficacy.

Sarah: What I need as a novice teacher is shaped by what my mentor’s expectations are. . . I like to sit back and reflect upon the day. I think that these are mentor-inspired qualities. My mentor likes to do that. His preferences are more about dialogue . . . He has a deep emphasis on doing things that one enjoys. . . I feel that Hector’s personality and his current setup is a little bit different from what the mainstream goes through. In that particular setup there’s more depth in thought . . . it’s more about performing and thinking than about performing with without thinking. . . So that reflection process is something that has actually helped me a bit more than lesson planning. As a novice teacher it’s really hard to translate what I write on paper into an actual class. So reflection allows me to make mental back-ups that I can put into my thought process. If my mentor were more about the dictates of society and this is what you need to do, this is what people want you to do, then I probably would have focused more on that. His style is more realistic and it’s about “what’s working for you?” It makes me want to go toward that” (Sarah, 1/22/08).

Sarah’s emerging sense of empowerment was most clearly evident in a remark that she made in the middle of one of the PLC sessions. The issue of standards and how one sets the appropriate bar for one’s students had been a topic for several sessions. Sarah, admittedly the one who started always with theory first before practice and who held her students to a stringent set of standards around punctuation and the fine points of grammar, announced to the group that she was going to attempt a pedagogical experiment.

Sarah: Ah, I'm still at a very early stage and I'm aware that my kids (some of her words are lost) I know that there's much to be learned, ah, for me writing skills that I saw were . . . I was disappointed. . . I've struggled a lot with that, and I still think some kids are able to express themselves a little bit better, but right now I have decided to make my December-January period devoted more to creativity, get the kids to start thinking about their project. But they do need to deliver a script, but it'll be very idea-based as against writing-based, because I thought I'm losing the students' interest a great deal by constantly driving, they were like start cutting class and all that. So, I wanted to switch gears and introduce a way where they would have a bigger outlet for my type of course. And I feel, yes, I did let them off easy, and I feel bad, and I know, if I ask them to write something I'll probably get something that I got in September, I won't see improvement, but I want my students to have a sense of ownership before they leave my class and not a sense that "We didn't do anything." Many of them are struggling with poor grades, and if I could, in the type of course we're in, if I could just lend them that feeling of ownership about work, because, you too, what's that theory of different personalities of learning. I have some good writers and I have some not good writers, but not that they don't have ideas. . . Because in the real world in mass media there are wonderful writers, but the vast majority of people are significantly developed in sight and sound and music and graphics. So, I want the kids to be able to promote that too in the class. Now it's a free for all, where whatever you're good at let's try and demonstrate that ability. So that you take the best grade that I can give you and leave with a good feeling and to do good work (PLC, 12/18/07).

It would be easy to gloss over this statement by a novice teacher by simply suggesting that she's admitting that she is recognizing that she has not been "differentiating" her instruction and has been forcing her students into a left-brained linguistic intelligence mode at the expense of other aspects of what it takes to be competent in video production. But remember, this is the same young woman who acknowledged her heritage's predisposition for doing things in the "right fashion" and her own instincts for theory over practice. Her embracing of the notion of her class's becoming a "free for all" which will enable kids to explore other talents and intelligences represents a major shift for her in the midst of her novice year. I cannot help but believe that this transformation is largely owing to Hector's instinctive prodding her to accept the spontaneity of the teachable moments that occur constantly in a creative process such as video production.

Mentoring as Allowing Choices

Having eschewed more traditional notions of what it is to be a group leader and mentor, Hector's investment in creating a psychologically safe space, in nurturing an inclusive environment, and in creating a field for reflective inquiry enabled Sarah to feel that she had options for how she would balance the need to pay homage to district and school dictates with the more immediate realities of creating an engaging classroom. In our last session together, Hector and Sarah engaged in a reflection about the importance of creating an open-ended environment in which a multitude of ideas might be expressed in the spirit of a field of inquiry.

Hector: . . . to tell a personal story about this, but my father comes from South American culture. The head of the household has an idea and this is the decision-maker, "I'm the decider" kind of stuff. And working with my dad was always really, really difficult. Because there was, even to this day, there's always this kind of "Hey, Pop, we should try it like this . . . No, no, no, no" (Laughter around the table.) And you know in my life, my father's a capable man and did great things, but he's caught in that kind of structure. And when you have something like this, more of an open forum, where ideas are more free to be considered. You know what I mean, most ideas just are we can take them or leave them.

But there's a forum where people are open and can voice them in something like this. . . but it is really important the kind of way we talk to each other, which is kind of not super-abrupt and that doesn't. . . like all the little things, how you phrase a question is so important, because it takes away from an antagonistic kind of match, into something like "How do we come here, how do we get here, what about these ideas?" (Hector and Sarah, 1/22/08)

Hector's invitation to a field of inquiry got Sarah to talk about the notion of "suspending" ideas, a conversational gambit that is at the heart of deep dialogue.

Sarah: And I think when people just, without using a certain style, they just sort of jump in and tell you whatever comes to their mind, they're sort of bringing their ego into it, their personality, and then you're, "Do I want advice of that type?" The whole idea of hanging it in the air, you're separating your ego. Sort of keeping it very neutral. You won't even remember who said what, you'll just remember the ideas. Which is what you want to go back with. A lot of people mix meetings with power talk. That's where everything falls apart.

Hector: I completely 100 percent agree with you. I think that's one of the most important things you've just verbalized. About taking your ego out of it.

Sarah: The ego part is there, especially here, because teachers are used to talking down to their kids (chuckles around the table). That's how they talk to new teachers, too.

Interviewer: (To Hector) And teachers are used to a stance of knowing. We think that being a good teacher is being able to convince people that I know. Whereas maybe the most powerful thing, and you've done this intuitively in your life, I mean you've said, "I don't know about video, I know how to sculpt, I know how to paint, but I don't know that." (Sarah: "Exactly.") So your whole approach is an inquiry approach.

Sarah: Exactly, I've seen his style. The kids ask something, and you say, "Huh?" "What?" And the kid is more engaged because he goes and tries to become the student for that moment.

Interviewer: That's a very courageous stance. Most teachers, particularly in urban settings, because we tend to think that you have to "strut your stuff." Whether "I know how to control people," or "I know how to keep the lid on things."

Sarah: I was told not to smile till Christmas. (Laughter)

Interviewer: You know that is one of the slogans and mantras that hangs on year after year. A lot of people believe that.

Hector: That's all the way from the 40's and 50's.

Sarah: That's very exciting to hear because there was this Spanish teacher who's having a hard time, and couldn't believe, "Not smile till Christmas?"

Hector: You know what it is? Smile on the first day. And just let the kids know you're paying attention to them. And you're trying to get to know them. That's what it is, and that they perceive that you care about them. That's the most important thing that they know. They know that you are truly interested in how they do and that you want them to do. I mean so many kids just don't think about that. Just ask them. "Ah, he doesn't care,

she doesn't care." If you give a crap, the kids are socially perceptive, they know what you're feeling. And if you don't care, they know it. (Hector and Sarah, 1/22/08)

Hector, in contrasting his approach with the PLC and his mentoring role with Sarah to his dad's traditional notions of leadership opened the gates for an extended exploration of what often gets in the way of our being able to learn from others. The manner and the spirit in which we communicate can either close us off to ideas different from our own or can create the kind of "field of suspension" that Sarah alluded to and which has been at the heart of contemporary theories of dialogue and deep learning. William Isaacs, colleague of Peter Senge, expressed the power of suspension:

Dialogue encourages people to "suspend" their assumptions—to refrain from imposing their views on others and to avoid suppressing or holding back what they think. The word suspension means to "hang in front." Hanging your assumptions in front of you so that you and others can reflect on them is a delicate and powerful art. This does not mean laying your assumptions aside, even temporarily to what your attitudes would be if you felt differently. It means exploring your assumptions from new angles: bringing them forward, making them explicit, giving them considerable weight, and trying to understand where they came from. You literally suspend them in front of the group so that the entire team can understand them collectively (Senge, 1994, p. 378).

Mentoring as Permitting Play and Fun

Education in this era of standards and the assessments designed to measure whether our children are up to those standards has become a serious enterprise. Perhaps too serious as we learn that more and more school systems are questioning the wisdom of traditional practices such as recreational recess and even nap time for 3 and 4 year-olds. In a somewhat whimsical take on what we are doing to our students, Peter Senge took on the tangible symbol of a school child's backpack:

Stand outside a school and watch the children and adolescents entering. Notice the way they walk—stooped over, bearing backpacks that weigh anywhere from twenty to forty pounds. Pick up one of these packs and see how heavy it feels. It offers a material measure of workload. In most secondary schools . . . teachers are limited to one group of subjects each. They don't work together in a way that coordinates their day-to-day efforts, and thus they often don't even know the total workload assigned to all students. Would they advocate that sixty pound children carry twenty-five pound bookpacks? Probably not. But the question is moot, because they have no way of knowing how much stress the system as a whole is piling on to these students, stress that they bear literally as well as figuratively (Senge, 2000, p. 28-29).

Dr. Glasser asserted that fun is more than just a nice element to add to the mix of what we should do to encourage people to participate in organizations and to develop deep and fulfilling relationships. For him it was every bit a fundamental human need: "It is the immediate fun of learning that keeps us going day by day, especially when we are young and have so much to learn. Just watch a baby or a puppy at play and you will see that during all the obvious fun and clowning some important learning is also going on" (Glasser, 1986, p. 29).

The artist and Bohemian in Hector understood this viscerally. From the beginning of the informal sessions that he conducted in his workshop classroom, he invited people to share food, thoughts, and laughs, not unlike the artist cafés he talked about visiting after a day's sculpting. The room exuded a palpable air of fun and of enjoyment of each other and of

their work together. He and Sarah would often have playful exchanges of ideas, like this below.

Sarah: Isn't teaching an art? It's not a science

Hector: Being a teacher, ah, I don't think of it an art, I don't think of it as a science. I think it's more like a priest. (Laughter all around.)

Sarah: Isn't it more artistic than scientific, because things work when you don't expect them to, they don't work where the millions of dollars are pumped. It has to be an art.

Hector: The best artists are scientists, and the best scientists are artists. (Sarah chuckles.) The ones that really make the leap forward, obviously you have to be a structured individual to do the petri dish thing a thousand times, but the people who've made the greatest leaps in science have been both left-brained and right-brained thinkers, to break out of the box and to put their mind in that realm of abstraction.

(Sarah discusses some of her friends who only want their children to be involved in enterprises that are, "highly educational, highly educational.")

Hector: "Playing in the mud is educational."

Interviewer: We don't play in the mud enough. That's why our immune systems are weakening. (Sarah: "Yup, yup.") We don't give the kids an opportunity to develop an immune system.

Sarah: We don't have so many viruses in India. Kids are just, growing up. Hanging out in the dirt.

Hector: Back to the artist/scientist thing. Ah, when you have these scientists that describe their plans, in their lives when they make that leap, meditating on this beam of light when you're traveling this fast. A lot of them will talk about the moment of clarity, it's almost like Buddha under the bo tree moment (Sarah: a revelation) thing going on. Also the artistic, just looking at a thing and meditating on form and structure and then coming down the line to that. I think the process is the same. (Sarah: "Really?") Yeah, and then you have the left brain/right brain, this person's structured, but this person is more abstract in their thinking. I think there's some combination of both of them you have to have (Hector and Sarah, 1/22/08).

In the midst of this humorous exchange, Hector has offered to Sarah a powerful metaphor for thinking about the role of teacher: the teacher is a priest who straddles the role of artist and scientist. We must be both scientist and artist as teachers and the way that we transcend their dichotomy is to embrace the spiritual calling that is the vocation to teach.

You Will Know Them by Their Fruits

I can report that after six years both Hector and Sarah are thriving in their vocation to teach. Their program has received national recognition and Hector has won several awards and grants that have enabled the program to flourish. He has continued to create both videography and sculpture and Sarah has helped her students win awards for their products. Indeed, a successful mentorship that has resulted in another career in teaching being launched successfully, against the odds that point to high rates of turnover and failure for many urban teachers.

The central argument of this paper has been that mentoring can be helpful when the mentor assists the protégé in fulfilling a set of basic human needs described as survival, belonging, power, freedom, and fun. Hectors' instincts in creating both the professional learning community and in collaborating with Sarah in their mentorship enabled Sarah to accept the support and leadership of her mentor. A summary of those needs and concrete actions that mentors might take is included as Exhibit One.

Exhibit 1: Meeting Basic Needs Through Mentoring

Glasser's Term	What the Protégé Needs	What the Mentor Can Do
Survival	<ul style="list-style-type: none"> • We need food, shelter, physical comfort and safety • We need psychological safety • We need a sense of order 	<ul style="list-style-type: none"> • Advocate for the protégé's obtaining a proper and safe work environment • Use language that invites a collegial relationship • Establish with the protégé predictable routines and times for meeting
Love and Belonging	<ul style="list-style-type: none"> • We are social creatures • We seek a sense of connection to those with whom we work • We connect our sense of well-being to the quality of our relationships 	<ul style="list-style-type: none"> • Introduce protégé to other staff members • Help protégé engage in school community events • Monitor protégé's level of engagement • Acknowledge events in protégé's life (e.g., birthdays)
Power	<ul style="list-style-type: none"> • We seek a sense of competence • We seek a sense of growth and empowerment • We need to feel that our efforts make a difference 	<ul style="list-style-type: none"> • Practice active listening • Find opportunities for protégé to engage in meaningful shared tasks • Use differences of opinion as means to develop new consensus • Provide positive feedback and acknowledgment
Freedom	<ul style="list-style-type: none"> • We need to feel that we make choices about the quality of our lives and experiences • We also seek to be free from things which deny us our inherent rights 	<ul style="list-style-type: none"> • Accept that we can accomplish tasks in a variety of ways • Accept that people perceive differently based upon their cultures, their learning styles, their ages, their gender
Fun	<ul style="list-style-type: none"> • We learn in non-linear ways when we play • When we laugh with others, we create powerful connections 	<ul style="list-style-type: none"> • Find some activities outside of work to do together • Celebrate together • Acknowledge mistakes as part of our common humanity

References

Allen, D. & Blythe, T. (2004). *The facilitator's book of questions*. New York, NY: Teachers College Press.

Carrigan, M. (2008). *On becoming a professional: The experience of novice teachers in professional learning communities*. Unpublished manuscript, Fordham University

Glasser, W. (1969). *Schools without failure*. New York, NY: Harper and Row.

Glasser, W. (1975). *Reality therapy*. New York, NY: Harper and Row.

Glasser, W. (1986) *Control theory in the classroom*. New York, NY: Harper and Row.

Senge, P., Kleiner, A., Roberts, C., Ross, R., Smith, B. (1994). *The fifth discipline fieldbook*. New York, NY: Doubleday.

Senge, P., Cambron-McCabe, N., Lucas, T., Smith, B., Dutton, J., Kleiner, A. (2000). *Schools that learn*. New York, NY: Doubleday.

Brief Biography

Michael Carrigan, M. Div., Ed. D., is a Senior Trainer for the Center for Supportive Schools (CSS) in New York City and has been associated with CSS for over two decades. He has also served several New Jersey school districts as teacher, district-level director, and central office administrator. Dr. Carrigan has developed award-winning staff development programs for teachers and school leaders, has served as a national consultant for several leading-edge projects in youth mentoring and truancy prevention, and has been instrumental in the creation of professional learning communities. Michael has been an adjunct faculty member at Montclair State University, Fairleigh Dickinson University, and Hunter College. In addition to his studies in education, he has studied theology and ministry as well as pursued advanced vocal and operatic training.

REALITY THERAPY TRAINING EFFICIENCY IN HELPING PARTICIPANTS TO BETTER THEIR RELATIONSHIPS AND IMPROVE THEIR PSYCHOLOGICAL WELLBEING

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Abstract

The aim of this study was to investigate Choice Theory/Reality Therapy (CT/RT) training efficiency for improving one important relationship and psychological wellbeing of the trainees. The data was collected at a 5th European Reality Therapy Conference in Bled, Slovenia. Total of 104 conference participants filled an anonymous questionnaire designed in four parts. While first part addressed general information, the second part of the questionnaire contained questions on perceived quality of one chosen relationship in terms of happiness, closeness and needs' satisfaction. Participants were instructed to recall and estimate the relationship prior to CT/RT training and "lately". The questionnaire also contained the 2-factor scale measuring hedonistic and eudemonistic aspect of wellbeing before the training and currently. Fourth part of the questionnaire was related to attribution of perceived change to the CT/RT training. We found that participants: 1) report to have a better relationship with a chosen person now than before CT/RT training; 2) assess their well being to be higher now than before CT/RT training; 3) attribute changes in relationship and wellbeing to the effects of CT/RT training. We discuss some possible improvements of the methodology used and give proposals for further research in training efficiency regarding personal growth of trainees.

Introduction – Rationale and Definitions

Social relationships are well related with psychological well-being. People who tend to interact more with others experience more positive affect than those who do not. Also, people who spend more time with others are happier than those who spend a lot of time alone (Lucas, 2006).

Reality Therapy (RT) training incorporates different modules aimed at different stages of development for participants, but the core of the training consists of learning and teaching Choice Theory (CT). One of the 10 axioms of the Choice Theory states that "*All long-lasting psychological problems are relationship problems*" (Glasser, 1998). That may mean that if people have better relationship with significant others, they would suffer less problems or less psychological distress (Umberson, Chen, House, Hopkins, Slaten, 1996). However, low psychological wellbeing doesn't imply mental illness or psychological distress. Advocates of mental health like Dr. William Glasser in his early work (1962), and later (2005), as well as authors in the field of positive psychology such as Keyes (2002), assert that mental health and mental illness may not be part of the same continuum.

Even some current definitions of mental health recognise that mental health is not merely an absence of mental illness. According to World Health Organisation – WHO (2014), *mental health is defined as a state of well-being in which every individual realizes his or her own potential,... not merely the absence of disease...*". Happiness, mental health and well-being are very similar terms in Choice Theory (Glasser, 1998). They practically mean the same thing. Choice Theory postulates that happier people have better relationships, and better relationships mean more happiness. That is why in our investigation we are interested both in well-being and relationships.

In the Reality Therapy training, especially during the first year, a lot of time is spent teaching and learning about relationships. Participants are encouraged to monitor a relationship that is important to them and make an action-plan for improving that relationship. They make self-evaluations about effectiveness of the action-plan and are evaluating their behaviour in that relationship.

Participants are also often asked to make a self-evaluation about their relationship in the training group. They are monitoring how they are behaving, and how connected they feel to other participants in the group. This introspective method facilitates learning about relationships which is one of the aims of Reality Therapy training. Teaching clients about relationships and improvement in relationships is something most Reality Therapy practitioners are interested in.

In the broader context of psychotherapy, relationship is understood to have a very important role. Extensive research done by Norcross and Lambert (2010) provides evidence that therapy relationship accounts for why clients improve (or fail to improve) as much as the particular treatment method. In Reality Therapy, relationship has a special role and a lot of training content is aimed at learning about quality relationships both in practitioner's private life and with their clients.

Even though Reality Therapy supervisors and instructors get feedback from their participants that participating in the training helped them to change their relationships, there has been little effort among researchers to look closer into this matter. In order to better understand how the training can support participants in their relationship and wellbeing, there needs to be more studies in this field.

Also, Choice Theory practitioners like to think that learning Choice Theory helps people improve their wellbeing. There is some recent empirical work to support this: Reality Therapy was found useful for people who, by learning Choice Theory improved their psychological wellbeing (Casstevens, 2011; Turkdogan & Duru, 2012). We wanted to check whether training itself can be helpful to people to improve their psychological wellbeing.

Participating in the training cannot guarantee relationship change. Nor can it improve the psychological wellbeing. But, participants who learn Choice Theory and apply it in their lives, often change their beliefs and change their behaviour. The changes they make are important for their relationships and wellbeing.

That is why it's important how one defines and measures mental health or psychological wellbeing. If we measure psychological wellbeing by asking about problems and lack thereof, we do not measure the same thing as when we measure levels of happiness and vitality. It is also important how we define relationships. Is it the number of persons one interacts with, or a number of interactions with the same person? Is a good relationship a level of happiness around someone; sense of closeness with that person, needs satisfaction, etc?

For the purpose of this study, the following definitions of relationship and psychological wellbeing are used:

- Relationship is a (total) behaviour of one person around another person. For the purpose of this investigation, we will define the "improvement" in relationship as higher level of happiness with relationship, higher sense of closeness and higher needs satisfaction level linked with the relationship.

- Psychological wellbeing is a sense of feeling good in general (hedonistic aspect) and having sense of meaning and motivation in life (eudaimonistic aspect).

Hypotheses

H1: Participants have a better relationship with a chosen person now than before their CT/RT training - in terms of higher:

- a. level of happiness,
- b. level of closeness,
- c. needs satisfaction level.

H2: Participants attribute changing relationship with the chosen person to their CT/RT training.

H3: Participants assess their well being to be higher now than before their CT/RT training.

H4: Participants attribute change in their psychological wellbeing to their CT/RT training.

Method

Research participants

The study included participants of the Fifth European Reality Therapy Conference in Bled, Slovenia. Participants filled out the questionnaires during four conference days: From 18th to 21st April 2013. There were over 160 people in attendance at the conference from many different countries: Australia, Bosnia & Hercegovina, Croatia, Finland, Ireland, Korea, Malta, Slovenia, UK and USA.

Not all conference attendees have returned the questionnaire, but N=104 participants have filled it in (male N=14, female N=81, data missing for gender N=9). The participants completed different phases of CT/RT training, some had one year of CT/RT training (N=3), some had two years of training (N=2), and some had certified (N=22). There were third-year RT psychotherapy/counselling students (N=34), fourth year students (N=6), and RT psychotherapists who completed five years of training (N=12), (missing data about the training, N=23). Among the 104 study participants there were 30 participants with the CT/RT faculty status.

Questionnaire

A questionnaire called "Self Evaluation Questionnaire: Reality Therapy Training Effectiveness for Improving Relationships (RTTE)" have been developed for the purpose of this study. Before administering the questionnaire has been translated into three languages – English, Croatian and Slovenian. The questionnaire consists of four parts (see appendix 1):

Part 1 – General information about gender, level of completed CT/RT training and faculty status of the participant.

Part 2 – Relationship satisfaction – participants remember one relationship which was important to them prior to the beginning of their Reality Therapy training and is important to them now. Then they assess their level of happiness, closeness and needs satisfaction in that relationship. Participants answered questions about happiness, closeness, and needs

satisfaction using a 5-point scale and each element was assessed separately "before the training" and "lately".

Part 3 – Psychological well-being – We used a 2-factor psychological well-being scale (Koštrun, 2004), which we adapted for the purpose of this study. Original scale measures hedonistic and eudaimonistic factor of psychological well-being at the moment of measurement. Our adaptation consists of addition of the same scale for assessing psychological well-being before the training. So, participants filled out the same scale twice – once for the time "Before the training", and another scale for "Currently".

Part 4 – Questions about attribution of the change – We asked participants to assess to what extent they attribute the change(s) they marked on the scales (if any) to their Reality Therapy knowledge and Choice Theory internalisation. For this purpose, a five-point scale was used. The attribution question was introduced twice in the questionnaire – once for participants to attribute changes in relationship to their CT/RT training and second time to attribute changes in their wellbeing to what they learned in the CT/RT training. We also asked participants to name the parts of Choice Theory that were particularly helpful in that sense.

Results

H1a: relationship happiness with a chosen person, before and after training:

Different measures of comparison, based on mean, variance, or non-parametric measures, all show statistically significant difference in answers, more positive after training. For purpose of this paper, we are showing results of the T-tests we used to test the "H1" hypotheses.

T-test (H1a: happiness with the relationship before the training and lately):

Mean (before)=2.80, st.dev=.99
Mean (lately)=4.45, st.dev=.68
Mean difference=-1.65, st.dev.=0.93, $T = -18.09$, $p < 0,01^{**}$.

H1b: Closeness with person,

T-test (H1b: level of closeness before the training and lately):

Mean (before)=3.33, st.dev=1.23
Mean (lately)=4.53, st.dev=.65
Mean difference=-1.20, st.dev.=1.04, $T = -11.82$, $p < 0,01^{**}$.

H1c: Needs' satisfaction in the relationship

T-test (H1c: needs' satisfaction before the training and lately):

Mean (before)=2.71, st.dev=.91
Mean (lately)=4.29, st.dev=.69
Mean difference=-1.58, st.dev.=.85, $T = -18.98$, $p < 0,01^{**}$.

Since there is significant difference between mean estimates of the three aspects of relationship measured, it's evident that our study participants have been able to significantly improve the relationship in question during the monitored period of time. They

are happier with that relationship, experience higher level of closeness, and are able to satisfy their needs better in relating with the chosen person.

H2: Effectiveness of Reality Therapy Training for Changing Relationship - before and now

Participants marked their attribution of the relationship change to their CT/RT training on a five-point scale ranging from "1-not at all" to "5-very much".

On a sample of N=104, Mean=4.44, st.dev.=.62.

The study results indicate that the participants tend to attribute the changes in their relationship to what they have learned in the training.

H3: Participants who learn Choice Theory and Reality Therapy improve their psychological well-being. They assess their well-being to be higher now than before their Reality Therapy training.

Different measures of comparison, based on mean, variance, or non-parametric measures, all show statistically significant difference in answers, more positive after training.

Results of the T-tests for wellbeing (difference before the training and currently):

T (awake)= -9.65, p<0.01**
T (energetic)= -8.87, p<0.01**
T (happy)= -13.67, p<0.01**
T (content)= -15.25, p<0.01**
T (energised)= -11.70, p<0.01**
T (pleasant)= -13.08, p<0.01**

All measures of psychological wellbeing in the 2-factor scale have been found different for "before" the training and "lately". Our participants indicate to be more awake, energetic, happier, more content, energised and feel more pleasant lately than before they started the CT/RT training.

Hypothesis 4: Participants attribute change in their psychological well being to their Reality Therapy training.

To inspect this hypothesis we calculated the mean and standard deviation of the five-point Likert-type scale.

Mean: 4.49, st.dev.: 0.61.

Our participants attribute the change in their wellbeing to be an effect of their CT/RT training. They indicate very high and highest level of attribution of their change in all six measures of wellbeing to their CT/RT training with 96% of the answers being "quite a lot" (42%) and "very much" (54%).

Discussion

Our results show significant difference in perceived quality of relationship measured in three different ways (**H1a: happiness, H1b: closeness, H1c: needs' satisfaction**).

Participants estimate that they are happier with their relationship lately than they were

before their CT/RT training. They also assess that they are closer to that person lately than before they started the CT/RT training. And they assess their needs' satisfaction level around that particular person better lately than before the training.

Our study participants assessed their current wellbeing and estimated (recalled) their wellbeing before their training (**H3: difference in wellbeing**). They did so by indicating how they feel currently (awake, energetic, happy, content, energised, pleasant) on a 5-point Likert-type scale. We found differences in mean for all six measures of wellbeing. Since the scale used measures two different factors of wellbeing (hedonistic and eudaimonistic factor of wellbeing), we found that our study participants indicate improvement on both factors (now compared to the time before their RT training).

Further, we found that our study participants attribute their changes in relationship (**H2: attribution of the relationship change to the RT training**) and wellbeing (**H4: attribution of wellbeing change to the RT training**) to their Reality Therapy training. Mostly our participants attribute their improvement to the training in terms of "quite a lot" and "very much". We could conclude that our study provides evidence that participants value their RT training to improve their wellbeing and relationships.

To understand the results of the data obtained within Choice Theory framework, it's important to look at Dr. Glasser's (2004, 2005) **ideas about mental health and wellbeing**. The mental health is directly connected with happiness which again is connected to quality of relationships with significant others. Thus, eudaimonistic factor of the 2-factor scale we used (Koštrun, 2004) may serve as a measure of fulfilment which cannot be achieved without quality relationships. Through relationships, humans develop profound sense of meaning and motivation in life (eudaimonistic aspect of wellbeing). The other (hedonistic) aspect of wellbeing can be linked to Dr. Glasser's concept of satisfaction which can be achieved (short term) without a relationship. Satisfaction can be well described as a sense of being content or happy in the moment. Our participants report general improvement in all these areas of their life: relationship, meaning and motivation, and general satisfaction, and they attribute the reported change to the benefits from their CT/RT training.

While personal development of future counsellors and psychotherapists is considered to be an inseparable part of psychotherapy training, the effectiveness and importance of different modes are still being debated (Malikiosi-Loizos, 2013, Moller, 2013).

Personal growth of trainees in terms of learning, accepting and applying CT beliefs in own life is emphasised during CT/RT training. Change in perception of one's role in a relationship with significant others is considered, among other issues, to be successful education. Perceiving relationship as own behaviour around others, trainees are equipped to improve every relationship, including the one they chose to evaluate for the purpose of the study. Therefore we expected the results to support our hypothesis. However, for a better insight in participants' understanding of relationship and wellbeing improvement process, limitations of this study and future methodology adjustments should be considered.

Study Limitations and Possibilities for Further Research

It's important to emphasise that estimates about the relationship and wellbeing: „before the training” have been made retrospectively. We asked participants to recall and estimate their relationship before the training at the same time as we asked for the estimates about relationship and wellbeing „lately”. But beginning of their CT/RT training happened for the participants some time ago. The results would have been methodically more valid if

participants gave their estimates of the relationship before they start the training or during the first few weeks of the training, also if they could do the same estimate when they complete (after) the training. Hence, possible future studies could involve administering the same questionnaire in the beginning of the training and again when the training is complete, and then comparing the two results.

In Choice Theory Dr. Glasser (1998) introduces the concept of total behaviour. The Total Behaviour contains emotions as one of the four components (thinking, acting, feeling and physiology). These components are inseparable and happen simultaneously – being produced by the same human organism. However, in the current study we have used the 2-factor scale asking the participants how they feel, and never asking them about the other components of the **Total Behaviour**. For the purpose of further research, theoretically, it would be more valuable to introduce other components of the Total Behaviour in the questionnaires as well. Then it would be interesting to learn what our participants are thinking, what actions are they performing and what physiological processes they can report about when they say they feel energetic, energised, happy, content, pleasant or awake. It would also be interesting to learn how they would name this Total Behaviour that they are describing.

Furthermore, for deeper investigation into the participant's motives for the behaviour they are describing, it would be plausible to think about questions about the **beliefs connected to that behaviour**. For example, someone may feel happy because people around them are greeting them with smiles. Such a person may believe that their wellbeing is connected to what other people are doing – to the outside world. Another person (who may report to be as happy) may believe their happiness is coming from the inside. They may say they feel happy because they are greeting others with a smile. In the world of Choice Theory, there is a lot of difference between the two persons we've just described. One believing happiness (or wellbeing) is coming from the outside and other believing that they are creating their own happiness (and wellbeing) which is coming from the inside. The latter is behaving from the Choice Theory beliefs.

From our study-design, and results, **it is not clear what our participants believe** about their wellbeing and relationship in that sense. Even though they attribute the changes in their relationship and wellbeing to their CT/RT training, it's still unclear whether they think they are responsible for the change. Or maybe they think training is some outside-world circumstance which has changed them – being imposed onto them, or the other person have changed their behaviour, hence relationship improved? The latter not being compatible with the current theoretical thinking in the CT/RT circles.

We can see how these theoretical questions may steer similar future research. In the future research we would like to see a focus on inspecting beliefs and attributions of the feelings and states as parts of Total Behaviour, that people are reporting about.

One issue we could not control in the particular study design is the fact that all our participants were those who attended the Reality Therapy conference. One could hypothesise with a lot of certainty that the study participants were satisfied with their CT/RT training and wanted to learn more, hence participating in an RT conference. So, our study could not include those **who were not satisfied with their training**, and were not interested in attending the European conference. For higher validity, future studies should include training participants who stop their training before reaching their initial goal (whether it's a Certification – 2 years, Counsellor certificate – 4 years, Psychotherapy diploma – 5 years, etc.). Such participants could complete the questionnaire whenever they decide to stop their training.

Conclusion

Based on our results, we can conclude that participants at the RT conference find their CT/RT training to be effective for improvement both their relationships and their psychological wellbeing.

References:

Casstevens, W.J., (2011). A pilot study of health and wellness program development in an International Center for Clubhouse Development (ICCD) Clubhouse: procedures, implementation, and implications. *Psychiatric Rehabilitation Journal*, Vol 35(1), 2011, 37-43

Glasser, W. (1962). *Mental Health or Mental Illness? Psychiatry for Practical Action*. NY: HarperCollins.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. NY: HarperCollins.

Glasser, W. (2004). *Warning: Psychiatry Can Be Hazardous to Your Mental Health*. NY: HarperCollins.

Glasser, W. (2005). *Defining mental health as a public health issue*. Los Angeles: William Glasser Inc.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Behavior Research*, 43, 207-222.

Koštrun, S. (2004). Hedonistički i eudemonistički aspekt psihološke dobrobiti: adaptacija dvofaktorske skale. Diplomski rad. Filozofski fakultet u Zagrebu, Odsjek za psihologiju. <http://darhiv.ffzg.unizg.hr/142/1/SlavenKo%C5%A1trun.pdf>

Lucas, R.E. (2006). Does the Existence of Social Relationships Matter for Subjective Well-Being?: Self and relationships: Connecting intrapersonal and interpersonal processes. Dyrenforth, P. S. Vohs, K. D. (Ed); Finkel, E. J. (Ed), New York, NY, US: Guilford Press, 254-273

Malikiosi-Loizos, M, (2013) Personal Therapy for Future Therapists: Reflections on a Still Debated. *The European Journal of Counselling Psychology*, 2013, Vol. 2(1), doi:10.5964/ejcop.v2i1.4

Moller, N. P. & Rance, N. (2013): The good, the bad and the uncertainty: Trainees' perceptions of the personal development group. *Counselling and Psychotherapy Research: Linking research with practice*, 13 (4), 282-289.

Norcross, J.C., Lambert, M.J. (2011) *Evidence-Based Therapy Relationships: Evidence-Based Therapy Relationships*, Norcross, J.C. (Ed), 1-5

Turkdogan, T., Duru, E. (2012). The Role of Basic Needs Fulfillment in Prediction of Subjective Well-Being among University Students. *Educational Sciences: Theory & Practice* - 12(4), Autumn, 2440-2446.

Umberson, D., Chen, D. M., House, J. S., Hopkins K., Slaten E. (1996). The Effect of Social Relationships on Psychological Well-Being: Are Men and Women so Different?. *American Sociological Review*, Vol 61, (October: 837-857)

World Health Organisation. (2014. Mental health: a state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en/

INSTRUMENT/QUESTIONNAIRE

Self-Evaluation Questionnaire: Reality Therapy Training Effectiveness for Improving Relationships

Gender: M F

When did you start your CT/CT training? Year _____

Training you have completed:

year 1 year 2 Certificate WGI 3rd year PCP 4th year PCP 5th year PCP

Endorsement for:

Supervisor BIW Instructor Senior Instructor RTP ECP

Please name one of your important relationship that you have followed since the beginning of the training till today: (You can use the box to specify the person you chose: child, friend, partner, co-worker, etc.)

For the purpose of this survey it's important to choose a relationship that you had prior the CT/RT training, and still have it today.

How old is that person now? _____ years old

Please tick the box below to indicate how happy you were with that relationship **before your CT/RT training:**

How happy are you with that relationship lately?

What was your **level of closeness** with that person **before your CT/RT training**?

(Please mark the level of closeness on the scale below):

What is your **current** level of **closeness**?

A horizontal scale with five empty square boxes for rating. The scale is labeled with 'far away' at the left end, 'neither far nor close' in the middle, and 'very close' at the right end. There are four dashed horizontal lines between the five boxes, creating four intervals.

On the scale below please mark your **needs' satisfaction level** with that person **before your CT/RT training:**

Diagram illustrating a linked list structure with 5 nodes. The first node is labeled "bottom level" and the last node is labeled "highest level". Each node is a square with a dashed line pointing to the next node. The last node has a dashed line pointing to the right.

On the scale below please mark **your needs' satisfaction level** with that person **lately**:

A horizontal dashed line with five square markers. The first marker is labeled "bottom level" and the last marker is labeled "highest level".

To what extent do you attribute the change in that relationship to your RT knowledge and Choice Theory internalisation?

NOT AT ALL ---- A LITTLE BIT ---- AVERAGE ---- QUITE A LOT ---- VERY MUCH

What elements of RT / CT do you think were the most important in that change?

In the table below please answer the questions: "How did you feel before the CT/RT training?" and "How do you feel recently?" by marking the appropriate number. You can assess the frequency by using the 5-point scale where 1 equals "very rarely" and 5 equals "very often".

If you have marked the difference between **before the training** and **currently**, then could you assess to what extent you think the RT / CT training has helped you change?

NOT AT ALL ---- A LITTLE BIT ---- AVERAGE ---- QUITE A LOT ---- VERY MUCH

Brief Biography

Leon Lojk, psychologist, psychotherapist, senior instructor at William Glasser International, and a founder of the Training and Counseling Centre in Slovenia (1996) established the evidence that Choice Theory Psychology as well as Reality Therapy has its foundations in science and philosophy. His "Scientific Argument for Reality Therapy" was the basis of Reality Therapy recognition in Europe as scientifically grounded psychotherapeutic approach.

In 1999 Leon established European Association for Reality Therapy (EART). Under his leadership EART gain full acceptance as a regular member of the European Association for Psychotherapy (EAP) by the EAP in Brussels, 2008.

Moreover, in 2009 the Training and Counseling Centre was in 2009 established as the European Institute for Reality Therapy (EIRT). EIRT at the moment provides the reality therapy psychotherapy training in Croatia, Bosnia& Herzegovina, Finland, Malta and Slovenia.

Sadly, Leon passed away on 17th November 2014.

Danko Butorac is a psychologist and psychotherapist working at the „Family centre“ - a state-funded counseling service in Senj, Croatia. In his daily practice he works with individuals, couples, families and groups. As the member of the European Institute for Reality Therapy faculty board, he is involved in providing training programs - supervising and teaching Choice Theory. Currently president of the European Association for Reality Therapy (EART). Happily married, father of five wonderful children.

THE COMPARISON OF HETEROSEXUAL AND GAY'S QUALITY WORLDS' PICTURES BASED ON CHOICE THEORY

Shadi Ostad Mirzaei, Mojtaba Amiri Majd, and Ali Sahebi

Abstract

Same-sex orientation has been a disincentive factor to assess sexual minorities' wants and haves in countries that are less pluralistic in religious terms. This is the first study to compare heterosexual and gay individuals' quality worlds' pictures (wants and haves) based on choice theory in Tehran, Iran. The research design was causal-comparative. Statistical universe was heterosexual and gay individuals who lived in Tehran in 2015. Convenience and snowball sampling methods were used for both heterosexual individuals and gay individuals respectively. The sample size of the study was 60 people (30 heterosexuals and 30 sexual minorities, segregation of sexes: 15 men and 15 women in each group). Data was collected using the Wubbolding's structured interview of WDEP system based on William Glasser's choice theory and analyzed using descriptive statistic. The results showed that heterosexual group and gay group were significantly different in the intensity and kinds of the quality worlds' pictures to fulfill their basic needs from family, Sexual-emotional partner, Friend, Boss, Co-worker, counselor, Job, Religion, entertainment and themselves. ($p \leq .05$).

Key words: quality world's pictures, wants, choice theory, sexual orientation

Introduction

Choice theory explains human behavior and motivation (Glasser, 2010; Wubbolding, 2013, 2011). According to Choice Theory, we are born with basic needs for love and belonging, power, freedom, fun, and survival (Wubbolding, 2012). We have same basic needs, but we are differing in strength and ability to satisfy them (Glasser, 2001). More importantly, we meet these needs through very specific people and things that we hold to be important. The desire for these people and things is stored in our memory in what Glasser refers to metaphorically as our "quality world". So, if the needs and wants of the individuals can be identified, they attempt to get the things that they want in their ideal or quality world and to satisfy one or more of the basic needs (Glasser, 1985), which was the underlie in this research about comparing heterosexual and gay individuals' quality worlds' pictures based on Choice Theory.

Choice Theory explained that the phrase of "quality world" explains properly the set of wants related to five basic needs. The reason we perceive much of re-ability so differently from others has to do with another important world, unique to each of us, called the quality world (Glasser, 1985). Choice Theory also explained that the quality world starts to create in his or her memory shortly after birth and continue and re-create throughout life, is made up of a small group of specific pictures that portray, more than anything else we know, the best ways to satisfy one or more of our basic needs (Wubbolding, 2013). What these pictures portray falls into three categories: 1) the people we most want to be with, 2) the things we most want to own or experience, and 3) the ideas or systems of belief that govern much of our behavior (Glasser, 2010). Moreover, our quality world pictures not only are unique and diverse but they also dynamic during the growth. Also, this world constructed within the influence of family value, culture, religion, and law, and they represent the ways that we meet our basic needs for our five basic needs (Ahmadi, 2014). More importantly, to get along better than we do now with another person, we need try to learn what is in that person's quality world and then try to support it. Doing so will bring us

closer to that person than anything else we can do (Glasser, 2010). In this case, the researchers have shown specific concepts and pictures in the sexual minorities' life and ideal world included: the importance of relationships quality in terms of the roles of attachment security, identity, social support, and income (Elizur & Mintzer, 2003), the comparison of same-sex oriented and opposite-sex oriented couples' relationships (Gotta et al., 2011), the relationships of cohabiting lesbian and heterosexual couples (Schneider, 1986 & Eldridge, 1990), attachment and autonomy in lesbian relationships (Peplau et al., 2004), Sexuality and holiday choices (Pritchard et al., 2002), power strategies in intimate relationships (Falbo, 1980), and family support and acceptance Elizur & Mintzer (2003), Shilo (2011), Ryan (2010).

Most of us have two pictures of ourselves in our quality worlds. One is a slightly idealized picture, the other an extremely idealized picture. Anytime we are able to succeed in satisfying a picture in this world, it is enjoyable; anytime we fail, it is always painful (Glasser, 2010). In other worlds, we are continually comparing which we want to what we believe we actually have. This comparison derives us to behave in order to maintain what we are currently getting, if it what we want and need or to make changing in order to meet our needs more successfully (Wubbolding, 2012). Glasser also believed that quality world's pictures (What we want) of gender, sexual relationship, and sexual orientation are powerful enough to change their life and personality (Glasser, 2012). People coming to terms with a gay sexual orientation may hold onto the quality world's picture of heterosexual or hide their real orientation, even if it is no longer totally need satisfying to them (Wubbolding, 2012). But they still keep these pictures too long because, frustrating as they may be, it is painful to take them out. So, they face different challenges because they were not raised and do not live in communication in which most others share their minority status (Gashtasbi, 2011, Ogland, 2014, Frias, 2015).

According to this view, this is the first research trying to identify and to compare heterosexual and sexual minority individuals' quality world's pictures (wants) based on Choice Theory in a less pluralistic country. Because of the fact that Choice Theory teaches that we seek congruence between the pictures of what we want in our lives, our quality world, and what we experience in our real world. When we have this congruence, our lives feel more in balance because the worlds are in balance (Wubbolding, 2013). True happiness occurs when people are enjoying their lives and getting along well with the persons in their lives (Glasser, 2003). So, being secure in one's sexual orientation can help in living a happier life.

Method

Participants

This study was a causal-comparative study. Statistical universe was heterosexuals and gay individuals who lived in Tehran-Iran. Sampling method and the sample size of the study was 60 (30 heterosexuals and 30 gays, segregation of sexes: 15 men and 15 women in each group) and according to their self-reported by online format, gays and heterosexuals had a sexual and emotional tendency to members of the same sex or opposite sex respectively in 2015. The heterosexual subjects were selected using convenience method and subjects of sexual minority were selected using snowball sampling method. Recruitment of gay men and lesbian individuals was started voluntarily through a gay man and a lesbian respectively among their acquaintances who was living in Tehran. Also, other sexual minority participants were identified one after another about by the page of online test by their previous participant. And convenience sampling method was made up of heterosexual men and women who are easy to reach in Tehran. Besides, all the participants, oriented to same-

sex or opposite-sex, were qualified to answer the research's items as a participant. The age of subjects was between 17 and 45.

Instrument

Structured Interview of WDEP System

The open-ended questionnaire of quality world's picture that was proposed by Robert E. Wubbolding, EdD in 1996 based on structures of Choice Theory of William Glasser, was used in this study. Reality therapists help clients to diagnose and prioritize clearly their quality world's pictures (wants) based on WDEP interviewing method. Study had one question, which measures the quality world's picture or wants in 10 items included family, partner, friend, job, boss, religion, fun, self, and counselor. Recognizing of each item, was shown based on participants' answer to their want and desire.

Question: What do you want from each of the 10 items?

Procedure

Since this was first study on same-sex oriented individuals' quality world's pictures in a less pluralistic country and there were social and legal limitations for sexual minorities in Iran, the snowball sampling method was used to gather online data in Tehran-Iran. We also used an easy to use web "Google Form" as an online format to gather data about their quality world's pictures (wants) to protect the participants' personal identity and let them come out of the closet. Moreover, sexual minority individuals identified themselves as gay men and lesbians by their self-report. However, we used a convenience sampling method to collect data among the heterosexual men and women who were living in Tehran. In other words, this method was conducted in online format. And men and women with opposite-sex orientation were eligible to answer their question. All of the heterosexual participants identified themselves by their self-reported answer to the demographic question and sexual orientation. So, both heterosexual and sexual minority participants were aware of study's mandatory information, such as online informed consent form and ethical statements. At the end, the quality world's pictures results of the 30 heterosexual men and women compared with the 30 gay men and lesbians. Also, individuals of both sexes were compared with each other (15 heterosexual men with 15 gay men and 15 heterosexual women with 15 lesbians).

Results

From 60 participants, there were 30 in the heterosexual groups and 30 in the homosexual groups, and 50% of each group was men and 50% was women. Seventy one percent of them were single and 29 were married. Twenty five percent of them were between 17-25 age, 33.30% between 26- 30, 26.7% between 31- 35, 13.30% between 36- 40, and 1.7% between 41- 45. The age range was between 17 and 45. According to their report, gays and heterosexuals had sexual and emotional tendency to members of the same sex and opposite sex respectively in 2015. So we paid attention to the frequency of sex, job, and age. Using Kolmogorov-Smirnov Test (KST) normality of variables distribution was evaluated. As the significance level of the variables was less than 0.05 and the data were skewed (not normally distributed), the most appropriate statistical test was explaining descriptive statistic for analyzing wants of heterosexuals and sexual minorities.

Discussion

In the present study, we examined the differences of quality world's pictures (wants) comparing between heterosexuals and sexual minorities for the first time in ten categories in Tehran-Iran. Our results indicated that there was significant difference between heterosexual men compared with gay men and heterosexual women compared to lesbians for each of the dimensions of quality world's pictures. The results showed that gay men want more intimacy and relationship from their families and partners compared with heterosexual men who want more connectedness from their friends. Moreover, the findings indicated that compared with lesbians, heterosexual women want more connectedness from their partners and friends. The findings are compatible with the set of researches of Elizur & Mintzer (2003), Shilo (2011), Ryan (2010), Smith & Brown (1997), and Bozett (1989) that family support and acceptance would play a more significant role in the lives of lesbian/gay and the family acceptance predicts greater self-esteem, social support, and general health status. By contrast, the results for social support from friends have been much more robust and consistent across studies (Green & Mitchell 2002; Green, 2000; Kurdek & Schmitt, 1987). Moreover, Kurdek (1988) explained gay and lesbian couples have demonstrated that friends and partners are the most frequent providers of support.

On the other hand, recent research has demonstrated that gay men and lesbians want more diversity and leisure in their quality world's picture related to job than heterosexuals. However, gay men and lesbians want fun and leisure in their real world as much as heterosexual men and women. In line with this finding, Henderson (1995) emphasized that sexual orientation related to employment in leisure service organizations often is complicated because of the invisibility of lesbian, gay, and bisexual people. Therefore lesbian, gay, and bisexual employees ought to be extended the same social opportunities and amenities as heterosexual people. In this case, some researches highlighted the importance of organizational efforts to affirm sexual diversity in workplace and to provide proactive leadership on equality/diversity issues and stop treating the sexual orientation strand as the "poor relation" within the organizational drive for equality and diversity (Anand, 2016; Köllen, 2016; Köllen, 2015; Colgan et al., 2007; Button et al., 2001) and to create a creative work environment by commitment to diversity (Cunningham, 2011).

Further, the results showed that significant differences were between straight women and lesbians in the quality world's pictures (wants) of money from their families and partners and sex from their partners. Compared with lesbians who expect financial support from their family, heterosexual women expect financial support from their partner. Gotta et al (2011) and Kurdek (2004) indicated that gay men and lesbians reported more equal division of finances than did heterosexuals. However, Blumstein and Schwartz (1983) found that lesbian and gay male couples tend to be more independent and to have an equal division of finances wherein each person pays an equal amount of each purchase.

On the other hand, recent research has demonstrated that heterosexual men and women want more freedom and autonomy from their families and partners compared with gay men and lesbians. Also, heterosexual women and gay men expect more freedom and liberty from religion than heterosexual men and lesbians. This result is consonant with Shilo et al (2012) that Religiosity was associated with low levels of family and friends' support and acceptance, and high levels of internalized homophobia. It also showed that adolescents with religious identity reported fewer sexual risk behaviors and lower levels of depression compared with those without religious identity (Rosario et al., 2006). On the other hand, correlates of relationship satisfaction that have already been identified in lesbian relationships include high dyadic attachment and shared decision making (Kurdek & Schmitt, 1986), equality of power (Blumstein & Schwartz, 1983; Peplau, Padesky, &

Hamilton, 1982), equality of involvement in the relationship, and a similarity of attitudes and backgrounds (Peplau et al., 1982). Moreover, Eldridge (1990) explained that it is not surprising that personal autonomy is negatively correlated with relationship satisfaction as it has to do with interests and activities outside the relationship.

Limitations and Directions for Future Research

The present findings suggest that Choice Theory provides a useful framework for understanding gay and lesbian wants or quality world's pictures. Several limitations of this study should be kept in mind. First, because of the legal status for sexual minorities' people, the sample size (30 samples) was very small. It is possible that the differences in legal status created a distinction that was lost when civil union and non-civil union same-sex samples were compared in their analyses. Second, this study was done just in Iran and cannot be generalized to other societies. So, we need more researches regarding this topic and hope that the present study will be the first step in this process. Third, this study was analyzed only the data of gays and lesbians as the sexual minorities' group. Future studies could use Choice Theory to compare the basic needs of individuals with the other sexual orientations (LGBTs).

References

Ahmadi, M. (2014). Life based on choice theory style. Tehran: Arts and Culture Mehre-Taban Institute. (Persian).

Anand, P. V. (2016). Attitude Towards Homosexuality: A Survey Based Study. *Journal of Psychosocial Research*, 11(1), 157.

Blumstein, P., & Schwartz, P. (1983). American couples: Money, work, sex. New York, NY: William Marrow and Company Inc.

Bozett, F. W., & Sussman, M. B. (1989). Homosexuality and family relations: Views and research issues. *Marriage & Family Review*, 14(3-4), 1-8.

Button, S. B. (2001). Organizational efforts to affirm sexual diversity: a cross-level examination. *Journal of Applied psychology*, 86(1), 17.

Colgan, F., Creegan, C., McKearney, A., & Wright, T. (2007). Equality and diversity policies and practices at work: lesbian, gay and bisexual workers. *Equal Opportunities International*, 26(6), 590-609.

Cunningham, G. B. (2011). Creative work environments in sport organizations: The influence of sexual orientation diversity and commitment to diversity. *Journal of Homosexuality*, 58(8), 1041-1057.

Eldridge, N. S., & Gilbert, L. A. (1990). Correlates of relationship satisfaction in lesbian couples. *Psychology of Women Quarterly*, 14(1), 43-62.

Elizur, Y., & Mintzer, A. (2003). Gay males' intimate relationship quality: The roles of attachment security, gay identity, social support, and income. *Personal Relationships*, 10(3), 411-435.

Falbo, T., & Peplau, L. A. (1980). Power strategies in intimate relationships. *Journal of Personality and Social Psychology*, 38(4), 618.

Frias-Navarro, D., Monterde-i-Bort, H., Pascual-Soler, M., & Badenes-Ribera, L. (2015). Etiology of homosexuality and attitudes toward same-sex parenting: A randomized study. *The Journal of Sex Research*, 52(2), 151-161.

Glasser, W. (1985). Control theory: A new explanation of how we control our lives. Perennial Library.

Glasser, W. (2001). Counseling with choice theory: The new reality therapy. Harper Collins.

Glasser, W. (2003). Warning: Psychiatry can be hazardous to your mental health. HarperCollins Publishers.

Glasser, C., & Glasser, W. (2010). Choice theory: A new psychology of personal freedom. Harper Collins.

Glasser, W. (2012). Reality therapy (Translated by: A. Sahebi). Tehran: Sayeh Sokhan. (The date of publication of the original language, 2000). (Persian).

Goshtasebi Asl, S. (2011). Third gender: The psychology of gender identity disorder and treatment. Tehran: Afarineh. (Persian).

Gotta, G., GREEN, R. J., Rothblum, E., Solomon, S., Balsam, K., & Schwartz, P. (2011). Heterosexual, lesbian, and gay male relationships: A comparison of couples in 1975 and 2000. *Family Process*, 50(3), 353-376.

Green, R. J. (2000). Lesbians, gay men, and their parents": A critique of LaSala and the prevailing clinical "wisdom. *Family Process*, 39(2), 257-266.

Green, R. J., & Mitchell, V. (2002). Gay and lesbian couples in therapy: Homophobia, relational ambiguity, and social support.

Henderson, K. A. (1995). Lesbian, gay, and bisexual employees in the workplace: ethical implications for leisure service organizations. *Journal of Applied Recreation Research*, 20(2), 141-156.

Köllen, T. (2015). The impact of demographic factors on the way lesbian and gay employees manage their sexual orientation at work: An intersectional perspective. *Management Research Review*, 38(9), 992-1015.

Köllen, T. (2016). Lessening the difference is more—the relationship between diversity management and the perceived organizational climate for gay men and lesbians. *The International Journal of Human Resource Management*, 27(17), 1967-1996.

Kurdek, L. A., & Schmitt, J. P. (1986). Relationship quality of gay men in closed or open relationships. *Journal of Homosexuality*, 12(2), 85-99.

Kurdek, L. A., & Schmitt, J. P. (1987). Perceived emotional support from family and friends in members of homosexual, married, and heterosexual cohabiting couples. *Journal of homosexuality*, 14(3-4), 57-68.

Kurdek, L. A. (1988). Perceived social support in gays and lesbians in cohabitating relationships. *Journal of Personality and Social Psychology*, 54(3), 504.

Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples really different from heterosexual married couples? *Journal of marriage and family*, 66(4), 880-900.

Ogland, C. P., & Verona, A. P. (2014). Religion and the rainbow struggle: Does religion factor into attitudes toward homosexuality and same-sex civil unions in Brazil? *Journal of homosexuality*, 61(9), 1334-1349.

Peplau, L. A., Padesky, C., & Hamilton, M. (1982). Satisfaction in lesbian relationships. *Journal of Homosexuality*, 8, 23-35.

Peplau, L. A., Fingerhut, A., & Beals, K. P. (2004). Sexuality in the Relationships of Lesbian and Gay Men. Pritchard, A., Morgan, N., & Sedgley, D. (2002). In search of lesbian space? The experience of Manchester's gay village. *Leisure Studies*, 21(2), 105-123.

Schneider, M. S. (1986). The relationships of cohabiting lesbian and heterosexual couples: comparison. *Psychology of Women Quarterly*, 10(3), 234-239.

Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations*, 60(3), 318-330.

Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescence*, 22(2), 310-325.

Smith, R. B., & Brown, R. A. (1997). The impact of social support on gay male couples. *Journal of Homosexuality*, 33(2), 39-61.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

Wubbolding, R. E. (1996). Professional issues: The use of questions in reality therapy. *Journal of Reality Therapy*, 16(1), 122-126.

Wubbolding, R. E. (2011). Reality therapy: Theories of psychotherapy series. Washington, DC: American Psychological Association.

Wubbolding, R. E., Robey, P. A., & Carlson, J. (2012). Contemporary issues in couple counseling: a choice theory and reality therapy approach. NY: Routledge.

Wubbolding, R. E. (2013). Reality therapy for the 21st century. Routledge.

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REALITY THERAPY: FROM THEORY TO PRACTICE – AN EXPERT SURVEY

Saee Patkar

Abstract

Reality therapy is a theoretical orientation that assists clients to make more effective choices and create more need-satisfying relationships in life. The focus of the present study was to explore how concepts of reality therapy are implemented in practice. Experts were surveyed by means of an online questionnaire. Their responses were understood, categorized, analyzed, and interpreted to fathom the way each reality therapist adds his or her own colors to paint a picture of a typical therapy session. Conclusions were drawn and areas of future research were outlined where conclusions couldn't be drawn. Thus, an attempt was made to understand reality therapy through the distinctive vision of each expert.

Introduction

"That the powerful play goes on and you will contribute a verse. What will your verse be?"
—Walt Whitman

Reality therapy is the work of William Glasser that deviates from the notion of mental health and mental illness as understood by psychiatry and most other forms of therapy. The focus of reality therapy is to discover the unsatisfying relationships or the absence of relationships in the client's present world (Corey, 2013). The lack of human connection places the client in the condition in which he is suffering. As one would expect, one of the most important goals of reality therapy is to establish a meaningful relationship between the therapist and the client. This relationship does not act as a replacement for the lack of a satisfying relationship in the client's life, but as a precursor to future relationships the client is expected to form.

Grounded in choice theory, reality therapy also focuses on the choices clients make and their responsibility in choosing them. These behaviors are generally ways of coping with the situations in a client's life. Negative situations perpetuate negative behaviors. Reality therapy specifically focuses on the behaviors perpetrated by the lack of satisfying relationships in a client's world (Corey, 2013). However, the therapist does not engage in blaming the client; the client is only made aware of what choices he possesses and what part of life is in his control. The therapist assists the client in accepting responsibility for making the choices that will best benefit him in his current situation. Choice theory is the root on which the tree of reality therapy grows.

The choice theory root has five branches in the form of innate needs. These needs are universal in nature, common to all humans, and written in their genetic codes. They are: 1) need for survival, 2) need for love and belonging, 3) need for power, 4) need for freedom, and 5) need for fun (Glasser, 1998). Even though the needs are the same for all humans, the wants or Quality World pictures associated with the needs are subjective. For instance, Jane wants a car to satisfy her need for freedom but Jack wants to move out to satisfy his need for freedom. These pictures are present in the client's ideal world, called 'Quality World' (Glasser, 1981).

According to Glasser (2005), mental illness, as a term, should only refer to brain abnormalities. Client experiences of depression, anxiety, and other common psychological difficulties are choices they make to come to terms with their reality (Glasser, 2003). This

doesn't make them the cause of their ailment but the facilitator. The clients choose these behaviors in an effort to satisfy unmet needs. The client may attempt to meet these needs through behaviors which are not as effective, and, in many cases, may be destructive to the client. Clients are always making the best possible effort they can at that moment in time even if the behaviors result in more pain in the form of what doctors call a 'mental illness' (Corey, 2013).

The focus on behavior is not limited to actions but also thoughts, feelings, and physiology that clients possess as a way of coping with current situations. This is called 'Total Behavior' which is the combined effort that an individual makes to go from what they want to getting them what they need (Glasser, 1998). In other words, it is the behavior that is generated to fulfill the 'wants.' It is what the client is putting out to the world as their contribution (Wubbolding, 2010). The therapist's role is to remind the clients of what is it that they want, whether they truly want it, and whether what they really want is serving the function of fulfilling their needs. Consequently, self-evaluation happens to be at the core of reality therapy (Corey, 2013): "Is what I am presently doing, getting me what I really want?" "Am I moving closer to what I want, or am I moving further away?" As the word suggests, reality therapy focuses on what the client wants right now; that is what is real right now in the present moment. It does not indulge in unnecessary explorations of the past. The past is understood to have contributed to the present but the past is unchangeable; there are no choices about the past. The choices exist in the present and the counsellor assists clients in choosing a future they're happy about.

Although reality therapy started as a therapy in a mental hospital and a correctional facility by Dr. Glasser, today, reality therapy is used in schools, substance abuse programs, and many other settings. It is also helpful for dealing with PTSD (Prenzlau, 2006), Depression (Bhargava, 2013), Bipolar (Glasser and Wubbolding, 1995) and other mental disorders. In fact, Reality therapy has been applied across the world in countries from Japan to Africa. This school of therapy, however, is not without its limitations: the rejection of the past; the assumption that chronic depression and psychosis are chosen; the lack of emphasis on emotions; and the differences in application to eastern cultures, and other socio-cultural phenomena are some of them. When a person moves through the training, becomes Certified [CTRTC] and moves to the realm of faculty, the individual realizes that blatant statements as one choosing one's psychosis is facile in the writing but not so in the understanding. Nonetheless, reality therapy has progressed from its start in the 1960s to an evidence-supported theory of counseling. In time, after the theory's research base has been established more strongly, we can expect reality therapy to be a distinct school of therapy which is at par with other schools like Cognitive, Psychoanalysis, Gestalt, and the like.

Research Objective

The objective of the present study is to understand how principles of theory are transformed into practice. To achieve this, experts in reality therapy were surveyed, and through the means of an online questionnaire, asked to share their experiences and applications of reality therapy. This served the goal of exploring the nuances and individual interpretations and adaptations that reality therapists bring to their sessions. It is especially important to understand how reality therapists tailor the theory to suit the needs of their clients and themselves; they are required to be nothing but themselves during therapy (Corey, 2013). Their strategies to build further on the theory, as well as to overcome the limitations posed by the theory, were also investigated. Thus, the present study attempted to provide an understanding of how reality therapy generally works through the subjective lens of each expert.

Reality therapy recognizes the necessity of making the client responsible for his own betterment. By developing the client's internal locus of control, the reality therapist aims to involve the clients more actively in their recovery. The concepts of reality therapy come principally from the books written by William Glasser. Starting from *Mental Health or Mental Illness? Psychiatry for Practical Action* (1962) and *Reality Therapy* (1965) to *Warning: Psychiatry can be Hazardous to your mental health* (2004) and *Take Charge of Your Life: How to Get What You Need with Choice Theory Psychology* (2011), Glasser has written over 25 books. Along with Glasser, reality therapy has been taught and explained by Robert Wubbolding. Wubbolding has written several books and authored articles in an effort to expand the knowledge and research base of reality therapy. Today, due to the effort of the founders and many others who joined the movement, reality therapy has grown from the single hospital it was practiced at initially to a large network of reality therapists who not only practice this process in their own lives but also teach choice theory to their clients.

History

William Glasser founded reality therapy on the premise that we are controlled neither by unconscious internal drives (psychoanalysis) nor by external environmental phenomena (behaviorism), two extremely popular notions that existed in the 1960s. Instead, he believed all his clients had the ability to make choices and they were not always at the mercy of something or someone. That is, he opposed the deterministic notions of the era with his own notion of free will. According to Glasser (2011, p. 5), "If we believe that what we do is caused by forces outside of us, we are acting like dead machines, not living people."

Glasser's dissatisfaction with psychoanalysis was evident when he began his practice as a board certified psychiatrist in 1961. He realized very soon that his own ideas were far more effective in helping clients than the procedure dictated in his formal training at Veterans Administration Brentwood Hospital and UCLA. Under the guidance of his mentor, G. L. Harrington, Glasser put his theory and opinions into a well-defined construction; thus, reality therapy was born when he published a book of the same name in 1965. He put his therapy to practice first in a mental hospital and next in a correctional institution. He later expanded his theory to education and developed a public health model as a reaction against the prevalent medical model. Along with psychoanalysis and behaviorism, Glasser was also dissatisfied with the practice of prescribing medicines for mental illnesses. He staunchly denied the existence of strong evidence for pathology in mental illnesses. He focused more on the factors that the client could control, rather than what the client could not. He emphasized the importance of helping the client to make better choices, to take control of his life, and lead a more need-satisfying and mentally healthy life.

When Glasser came across William Powers' control theory of human behavior (1973), he altered and applied this theory to focus on human choice, which he later renamed as 'choice theory' in 1996. He continued work in the field by later founding The William Glasser Institute and offering certificate training programs in reality therapy, choice theory, and lead-management. Currently, according to the [website](#), there are 13494 who are reality therapy certified [RTC] worldwide. In the past few years those who reach Certification level are considered to be choice theory, reality therapy certified [CTRTC].

Robert Wubbolding taught the work of Glasser internationally and contributed to reality therapy becoming more known in academic circles and elsewhere. His dedication to the cause and practice of reality therapy was picked up by Glasser when he was appointed as the Director of Training at the William Glasser Institute. Wubbolding has primarily worked to widen the evidence of support for reality therapy and offer a framework for the therapeutic

process involved in using reality therapy. He developed the WDEP system and put forth the Cycle of Counseling as helping aids to practice reality therapy (Wubbolding, 2000). Having completed his doctorate in Counseling from University of Cincinnati, Wubbolding remains a respected member of the alumni. He is currently the Director of Centre for Reality Therapy and conducts and supervises training programs across several countries. A pioneer in spreading the reach of reality therapy, at the age of 82, Wubbolding continues to advance the growth of the "seeds" sowed by Glasser (Wubbolding, 2017).

View of Human Nature

Reality therapy views humans as not the helpless victims of uncontrollable forces, but as the writers of their own fate. Humans are motivated by five universal needs. They attempt to fulfill these needs with their subjective wants. Their behavior is the outcome of perceptions. The cause of mental illness is not psychopathology but unhappiness. Glasser (2005) contends that individuals tagged as being mentally ill are only on the lower end of the continuum of mental health. When external control is replaced with choice theory, the unhappiness derived from any mental "disorder" can be overcome. Hence, neither psychotherapeutic medication (which are only "placebos") nor insight into the past can relieve present unhappiness (Glasser, 2005).

Glasser (1985) has also given a theory of personality. Individuals can either develop a failure identity or a success identity based on whether they choose to regress or progress. (Glasser and Wubbolding, 1995) Ineffective and effective choices will lead to undesirable and desirable consequences respectively. Humans end up choosing the behaviors that they perceive are available to them.

Basic Tenets

Choice Theory

Choice theory is a conceptualization of human behavior that encourages an internal locus of control. According to choice theory, all that we do from birth to death is an attempt to match the pictures in our quality world to meet one or more of our needs. Glasser used the progressive 'ing' to suggest that people are choosing these behaviors because it is the best attempt at that moment in time to match the picture to get what they want. The system [an individual], in 'depressing,' is crying out for help, or may be suppressing anger and rage. Glasser (1985) has adapted choice theory from the control systems theory of Powers. Control theory states that the perceptions of the input from the environment and actions of the self are compared to reference goals; the difference between the two is eliminated with output behaviors (Powers, 1973). In terms of choice theory, the reference goals become 'basic needs' which are satisfied if they are perceived to be unmet, by choosing certain behaviors. These behaviors may be less or more effective. There is always a benefit to each and every behavior. For instance, the picture that Jack has of 'fun' may be to watch a movie; however, Jack may also satisfy his 'fun' need by binge drinking. We cannot say that the binge drinking is not effective. It is less effective and, at the time, Jack is successful in meeting his need for fun. The goal of reality therapy is to increase the awareness of clients about what they want, to review the behaviors they are choosing to get what they want, and to self-evaluate to what degree their present behaviors are getting them what they say they want. It is in this self-evaluation process that clients may become more fully aware of changes that they must choose to lead a happier life, one of more effective choices and better need-satisfaction.

Five Basic Needs

Glasser has outlined five basic needs: a) need for survival or self-preservation, b) need for love and belonging, c) need for power and achievement, d) need for freedom or independence and e) need for fun or enjoyment (Glasser, 1998). While the first is a physiological need, the rest are psychological needs. These needs are universal in nature and are written in the genetic codes of human beings (Glasser, 1998). The goal of reality therapy is to guide clients towards behaviors that are mentally healthy, to review what they want in life to satisfy needs in the long term.

Quality World

Referred to as the ideal world of the client, the quality world comprises the "pictures" that are important and that are need-satisfying (Glasser, 1981). Each client's quality world is unique so what might be positive for one person is not so for another. Therefore, people behave differently according to what is important to them. In case of a break-up, Jane might choose to engage with multiple sexual partners to satisfy her need for love and belonging; whereas Jack might choose to take this time to reconnect with his friends and family and meet his need for love and belonging in a different way. The goal of reality therapy is to ask clients about their wants, how important they are in terms of their belief systems and have them self-evaluate if what they are doing is getting them to where they want to be.

Total Behavior

Total behavior consists of four inseparable components that 'make up the way we conduct ourselves' (Glasser, 1998, p. 72). They are 1) acting, 2) thinking, 3) feeling, and 4) physiology (Glasser, 1998). The metaphor of a car is used to explain total behavior: the engine forms the basic needs [the internal motivation for behavior]; the wants are shown in the driver's seat to represent that the Quality World Pictures are the 'driver' of the car; the front wheels are thinking and acting; and the rear wheels are feelings and physiology (Glasser, 1998). Clients have more direct control over their thinking and actions and indirect control over their feelings and physiology. It is through 'doing' and 'thinking' differently that clients may indirectly control their feelings and physiology. Behavior is understood as being purposeful in nature (Glasser and Wubbolding, 1995). It is undertaken to change or obtain a specific perception of a need being met with a particular want. Thus, "behavior is the control of perception" (Powers, 1973).

Relationships

Reality therapy places utmost emphasis on the quality of relationships that people have in their lives (Corey, 2013). When clients approach a therapist, it is either the lack of a relationship or the existence of an unsatisfying relationship that is bothering them (Corey, 2013). Relationships and specific people are an integral part of an individual's quality world. The need for love and belonging works as a two-way street. One needs to receive love, just as much as one needs to give love. Therefore, another goal of reality therapy is to establish a strong therapeutic alliance with the client. Most relationships fail because clients are attempting to control the other person; however, relationships will survive even if one individual relinquishes external locus of control (Glasser, 2005). Glasser has provided us with the main habits that draw us closer to others and habits that move us further away.

Seven Deadly Habits and Seven Caring Habits

Glasser has provided seven deadly habits that destroy relationships (criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding to control) and seven caring habits (supporting, encouraging, listening, accepting, trusting, respecting and negotiating differences) that improve relationships (Wubbolding, 2000; Glasser, 2005).

Cycle of Counseling

In *Reality Therapy for the 21st century* (2000), Wubbolding expanded the therapeutic process involved in reality therapy by formulating the Cycle of Counseling. This work is not that of Dr. William Glasser but has served as a vehicle in helping establish reality therapy as a sound method of counseling internationally. The Cycle of Counseling contains two parts a) the Environment, and on the foundation of which b) the Procedures that are implemented to help clients evaluate present behaviors and to make changes in their lives (Wubbolding, 2000). It is an interactive relationship between the two, and one without the other is not only impossible but also unfruitful. The Environment refers to the building of a sound collaborative relationship, based on relationship tonics and not relationship toxins. Procedures refer to the appropriate delivery of the WDEP system which Dr. Wubbolding developed.

WDEP System

The WDEP system forms a simple acronym to help beginners, but used alone does result in static movement to a process that is meant to be dynamic and economic, and which Dr. Glasser used from his early days, written about in his best seller *Reality Therapy* in 1965, and demonstrated all of his life. Each letter stands for a number of techniques that are employed, not in a set chronology of stages, but as is appropriate for the client (Wubbolding, 2000). The four parts of this system are achieved through skilful questioning that assists the client to think.

W refers to wants, needs and perceptions. This involves helping clients identify and define their wants, what needs are met or unmet and reframing problems into goals for clarifying their perceptions. They are also asked to gauge their level of commitment towards these wants.

D refers to direction, doing and actions. At this stage, the client is asked to consider what they are doing and the overall direction in which they are heading. The focus here is on actions and thoughts, as it is these two components over which clients have more direct control. At the same time, they are asked to consider and look at the bigger picture; that is what they 'want' in order for long-term satisfaction of one or more of their needs.

E refers to self-evaluation. This is the crux of reality therapy, where clients are asked to evaluate their current behavior and whether these behaviors are moving them in the direction they say they want. This is when clients begin to evaluative which behaviors are *more* effective for them in getting what they want and which behaviors are *less* effective in this process of self-discovery.

P refers to planning, which Dr. Wubbolding refers as SAMIC³/P. The therapist assists the clients in making plans that are S (Simple), A (Attainable), M (Measurable), I (Immediate and Involved) and C (Consistent, Controlled by the client, and Committed to by the client (Wubbolding, 2000). According to Dr. Wubbolding, client-initiated plans have the best effect. Maximum time is devoted to this stage of the system. The client is encouraged to

build on the few more effective behaviors that he is able to put into action, and he searches for more through the process of self-evaluation (Glasser and Wubbolding, 1995).

A Focus on the Present

Reality therapists do listen to the clients' past to some degree; however, the more time spent in indulging in the past, the less is focused on the present that may be used for making choices. Clients cannot change their past since there are no choices in the past; however, they can make choices about the present. Insight about the past alone will not resolve the problem. In fact, the problem itself exists only in the present, even though it may have been precipitated by the past. Hence, the solution also must come from the present. The solution and behaviors or choices in the present will decide the client's future. "As Glasser frequently points out in his lectures, we don't need to find the nail that caused the tire of a car to lose its air," rather we're better served by finding a spare tire (Glasser & Wubbolding, 1995). Thus, "we need not be victims of the past unless we choose to be" even though "we may be the product of the past" (Corey, 2012).

Simplicity

Glasser has purposefully kept the language of reality therapy and choice theory simple. This facilitates teaching of the theory not just to the aspiring reality therapists but also to the clients. The concepts are simplified but their implementation takes rigorous work. Demystifying mental health and making choice theory accessible to the common man has always been Glasser's objective which is served by the directness of the language.

Psychoeducation

The delivery of choice theory to clients has been psychoeducational in nature. The theory and its principles are taught, learned, and practiced. Through this process, the client's prior learning of external locus of control is replaced with an internal locus of control. By teaching clients to rely more on their own choices and factors that are controllable, reality therapy assists and encourages clients to understand the whys and hows of their behavior to make more informed choices about their future.

The Role of Therapist in the Therapeutic Process

The first and foremost requirement of the therapist is to establish a warm, trusting, and supportive relationship with the client. This involves the skills of active listening, empathy, non-judgmental attitude, and acceptance. Once the client feels at peace and comfortable with the therapist and, in essence, develops a picture of the therapist in his quality world, the therapist can begin work as a teacher or a guide.

The therapist acts like a mentor and, through the use of skilled questioning, directs the client through the reality therapy process. During the process, the therapist encourages the client to come up with his own answers. While the therapist maintains the role of a leader, the client is the one required to make the decisions as far as he is able. The therapist only raises the client's awareness of choices available with the use of interventions, homework assignments, and other techniques or strategies that comply with the understanding of the process based on choice theory. Transference as a phenomenon is rejected in reality therapy. Dwelling on transference essentially removes the focus from the 'here and the now' of therapy. The therapist immediately counters the client's transference claims by asserting that the therapist is no one but himself (Corey, 2013). The therapist also uses -ing forms of verbs while describing the client's total behavior. For instance, saying, "You are anxietying"

rather than "You are anxious" reminds the client that a) he is choosing what he is complaining about, and b) the client can choose *more* effective or better choices (Glasser, 1998, p. 63).

The therapeutic alliance between the client and the counselor is terminated when the client has moved to the higher end on the continuum of mental health and is able to make *more* effective choices on his own. Once the client has realized the full potential within himself, he is free to unleash this potential to contribute to making his life as well as the life of others more meaningful.

Applications

Multicultural Applications

Reality therapy has progressed beyond just being a theory for North Americans (Brickell and Wubbolding, 2000). Today it has reached across the world, and is practiced and taught in Europe, Canada, Australia, India, Iran, Korea, Japan, New Zealand, Kuwait, and Malaysia, to mention a few. Reality therapy can be adapted to different cultures since, as humans, the basic needs and choice theory in general remains universal (Corey, 2013). Reality therapists consider the impact of environmental factors and cultural contexts during the process. Eastern cultures require counseling that is less directional than what reality therapy was initially conceptualized to be. The nature of questioning may also differ as clients from collectivistic cultures will be more motivated by wants or 'pictures' that will satisfy their need for belonging; while clients from individualistic cultures will be more motivated by wants or 'pictures' that satisfy their need for freedom. By keeping socio-cultural issues of discrimination in mind, the therapist is also aware of the scarcity of choices that some individuals have. Nevertheless, Wubbolding emphasizes maintaining attention on the choices, however few they may be that the clients *do* have (Corey, 2013).

Groups

Reality therapy, according to Glasser, can be easily adapted to a group setting. The stages of group (initiation, transition, working, consolidation and termination), as given by Corey (1994), can form an outline of the [pictures to meet] needs that will be satisfied at each stage (Glasser and Wubbolding, 1995). With this framework, given by Wubbolding, reality therapy can help members of the group not only satisfy their needs but also provide a way of collectively improving the mental health of multiple individuals at the same time. The success of group reality therapy on individuals suffering from addiction in 1990 is a testament to the theory's ability to adapt itself to a group setting (Honeyman, 1990). Glasser (2005) had also called for the creation of choice theory focus groups, as part of his public health model, to allow good mental health to become more commonplace than curing mental illnesses (Glasser, 2005).

Education

Glasser's interest in education has been evident since 1966, the very early days of his theory. He wanted to replace the external control, visible in the use of punishments by teachers and excuses by the students, with the notions of choice theory. When all the teachers, staff, and students fit the criteria of mental health as described by Glasser, the school attains the designation of being a Glasser Quality School (Glasser, 2005).

Other Settings

Reality therapy is applied to a wide range of problems like addiction (Honeyman, 1990), depression (Wubbolding, 1980), anxiety (Glasser and Wubbolding, 1995), and bipolar disorders (Glasser and Wubbolding, 1995). Reality therapy has also been applied to cases of psychosis as is evident in the case of Henry described by Tollefson (1980) and the psychotic patients hospitalized at the Veterans Administration Neuropsychiatric Hospital in Los Angeles (Glasser, 1965). From schools, rehabilitation facilities and hospitals, reality therapy has also been applied to prisons, management, and matters of diplomacy in the political sphere as well (Glasser and Wubbolding, 1995). Reality therapy has been especially useful in marital counseling, parental counseling, and other family issues (Christensen and Gray, 2002).

Reality Therapy and Other Schools of Therapy

Psychoanalysis

Reality therapy is a reaction against the assumptions and principles of psychoanalysis. Since none of the unconscious matter can be controlled, it is dismissed and only discussed if the client is persistent. Otherwise, clients are encouraged more to live in the present and make choices out of their own free will. Transference, which is borne from psychoanalysis, is also rejected in reality therapy.

Behaviorism

Although reality therapy and behaviorism both share the notion of emphasis on changing behaviors, they differ in principle. While behaviorism uses rewards and/or punishment to elicit changes, reality therapy uses self-evaluation and commitment to effect a change in behavior. Another major difference is in the way that behaviorism encourages an external locus of control while reality therapy focuses on an internal locus of control. Reality therapists, however, can employ systematic desensitization and flooding [mainly for phobias] when necessary for increasing a client's sense of control (Glasser and Wubbolding, 1995).

Cognitive Therapy

One of the four aspects of total behavior is that of *thinking*. Reality therapy states that clients have more direct control over their thoughts (and actions), a principle that is in line with the base of cognitive theory. In cognitive theory, however, faulty thinking is considered to be responsible for mental illness, while reality therapy does not use 'faulty thinking' but assumes that the client is choosing a behavior which he believes is his best option or choice at that time. While REBT focuses on rationality, reality therapy focuses more on effectiveness of total behavior. Reality therapy uses self-evaluation to elicit changes in thoughts (Glasser and Wubbolding, 1995), while CBT may or may not rely on evaluation. Reality therapy does employ techniques of cognitive restructuring, role-playing, psychoeducation, skills training, as and when they are deemed necessary for clients.

Adlerian Therapy

Both schools share their views on the need for belonging as innate, the focus on relationships, an emphasis on choice, the purposefulness of behavior, and the nature of the therapeutic process and alliance. The use of artful questioning is also common to both. The difference is in the way total behavior and the history of the client is treated; that is,

Adlerian theory focuses on childhood memories and on actions of a "typical day" while reality therapy focuses on the present and actions of "yesterday" (Wubbolding, 2017).

Person-centered Therapy

Person-centered therapy and reality therapy share the values of warmth, empathy, support, authenticity, and trustworthiness in the therapeutic relationship. Both therapies view this relationship to be the marker of the success of the therapeutic process. While person-centered therapy tends to be non-directive in nature, reality therapy emphasizes the role of the therapist as one who guides or mentors the client.

Existential Therapy

Both existential and reality therapy emphasize choices and free will, the "here and now," and the role of the therapist as a guide. Both are theoretical orientations to counseling, rather than a set of techniques and application procedures, and both theoretical orientations markedly differ from the deterministic approaches that were common during the era. While reality therapy helps clients deal with unmatched pictures and unmet needs, existential therapy helps clients deal with the anxieties of existence. Both, however, prioritize the therapeutic relationship.

Strengths

- A wide range of client problems can be dealt with using choice theory and its principles.
- Reality therapists assist the clients to take charge of their own lives rather than being passive witnesses to what's happening to them. The greater sense of control itself is considered therapeutic to make a change.
- All individuals are considered capable of improving their lives. This makes sure that no client feels inadequate, incapable, or irresponsible.
- Reality therapy allows the insight of clients to turn into action. The focus is placed on total behavior and aspects on which clients have more direct control.
- The theory allows for a large number of techniques and strategies to be adapted for use during therapy, that is, reality therapy doesn't completely reject other schools of therapy. It allows the incorporation of compatible material within the scope of treatment using reality therapy.
- By talking about mental health rather than mental illness, the client is helped in taking more effective control of their lives.
- The language used is extremely easy and free from jargon. This makes it accessible to not only therapists, but also to people who are not from the mental health field.
- The focus on psychoeducation and the adaptation of the theory to education since its inception makes the process of therapy more directive and education more enriched.
- Empirically, the therapy is supported and applied to a large number of settings.

- All the concepts can be used in culturally diverse ways and the therapy need not be restricted culturally.

Limitations and Scope for Improvement

- The rigid focus on client choices, although not intended to criticize the client, still pushes the responsibility of suffering from an illness onto the client; however, this aspect is misunderstood by those who do not have an intimate knowledge of what Glasser is actually teaching.
- Glasser certainly knows about the unconscious mind; however, he does not follow the direction of Freud. In fact, his revolutionary ideas were contrary to those of Freud and psychoanalysis. This is due to the emergence of reality therapy as a reaction against psychoanalysis, which is what Glasser was trained in. His dissatisfaction with the techniques and processes of psychoanalysis as well as behaviorism prompted his ingenuity in using reality therapy. Consequently, dreams, transference, defence mechanisms and the depth of the past are rejected under reality therapy.
- The existence of discrimination in the forms of sexism, racism, in the world or casteism in India restricts the choices of clients coming from the poor end of the continuum. A reality therapist would work on the client's perception regarding the forms of discrimination, as an example; the client is encouraged to control what he can. Considering the fact that reality therapy and choice theory have been accepted internationally, we can say that the theory is overcoming this obstacle. Expanding the theory across various countries allows the theory to adapt to the culture; rather than the culture having to adapt to the theory (Glasser and Wubbolding, 1995).
- Lastly, emotions are not given adequate importance, according to some; however, this is not accurate. Feelings are very important since they are what clients often perceive first. Emotional catharsis might give clients the push they need to go from venting to acting. Feelings are an indication of the state of the system. However, as pointed out by Wubbolding and Brickell (2000), "the mere discussion of feelings does not automatically change them. Discussion of hunger, thirst, or fatigue does not alleviate them." So, just discussing the client's feelings of sadness, worry or pain will not necessarily resolve them. Glasser, however, does explain 'sadness, worry or pain' in the context of choice theory.

In conclusion, reality therapy offers the field of psychology a refreshing perspective on humans and choices. At a time when the world of psychology was torn between external and internal forces, choice theory proposed not just the notion but the path to realizing free will. The contributions of William Glasser will remain invaluable for years to come. The work that Dr. Robert Wubbolding did in taking Dr. Glasser's body of ideas to a broader audience is formidable.

Methodology

Questionnaire

A questionnaire with 12 questions was prepared using the Google Forms service on the internet (Refer to Appendix). Out of 12, one question was a multiple-choice question; one was a short-answer type question; eight questions were long-answer type, and two were yes/no questions.

Based on expert opinion, the yes/no questions were converted to open-ended short-answer type questions to provide space for the respondents to add details to their responses if they so wished. Unfortunately, this could be done only for 25% of the experts as the modification was made mid-way through data collection.

The questions explored the applied concepts of reality therapy. They were meant to elicit information that would grasp the essence of the theory by focusing on the real-life experiences of the experts.

Using a questionnaire was constrained by the same limitation that most online questionnaires face: the lack of an opportunity to probe further on the open-ended questions. It is generally believed that open-ended questions procure a great deal of information. Data collected could have been enriched by the possibility of a deeper exploration of the themes covered. Also, only two of the questions were mandatory. This allowed some of the experts not to respond to some of the questions asked.

The data-gathering process was simplified because of the availability of the online survey link and the study could reach a large variety of experts through this means.

Participants

The questionnaire was sent to reality therapy experts. The present study defines an expert in reality therapy as "an individual who has undergone training from/or is a member of one of the many recognized institutes of Reality Therapy." The total number of experts who responded was 46; however, the sample size was kept at 40 because the extra six responses were received after the questionnaire was closed and the process of data analysis had begun. The experts belonged to varied places across the globe: 10 were European, 2 were Indian and the remaining 28 were American.

One of the limitations of the procedure was that some of the experts didn't answer the questions that were not mandatory. This reduced the number of responses received.

The experts imparted valuable opinions and shared experiences that added color to the outlined theory of reality therapy. Because the experts came from diverse backgrounds, not just culturally, but clinically and professionally as well, there was added variety in the data collected.

Procedure

The link to the online questionnaire was sent to the members of William Glasser International, Inc., the Centre for Reality Therapy, the European Association for Reality Therapy, and the Centre for Reality Therapy India. The questionnaire was kept online from 10th December 2017 to 30th December 2017.

Only a qualitative analysis was employed for interpreting the data collected. The responses received were coded and categorized, and a summary was created for each of the questions. One of the questions was not analyzed as it was not relevant to the purpose of the study. Thus, the summary included only 11 questions from the original 12. After summarizing the data, it was interpreted to explore the details covered.

Results

The response rate was 100% for the second, fourth and seventh question; however, it was 97.5% for the third, fifth, sixth and eleventh question, 95% for the eight and tenth question and the lowest (27.5%) for the ninth question.

1. Where are you currently employed? (short)

Out of the total number of experts, 7.5% didn't specify the nature of their employment and 12.5% were retired. Majority of the experts (30%) were self-employed, followed by 22.5% of experts being privately employed. 12.5% were employed in a university, while 7.5% were employed in schools. 5% of the experts were members of the RT institutes established worldwide. Lastly, 2.5% were working as part of religious institutes (Refer Figure No. 1).

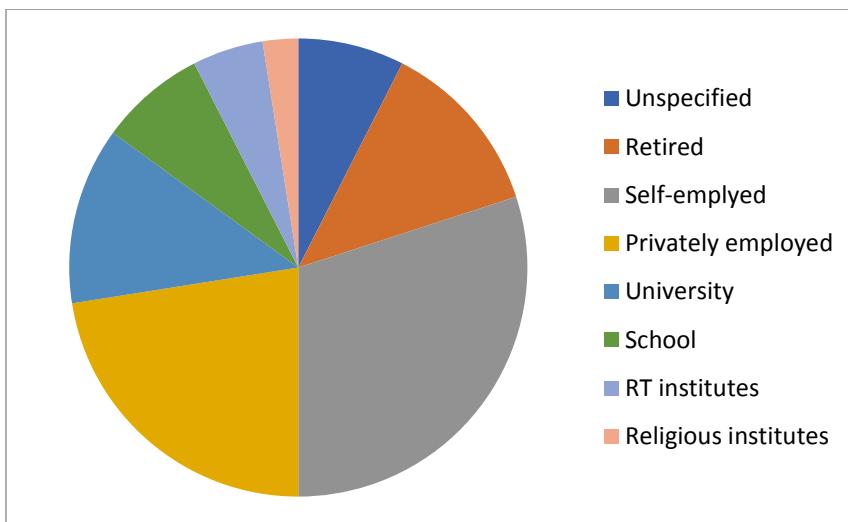


Figure 1. Pie graph showing the short answers to current employment in the questionnaire.

2. How long have you been practicing Reality Therapy? (less than 5/5-10/more than 10)

Most of the experts (77.5%) had been practicing (had practiced, in case of retired) for more than 10 years, followed by 12.5% of the experts who had been practicing for 5 to 10 years. Very few (10%) had been practicing for less than 5 years (Refer Figure No. 2).

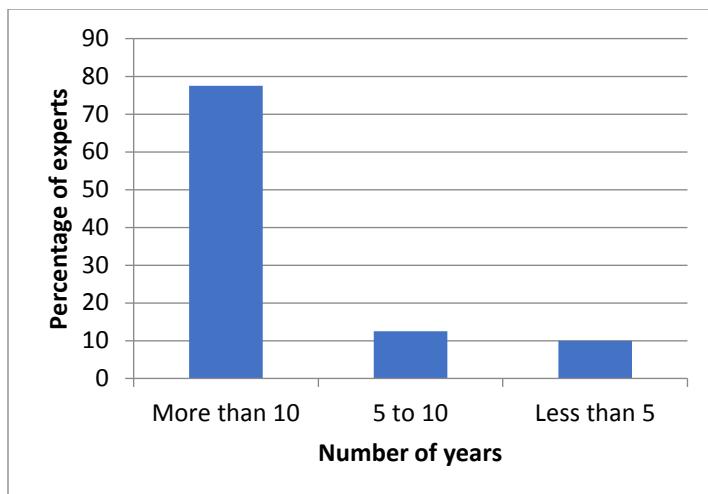


Figure 2. Bar graph showing the duration of practice of the experts.

3. *What made you choose Reality Therapy as your therapy of choice? (long)*

Two major trends were observed in the experts' responses. They were: the effectiveness of reality therapy, and a personal connection to the therapy and its principles.

"As I considered the basic counseling theories, I found Reality Therapy to be the most effective for me," said one of the experts. In terms of effectiveness, it was observed that the focus on making the clients responsible, the ease of learning and teaching the theory, the successful outcomes and practicality of using reality therapy and its wide applicability to human behavior were the main factors that garnered support for the therapy. The other trend of personal connection was deemed equally significant by the experts. They expressed how this theory "made sense" and "was compatible" with their "own notions" and "personal philosophy."

Following effectiveness and personal connection, the next major trend was influence of either meeting Dr. Glasser and/or Dr. Wubbolding or reading their books and other works. The next few responses highlighted a need to learn and apply this theory for fulfilling the duties of the job positions they held.

Two responses emphasized the essence of reality therapy by stating that "nothing made me choose" because "we make our own choices." Their answers reflected that they chose the theory for its effectiveness and personal connection. Only one response was not relevant to the question asked.

4. *In your practice, what patient population has Reality Therapy worked best with? (long)*

Most of the experts responded by saying that reality therapy can be used effectively with all kinds of people. According to most of the experts, "It's worked (sic) with all populations."

Among the experts who specified patient populations, there was an emphasis of the effectiveness of reality therapy with adults. There were a few major trends observed in the category of adults. The first was parents, which was followed by couples and the staff in schools and colleges, including teachers. Even families as a whole were discussed by the experts. Most of the experts responded by combining categories, illustrated by the

response- "Students and their families often need help not only navigating academic issues, but also the personal issues we all face, growing up, and moving out on our own. Reality Therapy/Choice Theory is a perfect match to help."

After adults, the population most benefited by reality therapy was adolescents. This included teenagers with a wide range of problems from acting out, growing up, to emotional and behavioral issues.

Children and students followed adolescents. It was found that even children as young as 4 years old were helped with reality therapy; however, one of the respondents specified the age for using reality therapy as being above 10 years old.

Irrespective of developmental stages or ages, certain other trends were also picked up in the data collected. It was found that traits like truly wanting "to be helped" and "mental capacity for self evaluation" were also important for reality therapy. Quite a few experts focused on clients with substance use problems and found reality therapy to be an appropriate and effective method of helping them. "Domestic violence offenders", "ex-convicts", "delinquent youth" and "Federal Prisoners" were some other categories of clients mentioned as being benefitted by reality therapy. Clients with mood disorders, anxiety disorders and psychosis were mentioned by the experts.

The responses of most of the experts can be summarized by quoting one of the responses received – "Reality Therapy doesn't work for anyone (sic). But people who choose to replace External Control theory beliefs with Choice Theory beliefs which is (sic) the goal of therapeutic process in Reality Therapy work and help themselves."

5. *On similar lines, what patient population has not been benefited by Reality Therapy? (long)*

Most of the experts said that there was no patient population that they could demarcate that would not benefit by reality therapy. According to them, it was applicable for "all cultures and populations."

However, one of the experts mentioned conducting a screening process and referring those that wouldn't be benefitted. Among the respondents who did say that certain populations would not be benefitted, majority of them focused on personality characteristics. These included locus of control, willingness to change, and other characteristics like "passive aggression," aggression, and wanting "to be coddled."

Some experts mentioned certain disorders in their responses. They were mainly developmental disorders or disabilities involving cognitive impairment, schizophrenia, reactive attachment disorder, paranoia, and bipolar disorder. Few of the experts found that clients with addiction took "longer to respond" to the therapy.

Age was also considered important for determining the effectiveness of reality therapy; specifically, clients in the ages of 3 to 9 were mentioned as not being able to benefit from this therapy.

Even the client's background was considered to have played a role; factors such as "time, money, and support can be barriers." Clients with "overbearing parents" and "business owners" were also mentioned by the experts.

Most of the responses received can be summarized by a single statement – "RT is accessible to all who wish to take effective control over their life (sic)." This means, as long as the clients are willing to make a change, reality therapy will be effective irrespective of who the client is.

6. What techniques have worked the best for you in your practice? (long)

The majority of the answers outlined the essence of reality therapy and all its key elements that make the theory what it is. The WDEP system, given by Dr. Wubbolding, was the anchor on which many responses latched. In the four-part system, Wants and Evaluation were highly emphasized by the experts. The next element that was highlighted was choice theory. Many responses focused primarily on the responsibility of the clients in making choices through an internal locus of control and then on the five basic needs. One of the responses mentioned "re-inventing yourself" (Boffey, 1993), under the control theory paradigm. Lead management was considered by one of the respondents as well.

Two other important elements of reality therapy- total behavior ("the car") and quality world were mentioned by the experts. Both were equally emphasized by them.

Relationship-building was also pointed out as being crucial to the process. The aspects of good relationship-building (not specific to reality therapy) like listening, discussing, respect, humor, and (specific to reality therapy) focusing on the present were mentioned.

The experts also mentioned combining techniques from other schools of therapy like play therapy ("sandtray"), CBT, narrative therapy, and gestalt therapy ("empty chair").

However, 22.5% of the experts responded by saying that there are no techniques as such in reality therapy. While one of the respondents mentioned reality therapy as being "more process-oriented" than technique-oriented, most of others responded by saying that the therapy itself, including choice theory, is taught to the clients as part of the process. It was also mentioned that reality therapy was taught differently (to clients as well as trainers) in Europe as compared to US and that there were differences in the process itself; however the differences were not outlined.

Apart from the aforementioned points, one of the experts also said that he developed the method of "reality choice-an approach to Anger Management and a system for helping bullying victims." Thus, the variety of techniques emphasized by the experts is a testament to the therapy's malleability.

7. Is the view of mental illness from the perspective of psychiatry accepted by you? (y/n)

Few (20%) of the experts responded with a "Yes" meaning, they accepted mental illness from the perspective of psychiatry. A large number (77.5%) of the experts said, "No".

Also, 2.5% of the responses were not relevant to the question asked (Refer Figure No. 3).

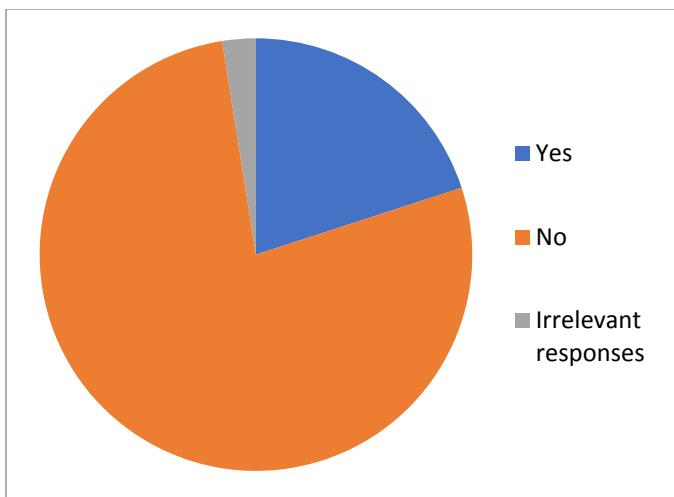


Figure 3: Pie graph showing the view of mental illness from the perspective of psychiatry as accepted by the experts.

Among the 77.5% of the experts, who replied "No", here are some of the responses received: "We don't attack 'mental illness.'" Some people believe they are mentally ill. This belief can't help much to get their life together. We talk to people about it and help them to live a happier life. Some symptoms vanish - some stay. It's not about fighting symptoms, but about living connected with others," "... is devoid of scientific proof and, in its present form, is dangerous to human beings," and, "I accept and follow choice theory paradigms."

8. *Do you employ techniques to explore the client's past for successful therapy outcomes? (y/n)*

Experts who responded with a "Yes" (47.5%) were closely followed by the experts who responded with a "No" (45%). While, 2.5% of the responses were irrelevant, 5% of the experts chose not to respond (Refer to Figure No. 4).

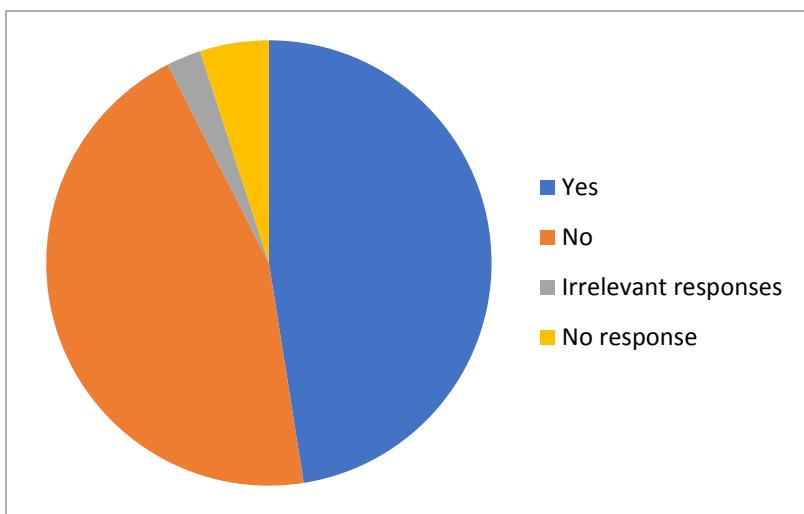


Figure 4: Pie graph showing the exploration of the past as employed by reality therapists.

The experts who responded with "Yes" gave the following responses: "Just for finding out the good experiences," "Only if it benefits the understanding of the client's behavior in the

present, to understand the purpose of their behavior and its outcomes in the past (sic)", "Only when an exploration of past strengths might help" "yes but the client can choose how long they will be in his/her past," and "we talk about that with clients. It's not a taboo. We don't dismiss it, but we don't encourage talking much about the past either." Some of the experts also mentioned using psychoanalytic techniques to delve into the past and mindfulness techniques to stay in the "here and now."

9. *Any particular case study/incident that you've come across in your practice that you would like to share, which highlights the core of Reality Therapy and its benefits? (long)*

Very few experts (27.5%) responded to this question. Following are some of the responses that were most relevant and helpful in the understanding of reality therapy:

- "Patient with Dg: depression and panic attacks, after 1.5 year (sic) on psychoanalytic psychotherapy got better after 4 sessions. Her problem was her relationship with husband. Although she said everything is okay in her life...focusing on reality and on the relationship (problematic or missing relationship). Her perception of relationship with husband was not as she wanted it to be. She didn't accept it...developed depression, different symptoms, and panic attacks so she was dealing with "illness" instead of the relationship."
- "...a married couple...with a few true questions completely changed their attitude about who is responsible for their misfortune. They're still married."
- "A lady who said she was suffering from depression...the realization that only 'she' could change her behavior, and that her husband was not responsible for her unhappiness."
- "One good example of how Reality Therapy helps at risk high school students would be: One afternoon, at lunch time, I headed to the office on an errand and encountered a young man in a conflict with a staff member who did not know Reality Therapy and who was engaged in yelling at and gesturing angrily to the boy. The more the staff member yelled and gestured, the angrier the young man got...As I arrived on the scene, the young man raised his arm as if he were about to slap the staff member in the face. Using Reality Therapy, I calmly asked him a question: "John, (name changed) what do you plan to do with that hand?" I asked him calmly, and with no judgment. I asked it with a smile of friendliness. He glanced up at his hand as if he didn't realize that he had it raised. He immediately stuck his hand in his pocket and said, "Nothing!" I said, "Great! Maybe you could do nothing outside on one of the picnic benches and I'll come see you in a little while." He said, "Right" and swung out of there, heading to the benches to wait for me and to calm down. I believe this outcome happened, and happened immediately, because he realized that I was not choosing to anger or judge. I was choosing to ask him a question about his own choices and how effective they were to get him what he wanted. That's the essence of Reality Therapy. As soon as he realized that he did not want the outcome that would likely happen if he gave himself permission to hit a staff member, he backed out of the situation and was willing to talk. The other staff member, using anger and frustration, judgment and threats of punishment, had no techniques that would help the student self-assess and shut down the conflict. All her behaviors were helping the student choose to be angry back, so he would have a chance to win out over her anger, which he correctly was interpreting as her effort to have power over him and which he was resisting, in an effort to maintain his own power, or even to

get power over her. None of those behaviors were likely to end up with the result both parties really wanted, but Reality Therapy was immediately effective."

- "... giving students power over a situation was when I allowed a class to work out a problem with a student rather than the teacher; giving them the power to say whether or not the student could return to class. This was effective for all parties involved. When the student finally returned to class, having made a contract with the other students, she was a solid, functioning member of the classroom. No more disruptions. It took three weeks to get to this point but was well worth the wait."
- "I had a lady in one of my anxiety support groups and she was never told that she could just make a different choice about her anxiety. It was a major breakthrough for her."
- "Gentle confrontation to a person who declares "I had to" or "He made me." My inquiry is "How did he make you?" When they stumble with having an answer, my reply is, "So, then you chose to..." I frequently ask people to consciously let themselves (sic) know the choices they are making. Such as, "I am choosing to think she treats me like a child," "I am choosing to be in a bad mood," and "I am choosing a sullen attitude etc."

10. Do you face any limitations while using Reality Therapy? If yes, how do you overcome/make improvements in your practice of the therapy? (long)

A large number of experts (70%) faced limitations while using reality therapy. Most of the responses focused on specific client characteristics. The limitations (and procedures to overcome them) in the client's personality are outlined as follows:

- Inability to communicate
- Inability to stay in the present which can be overcome with the use of mindfulness procedures
- Unwillingness to change
- Learned helplessness
- Unwillingness to take responsibility
- Need for spirituality which can be overcome using an eclectic approach for ingraining spirituality in the therapy process)

Apart from the aforementioned limitations in the traits of clients, two other limitations were observed. First, the existence of cognitive impairment in clients creates the problem of "simplifying the already simplified concepts." Secondly, the inheritance of "brain physiology that can be helped with medications" becomes a problem due to the existence of "purists" as they consider it "inconsistent with using reality therapy" which may not be the case. The way to overcome these limitations can be summarized with the help of one of the many responses received- "Not really any limitations, just a variety of ways to handle the topic. Clients who are really into the Medical Model, I steer away to other needs that may be unfulfilled, such as 'What do you do for fun?'"

The second trend observed was in the age of the clients. Kids and teens posed limitations to the therapists. According to the experts, while kids require more time to respond to the therapy successfully, teens with the inability to abstract need a "very concrete approach." The respondent did not discuss the specifics of this approach.

Other drawbacks and how to overcome them mentioned by the respondents were:

- Lack of emphasis on the past can be overcome by employing certain brief psychoanalytic techniques;
- Settings like school don't allow the same "atmosphere" as that in a one-to-one session of a client and a therapist;
- Resistance, by others, in the background of the client;
- Shortcomings of the counsellor, either experience, which "only experience can overcome," or the "delivery or timing" of certain interventions which can be overcome by utilizing the WDEP system "as a self-evaluation tool" and then, creating "a new plan."

Some of the experts (12.5%) only mentioned ways to overcome limitations. These were "using paradox methods" either reframing a problem or prescribing a symptom (Wubbolding, 1985), continuing "to read and attend workshops and conferences," "The Questioning Process" which involves the skilful use of questions to elicit self-evaluation and desire for change in the clients, relationship-building, and repetition of the process of reality therapy.

While 5% of the experts chose not to answer and 5% responses were not relevant to the question asked, 20% of the respondents said they face no limitations while using reality therapy. This was due to the "practical" nature of the therapy that lends itself to even "everyday conversation." One of the respondents said, "Reality Therapy offers more and more opportunities, the more I learn about it, the more deeply I work on my practice. Reality Therapy is a way of thinking, an artwork, which takes years of focus to master because it changes the way we think."

11. Do you use an eclectic approach when dealing with certain patients? If yes, when and why? (long)

Few (2.5%) of the experts did not answer while the responses of 5% were not relevant to the question asked. The experts who used an eclectic approach were 45%: those who didn't were 40%.

Almost half (44.44%) of the experts who said "Yes" to using an eclectic approach, specifically mentioned using the principles of reality therapy as a guideline and the other approaches that are compatible with the theory as a complement to it. Reality therapy was described by one of the experts "as the hub on the wheel" and each of the other techniques they used as "a spoke added to increase support." Some (27.78%) of the experts who said "Yes" also mentioned how all clients cannot be treated with the same theory as "one size does not fit all." They, therefore, used techniques that, while being compatible with the principles of reality therapy, were also useful for the clients.

The various approaches that the experts used in combination with reality therapy were CBT/CT, Mindfulness, NLP techniques, drawing techniques, spirituality, play therapy, motivational interviewing, EMDR for trauma and EFT. Skype was mentioned as one of the mediums used to conduct therapy.

Of the ones who said "No" to using an eclectic approach, 12.5% also suggested that an eclectic approach was used more like "a random set of cookie cutter techniques drawn from those different theories without any understanding of how, why, when, or with whom, they might work."

Discussion

The present survey allowed an understanding of reality therapy from the perspective of reality therapists from distinct areas and backgrounds. They aptly explained the theoretical concepts in terms of their applications. The data generated also offered an insight into the way in which each reality therapist uses its principles in his own practical manner.

Most of the experts surveyed had been practicing for more than a decade. This indicated that their experiences and use of the therapy had been seasoned skillfully into a highly reliable method of treating clients with mental health issues. All the experts came from different backgrounds; consequently, they dealt with different problems, people, and circumstances, which ensured a wide variety of responses. Education, family counseling, addiction counseling, mental wellness clinics, and churches were some of the prominent areas in which the experts worked.

The success of reality therapy is reflected in the conviction that reality therapists share about the effectiveness of their therapy of choice. This conviction is due to the efforts of the founder, Dr. William Glasser in providing the basic principles of reality therapy, and Dr. Robert Wubbolding in establishing a strong base on which to promote reality therapy further. Since many experts reported the integration of their pre-existing philosophy of life with the notions of choice theory and reality therapy, one can gather either or both of two possibilities: a) Reality therapists adhere to its principles out of an innate inclination, and b) Only those with an innate inclination opt for reality therapy. Whichever is the case; the integration not just supplements the process, but is also highly beneficial to it. The experts are so attuned to reality therapy based on choice theory, that even in their manner of responding, they demonstrated a thorough understanding of its principles; which shows that the experts truly practice what they preach even in their own lives.

According to most of the experts, reality therapy can be used with any individual who displays willingness and capacity, to (a) comprehend its principles and (b) bring about change. While this is important for almost all forms of psychotherapy, it is all the more important for reality therapy because it places utmost priority on teaching clients about choices. Unless the client chooses to understand and/or change, the process of therapy would be halted. So, in essence, reality therapy is accessible to anyone who seeks it. But who seeks it, is a question that depends on personality variables of clients which is evident from most of the responses of the experts.

Individuals, who refuse to quit blaming, or take responsibility for their own behaviour, are unlikely to seek an internal locus of control. A variable mentioned by the experts was that of "wanting to be coddled." This feeling comes from a sense of self-pity and a need for reassurances or validation from others, which is a way of avoiding responsibility. If a client continues to play the victim in his own head, and wants that others treat him as a victim too, it is unlikely that he will try to overcome the situation. Interestingly, passive aggression was also mentioned by one of the experts as not benefitting from reality therapy. This is because passive aggression is a sign of trying to establish control over someone or something in a highly suppressed manner. For reality therapy to succeed with such a client, the passive aggression has to come out from suppression, and then recede into acceptance and then change, which is a more complicated process. Similarly, even overt aggression is a form of establishing control or a result of realizing that one isn't in control, after all. In both the cases, it is borne from an external locus of control which will take time to diminish if it is clouded by feelings of anger.

The experts used age to demarcate between the populations who would or would not benefit by reality therapy. Generally, children were thought to be too young to grasp and apply an internal locus of control. Even if it wasn't impossible, it was still generally accepted as being more difficult; however, Wubbolding & Stutey (2017) have published a case example to illustrate how reality therapy can be integrated with play therapy for use with children. This will benefit reality therapists if and when they face problems while dealing with kids. Adults and adolescents were outlined by the experts as having what it takes to gain from the same.

Among adults, parents were emphasized the most, followed by teachers, and the school staff as benefitting from the reality therapy process. A child's home environment, as well as the environment in school, contributes to mental health and wellbeing of the child. Therefore, using reality therapy with parents and teachers will not be beneficial only to them individually, but also to the child. At times, when it is difficult to explain a concept to a child, it can be delivered through the parents or teachers.

Reality therapy has also found merit in marital therapy. Duba et al (2009) used a case example to introduce how a 'basic needs genogram' could be incorporated into marital therapy and family counseling using reality therapy. Similarly, Mahaffey and Wubbolding (2016) have developed strategies to resolve communication barriers between couples. According to Glasser (2005), couples would benefit from releasing external control and practicing the seven caring habits while renouncing the seven deadly ones. In an interview, Wubbolding said that he usually begins his sessions with couples by asking them, "Do you want me to be a marriage counselor or a divorce counselor?" (Christensen & Gray, 2002). This means, when it comes to couples, the collective choices of the couple as well as their individual choices, become important to the process. In line with this, couples were identified by the experts as benefitting from reality therapy; however, Fitzgerald (2011) pressed on the need for further research in the effectiveness of using reality therapy for marital therapy.

Certain disorders like anxiety, mood disorders, and non-clinical emotional and behavioral problems were mentioned as being benefitted by reality therapy by a considerable number of experts. Criminals and individuals, with substance use, were also identified by the experts as improving with the application of reality therapy process.

Disorders involving psychosis and cognitive impairment were especially marked as being difficult to help with reality therapy even though psychosis has been shown to improve (Jeongsook Kim, 2005; Tollefson, 1980) and positive behavioral change has been shown possible for mental retardation/developmental disabilities (Dolly & Page, 1981; Robert Renna, 2004). Another disorder, Reactive Attachment Disorder, was mentioned by one of the experts as not being benefitted by reality therapy. If a child fails to establish a therapeutic relationship, as a direct consequence of the disorder, the process of reality therapy would be halted. Similarly, even in case of paranoia mentioned by experts, failure to trust the therapist hampers the relationship-building process for the client. In case of one of the mood disorders, bipolar, the results were inconclusive. Therefore, further research is still necessary to explore how reality therapy can concretely benefit these sections of the patient population.

The experts relied heavily on the WDEP system given by Wubbolding to organize and guide the process of therapy. All the other concepts of choice theory: quality world, total behavior, self-evaluation, and planning, were deemed equally important. Techniques from other compatible schools were also incorporated to suit the needs of the client. This has been considered important for increasing the breadth and depth of the techniques of reality

therapy (Wubbolding, 2017). One of the experts mentioned that they developed a technique for anger management, reflecting that reality therapists do not passively employ only what they have been trained but also contribute to the system as well. A significant portion of experts specified not using any techniques as such. Accordingly, reality therapy makes use of general guidelines and principles, more than an abundance of techniques. It is more about the process than about a set of procedures that need to be followed.

Psychiatry understands mental disorders from a biological perspective that holds neurotransmitters, brain abnormalities, and genetic structures responsible for causing them. When biological causes are outlined, medication follows as an appropriate form of treatment; however, reality therapy does not indulge in symptom-analysis but instead moves quickly to symptom-management and recovery by placing the responsibility of getting better on the client and not on objects outside the client's control like medication and/or physiological symptoms. The rejection of the medical model, although understood and accepted by the experts, still needs further clarification as the responses on this front were mixed. Psychiatry's view of mental illness is rejected by most of the experts, as is necessitated by choice theory. The client is swayed from blaming the illness, as it would not help the client feel in control enough to want to change. The client is not blamed for the illness. One needs to understand that the system [individual] can only behave and generate behaviors to help match the pictures to meet one or more of his needs, which still makes the client responsible for his choices. This can raise issues with illnesses like PTSD, Schizophrenia, personality disorders, and mental retardation, which have been researched and explained (Prenzlau, 2006; Jeongsook Kim, 2005; Wubbolding, 2011; Dolly & Page, 1981). More research and clarification is necessary so that there is a more in-depth and systematic manner of resolving the issues with these disorders, in particular.

In general psychotherapy, the past is considered as a useful tool for understanding and conceptualizing a client's condition (Corey, 2013). Apart from Freudian concepts that lack empirical backing, there are other theories that help in the understanding and coping of personality disorders, trauma, and depression that come from contributions in psychoanalysis; however, reality therapy deviates from this deterministic view of holding forces outside of us responsible for what happens to us. It focuses more on what is in control, rather than what is not, more on the present than on the past. Yet surprisingly, almost half of the experts employed techniques to explore the client's past. Some of the experts also mentioned using psychoanalysis. While this overcomes the obstacle of the rigid emphasis on the present and the discouragement of talking about the past, it raises important questions regarding the theory. Reality therapy does allow for a discussion of the past, if the client wishes to do so, or if doing so, will strengthen an understanding of the client's present. More specification is needed to determine the line between delving too deeply into the past and appropriate incorporation of the past in reality therapy.

The case studies given by the experts were added testimonies to the understanding of reality therapy. Interestingly, one of the cases mentioned by the experts was highly similar to one of the instances mentioned by Glasser in *Current Psychotherapies* (1995). A depressed woman undergoing traditional psychotherapy (psychoanalysis) for a long time improved significantly in a few quick sessions by reality therapy. The experts also highlighted instances in schools that were dealt with using reality therapy, leading to positive, long-lasting outcomes. A student with disruptive tendencies and a student with anger management problems are normal incidences, yet the way these experts dealt with them is distinctive. By making clients realize they have a choice, by showing rather than telling that they don't have to 'give in' to anyone or anything, is therapeutic in itself. Working on how exactly to make these choices and implement them is a skillful task that each therapist must figure out for each client.

The effectiveness of any therapy depends on the characteristics of the client, characteristics of the counselor, and the characteristics of the process that follows. Therefore, despite the many virtues of reality therapy, more than half of the experts expressed that they faced limitations while using this theory and these limitations came in the form of 1) personality traits of clients, apart from the ones already mentioned, like cognitive impairment, learned helplessness, external locus of control, inability to stay in the present, and the client's background like resistance and school environment, 2) counselor's inexperience, and 3) lack of emphasis on the past leading yet again to the question of 'how much past is enough past' along with the difficulty of simplifying concepts that are already simple.

Experts identified the ways in which these limitations can be overcome and most of them involved incorporating techniques from other compatible therapies. Others were common techniques that are required of any good therapist who wants to improve his practice like staying up-to date with recent literature, relationship-building, and the like.

As expected, almost half of the experts used an eclectic approach to help their clients. While they maintained reality therapy as their core, they took elements of other therapies to enhance the services they provided. This is in line with what Wubbolding (2017) said for expanding the scope of procedures under reality therapy. Cognitive-behavioral, mindfulness, spirituality, motivational interviewing, EMDR, NLP techniques, EFT, and play therapy were mentioned by the experts. All of these are easily compatible with choice theory and can offer the clients a more customized treatment process for their unique problem. There were also experts who believed this mix-match of techniques was not beneficial and reflected a poor understanding on part of the therapist.

The information provided by the experts can be summarized and developed into a model of how reality therapy works (Refer to Figure No. 5).

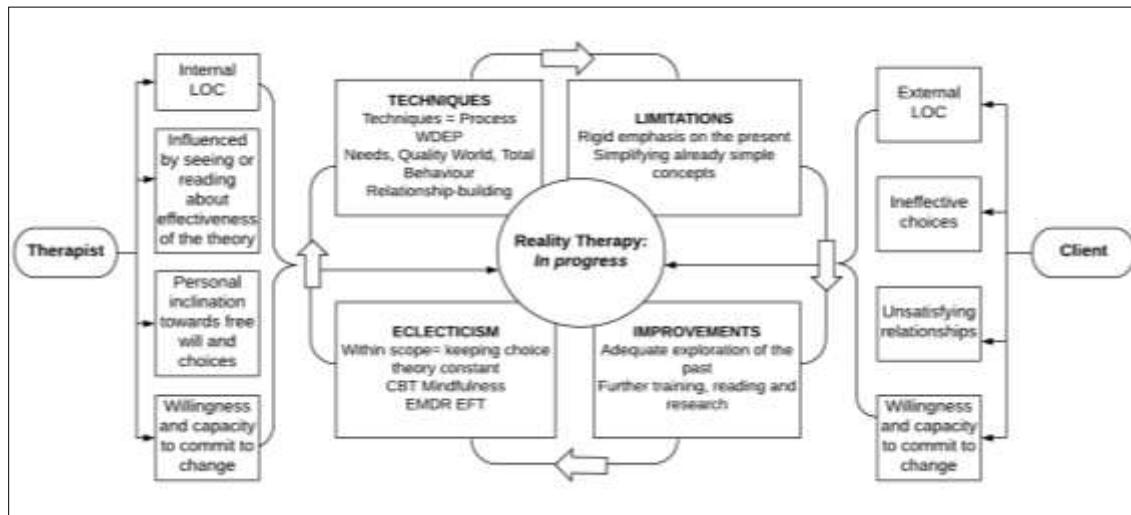


Figure 5: A model showing the interaction of therapist and client during the process of reality therapy.

The model describes the way in which a therapist and a client come together to participate in the process that is reality therapy. The specific conditions for both the client and the therapist have been outlined before they approach the therapy session. During the session, the therapist uses techniques that are in accordance with the basic concepts in reality therapy. The "=" symbolizes that the techniques are to be thought of as *processes* rather

than a set of *procedures*. It is possible that while using these techniques, a therapist might face certain Limitations, which can be overcome by the next stage of Improvements. Once such improvements are incorporated, if the session necessitates, elements from other therapies can be borrowed while remaining within the scope of reality therapy. This can be done simply by keeping the choice theory paradigm constant and adopting any strategies that further build on the theory. Further research is imperative to establish the validity and reliability of this model as a succinct supplement for understanding the personalized application of reality therapy.

Reality therapy, as a tool for helping clients take control of their lives, encourages people to improve their mental health and contribute what they can to the betterment of themselves and society. Therefore, reality therapy is a powerful asset not just for psychotherapy but also for enhancing the quality of human life in other spheres like marriage, education, family, and the like.

When independence is valued more than any other virtue, reality therapy with its focus on choices and responsibility, is all the more alluring. By reminding the clients of the control they possess in their lives, the therapist gently guides them towards establishing that control. Clients often look for reasons that they believe are holding them back from getting what they want; however, they fail to look at the chances that they're not taking, which are actually holding them back from getting their wants fulfilled. Along with reducing the helplessness of clients, reality therapy is economic in getting to the crux of the issues. Important topics are quickly covered by the use of artful questioning and then rest of the process is dedicated to making changes rather than just talking about them. Even though psychotherapy is referred to as 'talk-therapy' at times, reality therapy makes it 'work-therapy.'

All clients, who enter the session, are asked to reflect and make their own choices based on their newly-gained knowledge of control; however, the past and emotions can be taken further through research to broaden the scope of reality therapy. A discussion of both can be insightful, which may not be enough to change the situation but may be enough to help the client *want* to change the situation. Since commitment is a significant part of reality therapy, using insight to establish this commitment can help the client better pull through the situation. As Nietzsche (1889) has pointed out, "If we have our own *why* in life, we shall get along with almost any *how*" (Maxims & Arrows, #12). That is, if insight can secure us a *why*, the *how* of the action will be borne with responsibility and heartfelt dedication.

We are not the victims of our past, present or future. We are the creators of our timeline and what we choose to be at each point in time is a reflection of how we are navigating consciously through our internal and external world. We are designed to grow, designed to fall, and designed to choose to grow yet again.

Conclusion

The present study investigated the way in which reality therapy is shaped from theory into practice. The survey of experts allowed an insight into the range of subtle differences and vigor that a reality therapist is expected to add to personalize the process. This personalization is crucial for the therapy to be delivered to the best of its capacity (Wubbolding, 2000). This is because, the basic tenets of reality therapy are easy to read and simple to understand; but implementing them is difficult (Glasser & Wubbolding, 1995). The data from the survey revealed that although the responses fell under the same general categories, they were still rich in information and experiences.

Thus, the present survey of experts revealed a great deal of information about how reality therapy works, how reality therapists tackle different kinds of problems, and where further research or clarification is necessary. At this rate, with an ever-increasing number of individuals placing their belief in reality therapy, it will soon become "evidence-based" from "evidence-supported" (Wubbolding, 2017).

Limitations of the Survey

The survey was limited by its sample size and limited multi-cultural background. More experts from different cultures could have highlighted important differences and interpretations of reality therapy across the different countries. Some of the experts did not seem comfortable with the language of the questionnaire which becomes apparent when English is not one's first language. This could also be a reason for the presence of quite a few responses noted that were not relevant to the questions asked. The questionnaire could have been multi-lingual to obtain a larger number of responses. Another limitation was the lack of further probing on the open-ended questions which could have allowed the experts to share their knowledge better. As mentioned in the Methodology, the yes/no questions remained close-ended for majority of the experts. This meant that a vast amount of information that could have been generated was lost due to the yes/no format.

Future Research

The survey also identified areas of future research in the discussion, by mentioning those spheres where mixed or inconclusive responses were obtained. Integrated case studies, experimental-control group trials, and step-by-step clarifications would resolve the questions raised.

References

Bhargava, R. (2013). The use of reality therapy with a depressed deaf adult. *Clinical Case Studies*, 12(5), 388-396

Boffey, D. B. (1993). *Reinventing yourself: a control theory approach to becoming the person you want to be*. Chapel Hill, NC: New View Publications.

Christensen T. M., & Gray, N. D. (2002). The Application of Reality Therapy and Choice Theory in Relationship Counseling. Interview with Robert Wubbolding. *The Family Journal: Counseling and Therapy for Couples and Families*, 10(2), 244-248

Corey G. (2013). *Theory and practice of counseling and psychotherapy*. (9th Edition). Belmont, CA: Brooks/Cole, Cengage Learning.

Corey, G. (1994). *Theory and practice of group counseling*. Pacific Grove, CA: Brooks/Cole.

Corey, G. (2012). *Theory and practice of group counseling*. (8th Edition). Belmont, CA: Brooks/Cole, Cengage Learning.

Dolly P. J., Page P. D. (1981) Reality Therapy with emotionally disturbed mentally retarded adolescents. *Journal for Special Educators*, 17(3), 225-32

Duba, Dr. Jill D., Graham, Mary A., Britzman, Mark, & Minatrea, Neresa. (2009). Introducing the "Basic Needs Genogram" in Reality Therapy-based Marriage and Family Counseling. *International Journal of Reality Therapy*, 28(2), 15-19

Fitzgerald, A. L. (2011). Reality Therapy for Marital and Family Systems Counseling. *Counseling and Wellness: A Professional Counseling Journal*, 2, 88-100

Glasser W. (1962). *Mental health or mental illness? psychiatry for practical action*. New York: HarperCollins.

Glasser, N. (Ed.). (1989). *What are you doing?* New York, NY: HarperCollins.

Glasser, W. (1965). *Reality Therapy: a new approach to psychiatry*. New York: Harper & Row.

Glasser, W. (1981). *Stations of the mind: new directions for reality therapy*. New York: Harper & Row.

Glasser, W. (1985). *Control theory*. New York, NY: HarperCollins.

Glasser, W. (1990). *The quality school*. New York: HarperCollins.

Glasser, W. (1998). *Choice theory: a new psychology of personal freedom*. New York: HarperCollins.

Glasser, W. (2003). *Warning: psychiatry can be hazardous to your mental health*. New York: HarperCollins.

Glasser, W. (2005). *Defining mental health as a public health issue: a new leadership role for the helping and teaching professions*. Chatsworth, CA: The William Glasser Institute.

Glasser, W. (2011). *Taking charge of your life: how to get what you need with choice theory psychology*. iUniverse.

Glasser, W., & Wubbolding, R. E. (1995). Reality Therapy. In R. J. Corsini, & D. Wedding (Eds.). *Current psychotherapies*, (5th ed., pp. 293-321). Itasca, IL: F. E. Peacock Publishers, Inc.

Honeyman, A. (1990). Perceptual changes in addicts as a consequence of reality therapy based on group treatment. *Journal of Reality Therapy*, 9(1), 53-59

Jeongsook K. (2005). Effectiveness of Reality Therapy Programme for Schizophrenic Patients. *Journal of Korean Academy of Nursing*, 35(8), 1485 1492

Mahaffey, B. A., & Wubbolding, R. E. (2016). Applying Reality Therapy's WDEP Tenets to Assist Couples in Creating New Communication Strategies. *The Family Journal: Counseling and Therapy for Couples and Families*, 24(1), 38-43

Neitzsche, F. (1889). *Twilight of the idols, or How to philosophize with a hammer*. CreateSpace Independent Publishing Platform (August 16, 2012).

Powers. M. A. (1994). Control theory: a new direction for psychology. A reply to Todd Nelson. Unpublished paper.

Powers, William T. (1973). *Behavior: the control of perception*. Chicago: Aldine de Gruyter.

Prenzlau, Sheryl. (2006). Using Reality Therapy to reduce PTSD-related symptoms. *International Journal of Reality Therapy*, 25(2), 23-29.

Renna R. (2004). Autism Spectrum Disorders: Learning to Listen as We Shape Behaviors: Blending Choice Theory with Applied Behavioral Analysis. *International Journal of Choice Theory and Reality Therapy*, 23(2), 17-22

Robey, P. A., Wubbolding, R. E., & Malteds, M. (2017). A comparison of Choice Theory and Reality therapy to Adlerian Individual Psychology. *The Journal of Individual Psychology*, Vol. 73, No. 4, 283-294

Stutey, D. M., & Wubbolding, R. E. (2017). Reality Play Therapy: A Case Example. *International Journal of Play Therapy*, 27(1), 1-13

Tollefson, W. (1980). "Coming out of the corner." In *What are you doing?* New York, NY: HarperCollins.

Wubbolding, R. E. (2000), *Reality therapy for the 21st century*. Philadelphia, PA: Brunner-Routledge.

Wubbolding, R. E. (2008). "Reality Therapy." In J. Frews & M. D. Spiegler (Eds.). *Contemporary psychotherapies for a diverse world* (pp. 360-396). Boston: Houghton Mifflin.

Wubbolding, R. E. (2010). *Cycle of psychotherapy, counseling, coaching, managing and supervising* (chart, 17th revision). Cincinnati, OH: Centre for Reality Therapy.

Wubbolding, R. E. (2011). Answering objections to Choice Theory and Reality Therapy. *International Journal of Reality Therapy*, 31(1), 9-13

Wubbolding, R. E. (2017) The Three-fold Legacy of William Glasser, M.D. *International Journal of Choice Theory and Reality Therapy*, 37(1)

Wubbolding, R. E. and Brickell, J. (2000). Misconceptions about Reality Therapy. *International Journal of Reality Therapy*, 19(2), 64-65

Brief Biography

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Saeed Patkar is a twenty-year old student of Psychology, graduating with a Bachelor of Arts degree after her finals in March 2018. For her project in Counselling during her final year, she decided to explore reality therapy to further her understanding of its theories and principles. For someone who tries to live her life by the quote, "It is our choices, Harry, that show what we truly are; far more than our abilities," reality therapy resonated deeply with her. Apart from the focal point of choices, her ideals of freedom, coupled with the desire to learn more about mental health as opposed to mental illness, culminated in the efforts of making this project happen.

APPENDIX

Questionnaire

The following questionnaire was sent to the experts:

I am a student of Ruia College, Mumbai, India, pursuing my Bachelor of Arts Degree, majoring in Psychology. As part of my project in Counseling during my final year, I am required to submit a qualitative study on a therapy of my choice. I've chosen Reality Therapy. For the purpose of this study, I need to gather information from practicing reality therapists about their experiences. As it so happens, Reality Therapy is fairly unknown in India. In fact, the field of counseling itself is only now becoming relevant and known, that too, only in a few handful cities. Therefore, I thought it best to send an online questionnaire for data collection.

Your help is deeply appreciated. Thank you for taking some time out of your day for answering my questions!

Name:

1. Where are you currently employed? (short)
2. How long have you been practicing Reality Therapy? (less than 5/5-10/more than 10)
3. What made you choose Reality Therapy as your therapy of choice? (long)
4. In your practice, what patient population has Reality Therapy worked best with? (long)
5. On similar lines, what patient population has not benefitted by Reality Therapy? (long)
6. What techniques have worked the best for you in your practice? (long)
7. Is the view of mental illness from the perspective of psychiatry accepted by you? (y/n)
8. Do you employ techniques to explore the client's past for successful therapy outcomes? (y/n)
9. Any particular case study/incident that you've come across in your practice that you would like to share, which highlights the core of Reality Therapy and its benefits? (long)
10. Do you face any limitations while using Reality Therapy? If yes, how do you overcome/make improvements in your practice of the therapy? (long)
11. Do you use an eclectic approach when dealing with certain patients? If yes, when and why? (long)
12. What would you advise someone who is considering getting trained in Reality Therapy? (long)*

* This question was not analyzed or interpreted as it was not relevant to the purpose of the study.

A MEDIATING PERSPECTIVE: A COMPARISON OF HETEROSEXUAL AND GAY'S BASIC NEEDS BASED ON CHOICE THEORY

Shadi Ostad Mirzaei, Mojtaba Amiri Majd, and Ali Sahebi

Abstract

This study aimed to compare heterosexual and gay individuals' basic needs based on choice theory. The research design was causal-comparative. Statistical universe was heterosexuals and gay individuals who lived in Tehran. Convenience and snowball sampling methods were used for both heterosexual individuals and gay individuals respectively. The sample size of the study was 60 people (30 heterosexuals and 30 sexual minorities, segregation of sexes: 15 men and 15 women in each group). Data was collected using Sahebi's Basic Needs questionnaire and analyzed using Mann-Whitney's U test. The results showed that both heterosexual group and gay group were different in the fun and freedom need ($p \leq .05$). Also, results showed that heterosexual men and gay men differed from each other in love and belonging, freedom, and fun need. Additionally, the heterosexual women and lesbians were significantly different in all the basic needs (Love and belonging, survival, power, freedom, and fun). This study also found a significant relationship between sexual orientation and job interest. A Chi-square test showed that gay men and lesbians were interested heavily in artistic occupations ($p \leq .05$).

Key words: basic needs, choice theory, sexual orientation, artistic occupation

Introduction

If we know how and why we behave, we can manage our life more effectively (Glasser, 2010, Wubbolding, 2013, 2011). The basic needs underline almost all we do and think (Glasser, 2010). In other words, we have a chain or a hierarchy of needs (Sappington, 1989). All our behavior is always our best choice to satisfy one or more of these needs (Maslow, 1970, Glasser, 2010 & Alirezalou 2013). However, limited research exists about the needs of lesbian, gay, bisexual, and transgender (LGBT) persons (Greene, 2015, Jäckle, 2015 & Coleman, 2014).

Some researchers suggested the hypothesis that heterosexuals' attitudes toward gays' sexual orientation will be more negative when homosexuality is attributed to controllable causes (Frias-Navarro, 2015). However, Choice theory focuses on present behavior rather than on feelings, attitudes and past (Corey, 2015). The basis of choice theory is to help individuals recognize and fulfill the basic psychological needs (Glasser, 1965). Choice theory also explains primarily how and why we behave and uses secondarily interventional procedures to help the people have efficient and effective behaviors to satisfy their needs (Glasser, 2012). Once we learn about the needs, we can usually recognize which are frustrated when we feel bad and which are satisfied when we feel good (Glasser, 2010). So, we must survey accepted psychological needs in more detail (Glasser, 2001).

One of the most enduring theories in taking control of life is William Glasser's choice theory and basic needs¹, in that its needs concepts, such as the need for love and belonging,

¹ It's necessary to note that all cultures with any degree of civilization or development have common 5 basic needs. And age, sex and race don't cause any change in kind of the basic needs, but the amount and intensity of need and ability of individuals are totally different from each other (Glasser, 2012).

survival, power, freedom, and fun, are accepted without question (Glasser, 2012). Also, choice concept is the explanation of human behavior based on internal and inherent needs (Wubbolding, 2013). There is some research written based on Maslow's theory of needs, a similar theory with Choice Theory in inherent needs, management (Cullen, 2002), job satisfaction (Brown, 2007 & Ashton, 2013), self-actualization (Cullen, 1994), self-concept and identity (Troiden, 1985) of the gay individuals. Also, there are several studies about gay's emotional and sexual relationships (Carlson, 2013, Msibi, 2013 & Greene, 2015), preferred traits of mates among sexual minorities (Lippa, 2007), needs of older gay adults (Beebe, 2013), and diversity management among sexual minorities (Köllen, 2016). So, on the whole these researches are trying to improve the sexual minorities' personal and occupational quality life (Capper, 2006, Bendl, 2008 and 2009, Köllen, 2015 & Köllen, 2016).

On the other hand, Choice Theory as a theory of psychology (Wubbolding, 2013), has a multidimensional ability to develop person's identity as gay or lesbian. Besides, it's able not only to resolve internal conflicts related to sexual orientation and identity and to understand the coming out process (An internalized homophobia), but it also increases a positive influence on the gay and lesbian couples' relationships and creates a diverse and inclusive workplace by identifying the needs and wants (wubbolding, 2012). Choice Theory explains that we are born with basic needs for love and belonging, power, freedom, fun, and survival (Laura, 2005). We have same basic needs, but we differ in strength and ability to satisfy them (Glasser, 2001). What gives us our different personalities is that our five basic needs differ in strength and the need-strength profile is unique for each of us, for example, some of us have a high need for love and belonging but, others have a high need for power or freedom. Also, the strength of each need is fixed at birth and does not change (Glasser, 2010). Besides, the strength of needs of heterosexual and gay groups may be specialized in some specific ways; if the strength of needs of these individuals can be identified, how they attempt to get the things that they want in their ideal or quality world, the desire for people and things is stored in their memory, to satisfy one or more of the basic needs (Glasser, 1984), can underlie future research about comparing heterosexual and gay individuals' quality worlds' pictures based on choice theory.

According to this view, this is the first research trying to identify and to compare heterosexual and sexual minority individuals' basic needs based on choice theory in a less pluralistic country. Moreover, the purpose of this research is to study differences of the intensity of basic needs and job choices factors between heterosexual and gay individuals. Besides, a causal-comparative study between homosexual and gay individuals' basic needs and job interest not only educates others and therapists about topics related to gay's current trends, needs, wants, behaviors, and diversity workplace but it also helps the sexual minorities to be aware of their needs and wants and be able to establish a safe and nonjudgmental personal life and job environment.

Method

Participants

This study was a causal-comparative study. Statistical universe was heterosexuals and gay individuals who lived in Tehran. Sampling method and the sample size of the study is 60 (30 heterosexuals and 30 gays, segregation of sexes: 15 men and 15 women in each group) and according to their self-reported by online format, gays and heterosexuals had a sexual

and emotional tendency to members of the same sex or opposite sex respectively in 2015². The heterosexual subjects were selected using convenience method and subjects of sexual minority were selected using snowball sampling method. Recruitment of gay men and lesbian individuals was started voluntarily through a gay man and a lesbian respectively among their acquaintances who was living in Tehran. Also, other sexual minority participants were identified one after another by the page of online test by their previous participant. And convenience sampling method was made up of heterosexual men and women who are easy to reach in Tehran. Besides, all the participants, oriented to same-sex or opposite-sex, were qualified to answer the research's items as a participant. The age of subjects was between 17 and 45.

Instrument

Basic Needs Questionnaire

The questionnaire of basic needs that was proposed by Sahebi in 2003 based on structures of choice theory of William Glasser, was used in this study. This study had 35 items, which measures the power of five basic needs. Recognizing of each item in each question, was shown based on Likert value "very low" with number 1, "little" with number 2, "middle" number 3, "much" number 4 and "very much" number 5.

1. Love and belonging need: This need means need to relationships, durable relationships, to give and receive affection and to feel part of a group.
2. Survival need: To have physical needs for sex and reproduction.
3. Freedom need: This is the need for independence and autonomy, creativity, and travel.
4. Power need: an inner sense of accomplishment, pride, importance, and self-esteem and an outer sense of being heard and respected and feeling competent and attaining recognition.
5. Fun need: the desire to enjoy a job, to have a sense of humor, to engage in a hobby, to have interests, and to feel excitement about a work project or leisure time activity.

The basic needs subscale consisted of 5 items ($\alpha = .92$). Cronbach's alpha for needs of love and belonging, survival, freedom, power, and fun scale is .78, .60, .80, .81, .87 respectively.

Demographic Questions

All of the questions about age and gender were a routine fill in the blank question about the demographic information. However, the questions about job interest and sexual orientation were two option questions included artistic and non-artistic occupation and same-sex and opposite-sex oriented items respectively.

² Alfred Kinsey, pioneer of sexual researches in 1940s, believed the tendency of sexual behavior is from pure homosexual to heterosexual (Atkinson, 1996). So this study considered individuals who are exclusively homosexual and heterosexual.

Procedure

Since this was first study on same-sex oriented individuals' basic needs in a less pluralistic country and there were social and legal limitations for sexual minorities in Iran, the snowball sampling method was used to gather online data in Tehran-Iran. We also used an easy to use web "Google Form" as an online format to gather data about their basic needs and demographic information, such as age, gender, sexual orientation, and occupation and to protect the participants' personal identity and let them come out of the closet. Moreover, sexual minority individuals identified themselves as gay men and lesbians by their self-report. Other demographic information about age, gender, occupation, and sexual orientation were collected by their personal report, too.

However, we used a convenience sampling method to collect data among the heterosexual men and women who were living in Tehran. In other words, this method, like the former method was conducted in online format. And men and women with opposite-sex orientation were eligible to answer their question. All of the heterosexual participants identified themselves by their self-reported answer to the demographic question and two option questions about occupation and sexual orientation. So, both heterosexual and sexual minority participants were aware of study's mandatory information, such as online informed consent form and ethical statements. At the end, the basic needs' results and occupation's results of the 30 heterosexual men and women compared with the 30 gay men and lesbians. Also, individuals of both sexes were compared with each other (15 heterosexual men with 15 gay men and 15 heterosexual women with 15 lesbians).

Results

From 60 participants, there were 30 in the heterosexual groups and 30 in the gay groups, and 50% of each group were men and 50% were women. Seventy-one point seven percent (71.7%) of them were single and 28.3% were married. Twenty-five percent (25%) of them were between 17-25 age, 33.3% between 26-30, 26.7% between 31-35, 13.3% between 36-40, and 1.7% between 41-45. The age range was between 17 and 45. According to their report, gays and heterosexuals had sexual and emotional tendency to members of the same sex and opposite sex respectively in 2015. So, we paid attention to the frequency of sex, job, and age. Using the Kolmogorov-Smirnov Test (KST) normality of variables distribution was evaluated. As the significance level of the variables was less than 0.05 and the data were skewed (not normally distributed), the most appropriate statistical test was Mann-Whitney U to evaluate the difference in the responses of our 5-Likert scale question. Also, a chi-square test of independence was performed to examine the relation between sexual orientation and job interest.

A Mann-Whitney's U test showed that the distributions in the two groups differed significantly in both strength of freedom and fun needs ($p \leq .05$). In other words, a Mann-Whitney test indicated that the strength of fun need (**experiencing enjoyment, pleasure, relaxation, laughter, and learning**) was significantly higher for heterosexual men and women ($Mdn = 27$) than for gay men and lesbians ($Mdn = 26$), $U = 359$, $N_1 = 30$, $N_2 = 30$, $p = .001$. However, it showed that strength of freedom need (**independence, options, choices, autonomy, travel, and liberty**) was higher for same-sex oriented individuals ($Mdn = 28$) than for opposite-sex oriented individuals ($Mdn = 27$), $U = 425$, $N_1 = 30$, $N_2 = 30$, $p = .001$ (Table 1).

Table 1. Comparing of heterosexuals and gays regarding the basic needs analyzed using the Mann-Whitney's U test.

Variable	Heterosexual			Gay			U	P**
	Mdn*	Mean Rank	R	Mdn*	Mean Rank	R		
Survival Need	25	34.00	11.00	24	26.00	16.00	328.000	.071
Love & Belonging Need	28	34.00	15.00	26	26.00	13.00	323.000	.059
Power Need	26	34.00	13.00	23	26.00	18.00	339.000	.099
Freedom Need	27	29.00	16.00	28	31.00	21.00	425.000	.001
Fun Need	27	33.00	18.00	26	27.00	23.00	359.000	.001

* Mdn= Median

** P= Exact Sig. [2*(1-tailed Sig.)]

According to Table 2, comparing the findings of strength of basic needs between heterosexual men and gay men groups showed that gay men have more need for freedom and fun ($N_1=15$, $N_2= 15$, $(p \leq .05)$). In contrast, Heterosexual men have a more need for love and belonging (Mdn = 30) compared with the gay men (Mdn = 27), $U = 94$, $N_1= 15$, $N_2=15$, $p = .001$.

Table 2. Comparing of heterosexual men and gay men regarding the basic needs analyzed using the Mann-Whitney's U test.

Variable	Heterosexual		Gay		U	P**
	Mdn*	Mean Rank	Mdn*	Mean Rank		
Survival Need	25	18.00	24	12.00	66.000	.056
Love & Belonging Need	30	16.00	27	14.00	94.000	.001
Power Need	28	18.00	25	12.00	71.000	.089
Freedom Need	28	12.00	30	18.00	73.000	.001
Fun Need	27	14.00	29	16.00	101.000	.001

However, compared to the measures of strength of basic needs in lesbians, the heterosexual women group was significantly different in all of the needs' strength, such as love and belonging, survival, freedom, fun and power ($N_1=15$, $N_2= 15$, $(p \leq .05)$, (Table 3).

Table 3. Comparing of heterosexual women and homosexual women regarding the basic needs analyzed using the Mann-Whitney's U test.

Variable	Heterosexual		Gay		U	P**
	Mdn*	Mean Rank	Mdn*	Mean Rank		
Survival Need	24	16.00	24	14.00	100.000	.001
Love & Belonging Need	28	18.00	26	12.00	64.000	.045
Power Need	25	16.00	23	14.00	96.000	.001
Freedom Need	27	18.00	25	13.00	75.000	.001
Fun Need	27	19.00	22	11.00	51.000	.010

On the other hand, a chi-square test of independence was performed to examine the relation between sexual orientation and job interest. The relation between these variables was significant, $\chi^2 (1, N = 60) = 9.017$, $p \leq .05$. Gay men and lesbians were more likely to show an interest in artistic occupations than heterosexual men and women (Table 4).

Table 4. Comparing of heterosexuals and gays regarding the job interest analyzed using the chi-square test of independence.

Variable	Gay	Heterosexual	N	Value	df	Sig
Artistic Occupation	9.1%	59 %	60	9.017	1	.003
Non-Artistic Occupation	90 %	40 %	--	--	--	--
% of Total	100 %	100 %	--	--	--	--

Discussion

The present study was the first to compare the basic needs of sexual minorities and heterosexuals in Iran. The results of the reported research contribute to our knowledge and understanding of the basic needs (the causes of behavior) and suggest several implications for future research. The most noteworthy implication is the recognition that the needs of sexual minority individuals be addressed across multiple domains, rather than in isolation.

The results showed that men and women differed in the importance strength of intrinsic needs, with sexual orientation differences appearing in both heterosexuals and homosexuals. Our findings that gay men compared with the heterosexual men have a more innate need for freedom (e.g., need for independence, autonomy, creativity, and travel) replicates the findings of a potential association between sexual orientation and creativity as a factor of freedom need conducted by Mosing et al (2016) that non-heterosexual being more creative in theater and writing domains. Moreover, Charyton (2007) and Gautam (2001) proposed previously that gay men are more creative and more likely to work in a creative domain compared to heterosexuals. However, Noor et al (2013) showed same-sex oriented individuals are no more or less creative than opposite-sex oriented individuals. Also, Konik et al (2004) indicated that two groups did not differ from each other. On the other hand, need to travel more as one of the freedom factors was analyzed in gay men. As in this case, the large set of research has shown that the increased visibility and acceptance of gay men and women along with an increased demand for gay holidays has fostered a small body of academic and commercial market research into gay travelers (Vorobjovas et al., 2015; Hughes, 1997; Holcomb et al., 1996). Similarly, the present study found that gay men and lesbians have more interest in artistic occupations. In line with this finding, some research highlighted artistic vocational interest is highly correlated with creativity (Ashton, 2013). Mosing et al (2016), Lewis et al (2004) supposed that gay men, and to a lesser extent, lesbians, are rather heavily represented in artistic occupations.

On the other hand, recent research has demonstrated that heterosexual men need more love and belonging (need for relationships, durable relationships, to give and receive affection) than gay men. This result is consonant with Gotta's (2011) finding that gay male partners would be more monogamous in 2000 than in 1975, but still significantly less monogamous than lesbian and heterosexual partners. However, this result is contrary to Engel's (1986) and Laner's (1977) previous conclusions suggesting that gay and straight people did not differ in their priorities for affection and love relationship. The analyses for this study also found that gay men and heterosexual women compared with heterosexual men and lesbians respectively, have more innate need of fun (need of experiencing

enjoyment, leisure, and learning). As in this case, a large body of research has shown that leisure contexts—reading, watching television and movies, participating in or being a spectator at a sporting event, spending time alone and with friends, looking at drama and listening to music—on developing their personal identities in lesbian and gay individuals (Kivel, 2000; Pritchard et al., 2002). Shamir's (1992) work on leisure and identity salience revealed the importance of one's involvement and commitment to an activity relative to identity formation. And Kivel's (2000) assumption showed that leisure contexts may have explicitly contributed to participants' sense of personal identity. So, it is not out of mind that sexual minorities and women need more leisure time to satisfy their fun needs.

Further, the results showed that significant differences exist between straight women and lesbians in the intensity of all the basic needs. On the other hand, there were significant differences in love and belonging, power, and survival needs with heterosexual women being more needful in these areas than lesbians. Our findings about the factors of survival need (sex, reproduction) confirmed the Hurlbert's (1993), Peplau's (2004), and Solomon's (2005) hypothesis of more positive dispositions toward stronger sexual desire, higher frequencies of sexual activity, and reproduction desire (Leigh, 1989) in heterosexual women compared with lesbians. Also, findings about lower amount of love and belonging and power in lesbians also was in the line with the findings showing that lesbians tended to be somewhat less durable (Schneider, 1986) and more equal (e.g., Matthews et al., 2003; Kurdek, 2004; Green & Mitchell, 2008; Gotta et al., 2011) in their relationships. On the other hand, the results of this study also supported the hypothesis that heterosexual women have higher need of freedom compared to lesbians. While the finding of Schneider (1986) suggested that lesbians have lower need of interpersonal dependency, we did not find the same for dependency as a low intensity factor of freedom need in lesbians similar Hurlbert's finding (1993).

This finding is important because it suggests that these basic human needs drive behavior and each of us has a unique level of need satisfaction that tells us that this or that need is satisfied and additional effort is not worthwhile. So, if we learn proactively how to satisfy these needs without frustrating others, we can experience happiness.

Limitations and Directions for Future Research

The present findings suggest that Choice Theory provides a useful framework for understanding gay and lesbian needs and desires. Several limitations of this study should be kept in mind. First, because of the legal status for sexual minorities' people, the sample size (30 samples) was very small. It is possible that the differences in legal status created a distinction that was lost when civil union and non-civil union same-sex samples were compared in their analyses. Second, this study was done just in Iran and cannot be generalized to other societies. So, we need more research regarding this topic and hope that the present study will be the first step in this process. Third, this study analyzed only the data of gays and lesbians as the sexual minorities' group. Future studies could use choice theory to compare the basic needs of individuals with the other sexual orientations (LGBTs).

References

Alirezalou, Z., Ghorbanalipour, M., & Gul Mohammad Nejad, R. (2013). Evaluate the effectiveness of reality therapy (choice theory) to increase the happiness and hope among the women in Khoy city. To obtain a master's degree. (Persian).

Ashton, M. C. (2013). Individual differences and personality. Academic Press.

Atkinson, R. L. (1996). *Hilgard's introduction to psychology* (Vol. 12). Philadelphia PA: Harcourt Brace College Publishers.

Beebe, L. H., & Mills, J. (2013). Sexuality and long-term care: Understanding and supporting the needs of older adults. *Issues in mental health nursing*, 34(4), 298-298.

Bendl, R., Fleischmann, A., & Walenta, C. (2008). Diversity management discourse meets queer theory. *Gender in Management: An International Journal*, 23(6), 382-394.

Bendl, R., Fleischmann, A., & Hofmann, R. (2009). Queer theory and diversity management: Reading codes of conduct from a queer perspective. *Journal of Management & Organization*, 15(05), 625-638.

Brown, D., & Sargeant, M. A. (2007). Job satisfaction, organizational commitment, and religious commitment of full-time university employees. *Journal of Research on Christian Education*, 16(2), 211-241.

Capper, C. A., Alston, J., Gause, C. P., Koschoreck, J. W., Lopez, G., Lugg, C. A., & McKenzie, K. B. (2006). Integrating lesbian/gay/bisexual/transgender topics and their intersections with other areas of difference into the leadership preparation curriculum: Practical ideas and strategies. *Journal of School Leadership*, 16(2), 142.

Carlson, T. S., McGeorge, C. R., & Toomey, R. B. (2013). Establishing the validity of the affirmative training inventory: Assessing the relationship between lesbian, gay, and bisexual affirmative training and students' clinical competence. *Journal of Marital and Family Therapy*, 39(2), 209-222.

Charyton, C. (2007). What Is the Relationship Between Sexual Orientation, Bisexuality and Creativity? *Journal of Bisexuality*, 6(4), 49-69.

Coleman, J. D., Irwin, J. A., Wilson, R. C., & Miller, H. C. (2014). The South Carolina LGBT needs assessment: A descriptive overview. *Journal of homosexuality*, 61(8), 1152-1171.

Corey, G. (2015). *Theory and practice of counseling and psychotherapy*. Nelson Education.

Cullen, D. (1994). Feminism, Management and Self-Actualization. *Gender, Work & Organization*, 1(3), 127-137.

Cullen, D., & Gotell, L. (2002). From orgasms to organizations: Maslow, women's sexuality and the gendered foundations of the needs hierarchy. *Gender Work and Organization*, 9(5), 537-555.

Engel, J. W., & Saracino, M. (1986). Love preferences and ideals: A comparison of homosexual, bisexual, and heterosexual groups. *Contemporary family therapy*, 8(3), 241-250.

Frey, L. M. & Kath, W. (2005). Our five basic needs: Application for understanding the function of behavior. *Intervention in school and clinic*, 40, 156-160.

Frias-Navarro, D., Monterde-i-Bort, H., Pascual-Soler, M., & Badenes-Ribera, L. (2015). Etiology of homosexuality and attitudes toward same-sex parenting: A randomized study. *The Journal of Sex Research*, 52(2), 151-161.

Gautam, M. (2001). Going the Wilde way. Homosexuality: Its impact on creativity and inclination towards creative pursuits. *Creative Strategies*, 2, 1-25.

Glasser, W. (1965). Reality Therapy: A New Approach to Psychiatry.

Glasser, W. (1984). Control theory: A new explanation of how we control our lives.

Glasser, W. (2001). Counseling with choice theory: The new reality therapy. Harper Collins.

Glasser, W. (2010). Choice theory: A new psychology of personal freedom. Harper Collins.

Glasser, W. (2012). Reality therapy (Translated by: A. Sahebi). Tehran: Sayeh Sokhan. (The date of publication of the original language, 2000). (Persian).

Gotta, G., GREEN, R. J., Rothblum, E., Solomon, S., Balsam, K., & Schwartz, P. (2011). Heterosexual, lesbian, and gay male relationships: A comparison of couples in 1975 and 2000. *Family Process*, 50(3), 353-376.

Green, R. J., & Mitchell, V. (2008). Gay and lesbian couples in therapy: Minority stress, relational ambiguity, and families of choice. *Clinical handbook of couple therapy*, 4, 662-680.

Greene, G. J., Fisher, K. A., Kuper, L., Andrews, R., & Mustanski, B. (2015). "Is this normal? Is this not normal? There is no set example": Sexual health intervention preferences of LGBT youth in romantic relationships. *Sexuality research and social policy*, 12(1), 1-14.

Holcomb, B., & Luongo, M. (1996). Gay tourism in the United States. *Annals of Tourism Research*, 23(3), 711-713.

Hughes, H. (1997). Holidays and homosexual identity. *Tourism management*, 18(1), 3-7.

Hurlbert, D. F. (1993). Female sexuality: A comparative study between women in homosexual and heterosexual relationships. *Journal of sex & marital therapy*, 19(4), 315-327.

Jäckle, S., & Wenzelburger, G. (2015). Religion, religiosity, and the attitudes toward homosexuality—A multilevel analysis of 79 countries. *Journal of homosexuality*, 62(2), 207-241.

Kivel, B. D., & Kleiber, D. A. (2000). Leisure in the identity formation of lesbian/gay youth: Personal, but not social. *Leisure Sciences*, 22(4), 215-232.

Köllen, T. (2015). The impact of demographic factors on the way lesbian and gay employees manage their sexual orientation at work: An intersectional perspective. *Management Research Review*, 38(9), 992-1015.

Köllen, T. (2016). Lessening the difference is more—the relationship between diversity management and the perceived organizational climate for gay men and lesbians. *The International Journal of Human Resource Management*, 27(17), 1967-1996.

Köllen, T. (2016). Intersexuality and Trans-Identities within the Diversity Management Discourse. In *Sexual Orientation and Transgender Issues in Organizations* (pp. 1-20). Springer International Publishing.

Konik, J., & Crawford, M. (2004). Exploring normative creativity: Testing the relationship between cognitive flexibility and sexual identity. *Sex Roles*, 51(3), 249-253.

Kurdek, L.A. (2004). Are gay and lesbian cohabitating couples really that different from heterosexual married couples? *Journal of Marriage and Family*, 66, 880-900.

Laner, M. R. (1977). Permanent partner priorities: Gay and straight. *Journal of Homosexuality*, 3(1), 21-40.

Leigh, B. C. (1989). Reasons for having and avoiding sex: Gender, sexual orientation, and relationship to sexual behavior. *Journal of Sex Research*, 26(2), 199-209.

Lippa, R. A. (2007). The preferred traits of mates in a cross-national study of heterosexual and homosexual men and women: An examination of biological and cultural influences. *Archives of sexual behavior*, 36(2), 193-208.

Maslow, A. H., Frager, R., & Cox, R. (1970). Motivation and personality (Vol. 2, pp. 1887-1904). J. Fadiman, & C. McReynolds (Eds.). New York: Harper & Row.

Matthews, A.K., Tartaro, J., & Hughes, T.L. (2003). A comparative study of lesbian and heterosexual women in committed relationships. *Journal of Lesbian Studies*, 7, 101-114.

Mosing, M. A., Verweij, K. J., Abé, C., de Manzano, Ö., & Ullén, F. (2016). On the Relationship Between Domain-Specific Creative Achievement and Sexual Orientation in Swedish Twins. *Archives of sexual behavior*, 45(7), 1799-1806.

Msibi, T. (2013). Denied love: Same-sex desire, agency and social oppression among African men who engage in same-sex relations. *Agenda*, 27(2), 105-116.

Noor, A. M., Chee, C. S., & Ahmad, A. (2013). Is there a Gay Advantage in Creativity? *International Journal of Psychological Studies*, 5(2), 32.

Peplau, L. A., Fingerhut, A., & Beals, K. P. (2004). Sexuality in the Relationships of Lesbians and Gay Men.

Pritchard, A., Morgan, N., & Sedgley, D. (2002). In search of lesbian space? The experience of Manchester's gay village. *Leisure Studies*, 21(2), 105-123.

Sahabi, A., Salari, M. (2003). The effect of premarital familiarity level on marital satisfaction in order to provide effective strategies for decreasing the divorce rate in Ferdowsi University students. Ferdowsi University of Mashhad.

Sappington, A. A. (1989). Adjustment: Theory, research, and personal applications. Brooks/Cole Pub Co.

Schneider, M. S. (1986). The relationships of cohabiting lesbian and heterosexual couples: A comparison. *Psychology of Women Quarterly*, 10(3), 234-239.

Solomon, S. E., Rothblum, E. D., & Balsam, K. F. (2005). Money, housework, sex, and conflict: Same-sex couples in civil unions, those not in civil unions, and heterosexual married siblings. *Sex Roles*, 52(9), 561-575.

Troiden, R. R. (1985). Self, self-concept, identity, and homosexual identity: Constructs in need of definition and differentiation. *Journal of Homosexuality*, 10(3-4), 97-110.

Vorobjovas-Pinta, O., & Hardy, A. (2015). The evolution of gay travel research. *International Journal of Tourism Research*.

Wubbolding, R. E. (2011). Reality therapy: Theories of psychotherapy series. Washington, DC: American Psychological Association.

Wubbolding, R. E., Robey, P. A., & Carlson, J. (2012). Contemporary issues in couple counseling: a choice theory and reality therapy approach. NY: Routledge.

Wubbolding, R. E. (2013). Reality therapy for the 21st century. Routledge.

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DOING THE IMPOSSIBLE TAKES A LITTLE LONGER: TRIBUTE TO DR. JEAN SEVILLE SUFFIELD

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Abstract

Jean Seville Suffield has worked tirelessly since 1996 effecting great changes within Canada and internationally with the generosity of time, commitment, loyalty, and hard work. Her high school yearbook committee found the quote that best described Jean at an early age and that saying has remained true to the present day: "The difficult takes time but the impossible takes a little longer." This tribute offers a heartfelt thanks for continued service to the choice theory/reality therapy community. As the recipient of the Québec Lieutenant-Governor's Medal for highest achievement in the graduating class at the Teachers' College, part of the Université de Montréal at that time, speaks to her search for excellence.

It started as a plea with a promise of 'little' or 'not much work' in the early 90s as Canada was undergoing changes in leadership. Jean accepted the challenge since she had administrative experience in the school system but did not know any of the politics within the Glasser community at that time. Let us just say it was and still is a good thing that she is a 'fast' learner. Jean often relates the story of her time on another board when she was Director General [Superintendent] with experience as a teacher and in-school administrator but not at the 'hors cadre' or higher level of administration. Fortunately, she and the Chairperson of the board enjoyed a wonderful working relationship and eventually became friends. That first board meeting, after hearing all the pros and cons from commissioners [trustees], she was sure that a particular resolution, which she had prepared, would not pass. Well, it did! Another one that she was sure would pass, didn't! This was her entry into the joy of politics. Know the culture is the lesson learned here.

Jean served as the Canadian representative to the WGI board from 1996 – 2002 since two terms were maximum for The William Glasser Institute. Canada had chosen to be a region so that it would have representation on the advisory board. This gave voice to Canada issues and kept Canadians members informed about what was taking place on the international stage. Hats off to the energy and capacity for work since Jean was involved in committee work, spent quite a bit of time in Los Angeles since her son was living there. The years were exciting, interesting, and she was on the cutting edge of events worldwide.

It was a time of great fun to be a part of a growing community in the days when it was usual to have 10 to 15 certification groups as part of the conferences. It was a time of funding for agencies and schools and the WGI of the time enjoyed this allocation of funds for seminars and training in Dr. Glasser's ideas. Jean's friendship with Linda Harshman developed at this time with the opportunity of working some practica and the occasional training at Bluegrass Lane. The most fun was teaching at the Glassers' with Dr. Glasser coming in from tennis and saying "Hi" to the group and then joining in to offer his wisdom through the challenging role-plays offered to him.

Jean was always there when needed: helping WGI in 2010 during the transition; ensuring that William Glasser Institute-Canada had all the structures in place to operate

independently. She could not do it alone and counted on key people like Jim Montagnes and Art Sheil in Ontario, Maureen McIntosh, Ellen Gélinas, and Patricia Donihee in New

Brunswick, Carole Eaton and Linda Routledge in Saskatchewan, and Rolf Ahrens, Lynn Sumida, David Threlfal, and Elaine Stoll in British Columbia. Jean has served on the board of the French group in Québec and, at one point, they named her their favourite Anglophone. Of, course, she was the only English board member and often persuaded them to keep on going, even to this day.

Jean is the current president of Glasser Canada and Jim Montagnes says it all when he told Jean, "You **are** Glasser Canada!" When others tell her an idea is 'crazy' or that she is 'crazy,' she laughs and replies, "I sure hope so!" You can always bet that very often she sees things in quite different ways. She might argue her point and you figure you have lost the battle but, at the meeting, she shall offer you support or offer to work it through. Jean has that way of getting the group to work together, to have fun learning, and getting even the most reluctant up to dance. She just seems so at ease with all cultures. This is a gift.

What has struck me the most is Jean's willingness to take on challenging issues and to see them through. She has worked with international communities in the days when travel was not popular so she was privileged to visit South Africa, the Kingdom of Bahrain, Morocco, Colombia, and the Philippines. I would claim that Jean was responsible for inspiring me and WGI – India in pursuing training and in extending membership. She has donated much of her time to helping us organize: offering her 'hard drive' to us in resources; working with us for days without a break; figuring out ways to get more people involved both in Mumbai and in Goa. She has been my mentor for many years and treasure her friendship.

Jean is working with me now in Kuwait training, helping the WGI -The Kingdom of Bahrain to organize, and has helped to establish WGI – Turkey. I applaud the way she is serving those interested in choice theory and reality therapy, particularly William Glasser Saudi Arabia. She is a walking 'resource' in leadership, the dimension of neuroscience, and the 'quantum' field. She is great fun but quite private in her own way. Retire – you might ask? Never – is the reply.

TRIBUTE TO CARLEEN GLASSER

Noriko Otsue

Happiness was in the air – all around, in Carleen Glasser’s beautiful welcoming smile and in the colorful living room décor – when three of us from WGI Japan visited Carleen Glasser at the Glasser residence in Los Angeles on November 30, 2017.

We had asked for a short interview, perhaps to take some pictures and footage to show at the 2018 annual Conference to be held in Japan. However, as it turned out, the afternoon had become just a beginning to one long joyous ride full of surprises. The hospitality and kindness Carleen showed us was amazing and the knowledge we gained, priceless!

“I’m so happy you came, I was looking forward to this visit because whenever I get a chance to share Bill Glasser’s ideas, it gives me a thrill” Carleen said, as we all sat down for the memorable chat. Even from those few words, we could feel right away, the love and respect Carleen felt for Dr. Glasser.

Carleen told the story of how Dr. Glasser used to teach Choice Theory at schools and kindergartens and kept emphasizing the importance of practicing Choice Theory on every day basis. Carleen genuinely enjoyed talking about Dr. Glasser and Choice Theory and we were instantly drawn in. We soon lost track of time as we kept listening.

Most impressive episode was that of when Carleen had been involved in a car accident. The car was in bad shape and Carleen was at a loss, silently crying. “But then, Bill hugged me tight saying the car can be replaced, but never you! ”

We were so moved, hearing of Dr. Glasser’s love and affection for Carleen and how true to his words Dr. Glasser was to using Choice Theory in everything he did.

We were so fortunate to have spent three full days with Carleen Glasser; the first day – chatting and filming, second day – shopping, then joining a study group together on the third day.

In the three days, we saw how much Carleen enjoyed teaching Choice Theory to children and that the energy needed to do so all came from the love and respect she has and continues to have for Dr. Glasser.

Time spent with Carleen had truly been a blessing and I am very grateful. Nothing can fully reflect our sincere appreciation but only hope this little letter of appreciation would convey a fraction of our gratitude.

This experience has refreshed my “want” to study Choice Theory more and hopefully one day soon, be able to teach little children the essence of Choice Theory, just as Dr. Glasser had.

The interview footage looks great and we so look forward to sharing it with everyone studying Choice Theory in Japan, at our next annual Conference scheduled for August 2018.

Last but not least, I wish to express my deepest appreciation to Masaki Kakitani for introducing us to Carleen Glasser. We are well aware that without him, none of us would have known Reality Therapy/Choice Theory.

So, thank you Masaki. Thank you Dr. Glasser and thank you Carleen for your time, love and kindness.

TRIBUTE TO SHRUTI TEKWANI

Kim Olver

Many people know Shruti. She is the young woman who helps many with technical issues at conferences. She is of Indian descent and lives on the small island of Curacao in the Caribbean. She began her Choice Theory journey in Boston, taking her basic intensive training as an elective university course with Mary Watson. I met her in 2014 when she approached me for advanced practicum. I was very happy to work with her as we had an interest of grief and loss in common. She was a fast study, became certified, and immediately started on the track to faculty. She has since become a practicum supervisor and represents the United States on the WGI board from Curacao. She has dual citizenship with Holland and India but her heart is in the US and she spends a lot of time in the States. She is secretary of the US Northeast Region, volunteers as WGI-US recording secretary and often does many important tasks to coordinate hotels, conference apps and other details for many WGI-related meetings and conferences. She is also the head of both the youth and sustainability committees. She has been bitten by the Choice Theory bug and stops at nothing to donate her time and energy to the cause. She is a huge help to me and the board of which she is a part. Shruti Tekwani deserves a big thank you for all she does.

TRIBUTE TO SYLVESTER BAUGH

Kim Olver

When I was studying to become a basic instructor, I met a very important person in my life: Sylvester Baugh. If anyone knows Sylvester, you know he is a very kind soul with a strong faith in God. On the surface, there is nothing to bring Sylvester and I together in friendship. He is a man; I am a woman. He is black; I am white. He lived in Chicago; I lived in rural Pennsylvania. He was single raising two young daughters; I was widowed raising two teenaged boys. There was nothing we had in common that anyone could see but when we got to know each other, all those categorical differences melted away. We had so much more in common than any of those superficial things that could have divided us. We both have a strong spiritual life, love our families; worked as trainers in child welfare agencies and love Choice Theory. We went on to facilitate training and write a book together, *Leveraging Diversity at Work*. Sylvester is a person who will do anything within his power to help others. He has helped innumerable people by teaching them Choice Theory and sharing his knowledge with in need. Whenever we get some time together, his phone is always buzzing with people reaching out to him for help and advice. Sylvester does more than just listen to people, although that is quite a lot, he actually helps people understand the tenets of Choice Theory, so they can live more fulfilling lives. I am forever grateful to William Glasser and Choice Theory for bringing this wonderful man into my life.

TRIBUTE TO NANCY BUCK

Kim Olver

When offered the chance to write a tribute to any Choice Theory person who has influenced me, I wondered how I would ever find time to thank all those who have helped me on my Choice Theory journey. I would need to thank all my instructors, the people who helped with peer review on my most recent book, and all the friends I've made along the way. When I thought of doing that, I felt overwhelmed and just knew if I tried, I would definitely leave someone out. I decided to write a tribute to the one person, above all, who has had the most significant, positive impact on my life . . . Dr. Nancy Buck. Nancy was my basic instructor in 1987, the first exposure I ever had to Choice Theory. Not only was she a dynamic speaker, but she had a lifestyle I admired. Her twins were seven years old and my perception was that she flew all over the country teaching these ideas and I thought, "I want to be *her* when I grow up!" I worked hard, I learned, and eventually I became a basic instructor, living the life I thought Nancy lived. Then our personal friendship seemed to really blossom when we both went to the Australian conference in 2001 with our four sons in tow . . . or maybe they had us in tow. It was a trip of a lifetime for both of us and being able to share it with our children was phenomenal. Without Nancy's prodding, I never would have taken that trip. Raising those sons of mine was no easy task after my husband died. I was surrounded by family members, on both sides, who thought they needed more external control to keep them in line. I figure they had been kicked around enough. Their father had just died! And when I needed support in doing things the way I believed most helpful, it was Nancy who provided the support, encouragement and parenting wisdom I really needed. We were friends for many years, with our Choice Theory thinking being the glue that connected us. We shared so much of our inner thoughts and experiences with each other - Mental Health & Happiness, a cruise to Bermuda, training, traveling, and playing together. Dr. Glasser was a teacher, mentor and role model for both of us but my life wouldn't be the same without everything I learned from Nancy. She will always have my love, respect and friendship. Thank you for all you have done for me.

TRIBUTE TO CHAPLAIN RHON CARLETON

Satoshi Aoki
CEO, Achievement Group
President, Achievement Corporation

To this day, my heart leaps for joy as I think of the day I met you chaplain Rhon Carleton. It was back in 1987 and I had just enrolled in the Basic Intensive Training you were giving in Japan. There Masaki Kakitani was your interpreter.

You inspired me on how to lead a happy life; the very essence of Choice Theory. I remember feeling blessed and grateful to have known you in person as well, as your kindness and sincerity came shining through like a ray of sunshine. My life has never been the same since.

So, it is with most certainty that I can say; it was you that made the difference in people's lives. Your willingness to teach, the time and effort you put in to spreading knowledge of Reality Therapy and Choice Theory throughout Japan, has brought about the success, we enjoy in Japan today.

For one, Achievement Group has grown far beyond what it once was. It is now a successful consulting firm with 180 employees providing support to both private and corporative parties.

Now we have:

- Achievement Corporation; provides Choice Theory based training programs to mainly private clients,
- Achievement HR Solutions Corporations; provides Choice Theory based corporate consulting services, including in-house training programs to solve issues occurring within clients' companies.
- Achievement Publishing Corporation; publishes Choice Theory related and other books to provide beneficial information to those who wish for happiness in their lives.

All of the above was established for the sole purpose of providing materials and opportunities for anyone wishing to learn, then pay forward, the knowledge of Reality Therapy and Choice Theory.

Without our encounter, your kindness and efforts, but most of all, your presence, I would never have known the path I have so willingly taken and devoted my life to spreading Choice Theory to my family, friends, employees and through them all, the world.

I promise you that I will dedicate my life, to continue providing services that will enable CT/RT/LM knowledge to be spread throughout, so that the world will have means to know, how to eliminate one's unhappiness stemming from having unsatisfactory relationships.

I know you will continue to shine and extend your knowledge of Reality Therapy and Choice Theory to the world, and my only worry is, that you work too hard. Please be kind to your health as well. You truly are a great leader; salt of the earth. Thank you very much, chaplain Rhon Carleton, from the depth of my heart, forever.

I wish you and your family all the best.

TRIBUTE TO NANCY HERRICK

Andrea Bales

"Feeling gratitude and not expressing it is like wrapping a present and not giving it."
~William Arthur Ward

If you are reading this, it's likely that you have had at least some interaction with those who teach Choice Theory. It's also likely that most or all of those interactions have been positive experiences. Without exception, each CT mentor with whom I worked throughout my journey to certification, impressed me with their knowledge and their authenticity. While I could easily write a tribute about any or all of my CT mentors, today I'd like to express my gratitude to Nancy Herrick, Advanced Instructor/Senior Faculty. Her patience, guidance, and wisdom kept me on a true course as I pursued my CT education, and I am a better person for knowing her.

After completing the Basic Intensive Training, I began my search for a Practicum Supervisor. I was immediately impressed with Nancy's online bio and arranged an initial phone conversation. As she talked about the requirements, policies, and procedures, I was a bit unsure about what I was getting myself into. The more she spoke, the more I could feel a reduction in my anxertizing, and I agreed to proceed with the training.

Having a strong preference for introversion, I'm one who generally likes to think (a loooong time) before speaking, and I was concerned about the role play component of the training. Rather than simply delivering the curriculum in cookie-cutter fashion, Nancy asked for my input about how I might best learn the required skills. After conveying that I believe I express myself better in writing, she suggested that I write some role-play scripts and email them to her ahead of our weekly appointments. Then, together on our phone conferences, we talked through the role plays, with Nancy giving valuable feedback, and constantly asking me to evaluate how effective I believed my questions were in each phase of each scenario. I realize that to someone with a preference for extroversion – and this crazy world is full of them! – this modest teaching technique may seem insignificant, but the value that practice had for me cannot be overstated. I am still amazed and grateful that Nancy was willing to take the time to study my role plays ahead of our calls. Her flexibility and understanding of my learning style allowed me to develop the confidence to "graduate" to the traditional verbal role play practice.

I saw a meme recently with the following sentiment: "I want the people with whom I did group projects to be the pallbearers at my funeral so they can let me down one last time." In my position as a clinical professor, I had been limiting the amount of group work for my classes, because I always dreaded them as a student. No matter how many teaching conferences I attended where I was reminded that group work is an essential learning experience, I clung to my perception that if it was uncomfortable for me, it had to be uncomfortable for others, and I refused to include group activities with any regularity. Even after reading the books assigned for my practicum, in which Glasser convincingly stresses the value of personal connections, I didn't alter my playbook. Once again, Nancy Herrick, with her Jedi-like teaching style had me somehow looking forward to and enjoying the ice breakers and activities that introduced each new concept at my Advanced Intensive Training at her home in Winston-Salem. Spending the week with her and my fellow participants allowed me to gain a deeper understanding of the application of CT theory, and spend a considerable amount of role playing. More importantly, I had the good fortune of getting to know a wise and wonderful woman. Although I'm generally very protective of my discretionary time, I stayed up way past my bedtime each night, eager to talk with Nancy

about anything and everything. Regardless of the topic, she skillfully guided the conversation until I found myself relating our discussion to the material we were covering in the training. I returned home with an acute understanding of the value of connection, and I have since chosen to reduce my resistance to group activities. I now begin many of my classes with some brief, connecting activity. Students have responded favorably, and are learning more about themselves and their classmates. I am encouraged to continue to evaluate my behavior and to make the choices that will result in a more effective personal and professional life direction. I will be eternally grateful to Nancy Herrick, and many others in the William Glasser organization, who have dedicated themselves to teaching me and the world Choice Theory.

TRIBUTE TO CARLEEN GLASSER

Pat Robey

I met Carleen for the first time when I went to Cincinnati for my Advanced Intensive Training. I remember being so impressed at her competence, warmth, and ability to put our group at ease while still encouraging us to take risks and stretch our skills. Later I would have her as one of my instructors for my Basic Practicum Supervisor Endorsement, and she continued to mentor me as I grew within the institute. Informally, Carleen mentored me by modeling what it means to live Choice Theory. She has a generous spirit that uplifts others and allows them space for creativity and growth. I try to emulate her in the way I approach my relationships with others. (My family is grateful for that!)

Thank you, Carleen, for all you have done for me and for the entire WGI family.

With Love and Friendship,
Pat

TRIBUTE TO PAT ROBEY

Deborah Watson EdD, LPC, NCC

It has been an honor and privilege to know Pat Robey in many different roles, as a community volunteer, professor, supervisor, teacher, presenter, mentor, colleague, and friend. She has shared her talents, passion, and knowledge of reality therapy/choice theory with a love and joy that is contagious. I cannot even imagine how many lives have been touched through her community and global work in social services and academia. When I think of the saying "talking the talk and walking the walk" she immediately comes to mind. Pat is an amazing person and exemplary model of living an authentic life through her choices. I want to thank her for all her choices that give so much to the communities she serves. A recent example is the way she worked passionately to archive the history of the Glasser Institute and Choice Theory. What a remarkable gift to all of us.

Thank you, Pat!

TRIBUTE TO DR. FITZ-GEORGE PETERS

Dirk Matson

Dr. Peters first became familiar with Dr. Glasser's work in the mid-1960s while working at the Day Top Village in Harlem, New York, where he was working as a counselor with substance abuse clients. I remember him describing listening to Dr. Glasser speak in New York and approaching him after the lecture to ask him more questions about his presentation. They continued to stay in touch after the lecture. As a result of his interest, he moved to Los Angeles in 1969 to work with Dr. Glasser at the Educators Training Institute. I can't imagine the kind of impact Dr. Glasser must have had on Dr. Peters that would inspire him to move across the country, not only changing where he lived but leaving his family and friends behind to quench his thirst for Reality Therapy and following his belief in Dr. Glasser.

After moving to Los Angeles, he attended Claremont Graduate School and received a Doctor of Philosophy in Education in 1972. Using Dr. Glasser's ideas from Reality Therapy and Schools Without Failure, he worked with the Los Angeles Unified School District training teachers to have successful outcomes with challenging student populations. He worked with schools and correctional facilities throughout the United States successfully adapting the theories of Reality Therapy to those institutional settings. He worked as a consultant, providing group life skills therapy to clients at Oasis House a, a division of Southern California Health and Rehabilitation Program from 1996 to 2014.

I met Dr. Peters when he conducted numerous trainings for Adelphoi Village in Latrobe, Pennsylvania in the 1980s through 2011. He inspired me to become Reality Therapy Certified, which I completed in 1990. During my certification process, he was my Practicum instructor. I had an opportunity to work with him even more closely on a one on one basis. Anthony Frazier and myself spent many hours role playing, receiving instruction, and just talking about Dr. Glasser's ideas. We found Dr. Peters, or Fitz as he was known to us, to be first of all a gentle, loving human being. He was a wonderful role model for all of us at Adelphoi to follow. How he conducted himself was an example that all of aspired to reach, where Choice Theory had become a part of his DNA. He was a wonderful teacher of all of Dr. Glasser's teachings and showed his commitment to Dr. Glasser's work not only in his words but how Dr. Peters conducted his life. He also challenged us to choose to change our own thoughts and actions every day in our personal lives as well as professional lives. I still find myself thinking about him nearly every week in some way. His influence has lasted a lifetime for me and for the many others that he touched throughout his long, successful career. I last saw him when we both decided to meet at the International Conference in Colorado Springs around 2009.

As an active community member in the Neighborhood Association of Redondo Boulevard, he also worked tirelessly to maintain the beauty of the neighborhood and was known to be a good, kind and loyal neighbor to all. Prior to working as a counselor in Harlem, he served our country as a First Lieutenant in the Army. He received both a Bachelor's from Fordham University in 1957 and a Master's Degree from Columbia University after his honorable discharge. He also served as a New York City policeman prior to working in substance abuse.

Dr. Peters passed away in 2015, leaving his loving, devoted wife of 44 years, Lura Belle. He also left behind his stepson, Dr. Jack Barbour and his nephew and niece, Fitz-George and Julianne.

TRIBUTE TO CARLEEN GLASSER

Shearon Bogdanovic

Carleen Glasser has been an amazing friend and mentor to me and many others, and as her friend I would be remiss if I failed to acknowledge her influence on us and our mutual endeavor as members of the William Glasser Institute.

She was born in Cincinnati, Ohio, granddaughter of Italian and German immigrants; and she readily acknowledges the strong influence of her mother and the excellent teaching nuns in her grade school with her good start in life. Under their influence, she decided she would be an artist in the early primary grades, and has never wavered from that decision. She married very soon after graduating from high school, only beginning her college career after her son was old enough. She chose education in fine arts, and became an art teacher, working in the Cincinnati public school system. She took the dissolution of her first marriage in stride, and married a second time. And when her teaching career matured, she decided to study school counseling. Her counseling courses were taught by none other than Dr. Robert Wubbolding, WGI Senior Faculty, then Professor of Counseling at the University of Cincinnati. Naturally, his courses in counseling technique were based in Choice Theory, and Carleen was soon involved with the Institute. She scoured the available books, and joined in Institute activities.

She met Bill Glasser as a Board representative from her Region, so they were acquainted for some time prior to the passing of Naomi Glasser, Carleen's second marriage fell apart about a year after Naomi's death, and when Bill learned she was free, he began to court her. Her admiration for Bill quickly turned into adoration. They created a friendship and working relationship, and completed the project in the Cincinnati schools described in **Choice Theory**. Ultimately, they married at the WGI Convention in Philadelphia, in a ceremony created by Al Katz.

Then her real work began. Through the years, they traveled the world together, teaching choice theory wherever they could. While they were at home, Bill continued to write, and Carleen collaborated and even co-authored some of these books. When Bill became ill, she supported and cared for him in every way possible, and she supported his wish to die at home.

To me, Carleen is an unmatched model of flexibility and resilience. She puts relationships first, and knows how to put people at ease. Her beauty has often placed her at the center of attention; and when people focus on her, she returns the attention with respect and compassion. She readily models and teaches using her extensive knowledge of Choice Theory. Most of all, she is a loyal and caring friend who never stops encouraging each of us to manifest our best selves.

I want to thank you, Carleen, for the myriad ways you have touched me, our beloved Bill, and all of us involved in the WGI. We want to assure you of our love and gratitude for all you have done and continue to do. We want you to know we are inspired by your dedication to our mutual goals. Rest assured of our love and resolve to carry on your work.

The following tributes are from this issue's Guest Editor, Dr. Janet Fain Morgan.

Emerson Capps

It is my pleasure and honor to write a tribute to such a creative and innovative man. Dr. Capps has been a constant 'backbone' supporter of CT and RT as long as I have been involved in the William Glasser Institute. His contributions to the creation of the Glasser Scholars has been a tremendous achievement and we wouldn't have the research that we have today without the Glasser Scholars contributions. Aside from that input, he has inspired me personally to reach a little further, dig a little deeper, teach a little more effectively surrounding William Glasser Ideas while staying PURE to the concepts. His input and guidance on the WGI Research Committee has helped us move forward with novel ideas but has always focused on quality. His beautiful wife, Rosemary, always smiling and supportive, is such a joy to be with that the couple radiate happiness to all those they encounter. I am blessed to work with such a talented and happy couple!! Thank you both for being part of my life.

Jeri Ellis

I met Jeri when we had our WGI Conference in Scotland and her beauty struck me immediately! Not just on the outside, but she was beautiful in her thoughts, her actions and her heart. We both had children in college, so we struck up an immediate relationship on the woes of boys in college! As a William Glasser Scholar, Jeri has contributed many hours of research and leadership within the William Glasser Institute. I invited her to be a part of the William Glasser International Research Committee and she has been an endless avenue of resources and guidance. When I needed a fallback person, Jeri volunteered to be that person and I am constantly in awe of her leadership skills. I treasure her as a friend and a colleague. I am blessed that Jeri is part of my life.

Beverly LaFond

Who doesn't appreciate Beverly's contagious enthusiasm and generous spirit? I don't think I have ever seen her without a smile on her face (and it comes directly from the grace in her heart). Beverly was the first person in my life to encourage me to work on my doctorate. When I first mentioned my desire, it was a small spark, just to test the waters and by the end of the day she had at least 5 dissertation topics for me to explore, a mentor to guide me and loads of resources for those topics. She took that tiny spark and turned it into a flame!! She constantly encouraged me and guided me along the way, even sending me a copy of her dissertation as a resource! I have visited her home, am friends with her children and grandchildren and respect her professionalism beyond measure. She is a tremendous asset on the William Glasser Research Committee. She never says no and finds time to do the emergency things, the difficult things, the large projects that no one else wants to tackle. I admire her spirit of joy and respect her professionalism so much that I want to emulate her talents! I couldn't do without you in my life, Beverly! I am blessed to have you in my life.

Mike Fulkerson

Don't ever underestimate this great man! Beneath his quiet demeanor is superman! He writes training guides for those of us yearning to place CT and RT into the world of insurance regulations and diagnosis requirements. He is amazing at weaving the concepts of CT and RT into the counseling world where we must check symptom boxes and diagnose clients. He does it seamlessly and intelligently with the confidence of a scientist. He is thorough and patient and makes sure that everything is precise, all the pieces fitting into the exact place. I would love to train under him and learn from him because his leadership style reflects CT to perfection. Mike has a spirit of fun underneath that professional demeanor that explodes into an Elvis impersonator! He belts out glorious renditions of Elvis's most famous tunes, encouraging others to join in song to his melodies. Aside from these talents, Mike is a great friend, a welcome mastermind on the WGI Research Committee, offering his talents and his professionalism whenever needed. He has a generous heart and a friendly spirit, and I am grateful he is my friend. I am blessed to have you in my life.

Bob Wubbolding

Bob is Reality Therapy to perfection. The master counselor, the leading educator of CT/RT and one of the finest men I have ever known. After all these years I still sit in awe at his genius as a counselor and have travelled miles upon miles to train under him, to hear him give a lecture or to be a part of some event he was a part of. He hardly mentions the MANY articles he writes, the numerous keynote speeches, the books he publishes and all the other professional accolades he has been bestowed. Along his side is his beautiful wife, Sandi and I have been blessed to attend church services in many different countries with them. Bob, and his benevolent spirit were the reason I joined the William Glasser Institute and continues to be one of the influencing factors of my volunteerism. He leads by example in every facet of his life and radiates a gentle, but complete genius of CT/RT that most want to emulate. He offers such tremendous contributions on the WGI Research Committee that I hardly know where to begin. He formulates ideas, fine-tunes the ones we are struggling with, oversees letters and publications so we maintain credibility. He inspires those around him to reach their potential and has a humor that arises in the moment of need. I continue to learn from his leadership and admire his altruistic heart. I hope that I live up to his expectations in all my roles in WGI and am honored he chooses to be on the WGI Research Committee. I am blessed to have you and Sandi in my life.

Nancy Herrick

Nancy Herrick has a heart of gold. She works tirelessly for WGI and her signature is on so many projects I wouldn't know where to start, if I had to list them. Nancy has been on the Research Committee out of our deep friendship and her desire to contribute to quality research. I consider Nancy one of my dearest friends and we have been roommates at so many conferences that she is my first thought when I register for a conference. We share numerous 'midnight talks' on the computer from sewing projects, weight loss struggles and grandchildren, and to finances on the William Glasser International Board. Her creative talents have been an inspiration for many gameboards, floor charts and card games. Nancy teaches CT/RT across the world from her computer in North Carolina and her relationships span across many oceans. She connects people to collaborate on projects, organizes them to rewrite and update educational materials and coordinates projects that need to be

arranged for categorization. All the while Nancy clarifies for correct CT/RT terminology. I love you, dear, sweet, Nancy Herrick. I am blessed that you are in my life.

Bette Blance

I tried to remember the first time I met Bette and I can't remember where or when the exact place and time, but what I remember most is that from the moment I met her, her gentle spirit strengthened and blessed me. Bette has a spiritual essence that she weaves into most everything she does, and it flows from her into everyone she is with, gracing them with peace and tranquility. She is creative, imaginative, colorful, as well as artistic and uses those qualities to inspire a project effortlessly. Her subtle nuances are visionary and her resources to help those in need are endless. Bette is in my quality world as a friend and colleague and volunteers to help on most any project I ask of her! I am truly blessed that Bette is part of my life.

Jean Seville

Jean is energy personified! I never know where she is in the world, but I know she is busy learning or teaching, and I am positive it encompasses quality. She is visionary and drives forward with her projects, motivating everyone around her as she campaigns onward. Her signature graces many projects and her drive to accomplish beyond what is expected are an inspiration to those around her. Jean has offered to edit articles, write articles and to do whatever is needed so that WGI can be a true presence in the world. She goes above and beyond her role as what being a committee member means. The saying, 'If you want something done, ask a busy person, because they know how to get things done', describes Jean. She gets things done. I am so blessed to have you in my life Jean! You encourage me, motivate and inspire me!

Shearon Bogdanovic

Anyone who knows Shearon will attest to her ever-present smile! What a gracious and generous lady! Shearon has been a charming presence on the WGI Research Committee, volunteering and undertaking tasks as they occur and doing the essential, nit-picking and detail-oriented assignments as they have arisen. Always ready to research ideas, Shearon is the ever-present volunteer! When I think of Shearon, her image wearing a beautiful hat comes into my mind and her smile radiates across her face. Her elegant dancing and flowing outfits grace her image, but don't let her stylish demeanor downplay her passion to promote William Glasser's ideas to the world. Shearon describes and clarifies vocabulary, concepts and ideas and helps us preserve William Glasser's Choice Theory. Shearon is a joy to be around and a blessing in my life.

Carleen Glasser

If there was ever a person that I wanted to emulate in the William Glasser Institute, it is Carleen Glasser. Carleen dresses to perfection. Her colorful attire and her stylish fashion inspired me to try and be like her; but I went into school counseling because of the quality of her work. I have used her books and ideas countless times and, not only with children, but adults as well. Her compassion for others, her disposition of generosity to share CT with the world have inspired me to do the same in my life. Her work with focus groups,

corrections, and community philanthropy speak volumes about her loving heart. Above all, Carleen is passionate about preserving the work of her late husband, Dr. William Glasser. She radiates such a humanitarian nature that others become attracted to her passions and devote their lives to similar sentiments. What an incredible person to emulate. Mrs. Glasser, you are a godsend to many! I am blessed to know you!

Tom Parish

There aren't enough accolades available to thank our Editor of the International Journal of Choice Theory and Reality Therapy. Tom Parish has been upholding the area of professional research for as many years as I can remember. His professionalism as a **Master of Research** is beyond measure and we are indebted to his tireless dedication of publishing the International Journal of Choice Theory and Reality Therapy season after season. Tom has been behind me in most every endeavor and guided me when I had questions about research. He has extended his expertise for free and has submitted scales, indexes, and surveys for use on the WGI website for anyone to use. In addition to his presentations at our conferences and his personal guidance to supporting research publication, I am honored to say that Tom Parish is my friend. Tom has a sense of humor like my husband, Robert, and they both tell jokes back and forth like treasured friends. We have worked together on numerous projects and our phone lines are constantly ringing one way or another for information and guidance. He has been the power behind publishing our past journals online in a directory and offers our journal free of charge. A gentleman, a professional, and a dear friend. I am blessed that you are part of my life.

John Cooper

Coops. Your first day on the International Board and you were elected to lead us forward as WGI. You have been a true CT leader and an innovator of change, guiding us towards a vision that will help propel us toward the future. I have enjoyed being a part of your 'team' and being challenged by your enthusiasm. You have inspired me to stretch my comfort zone(s) and go beyond what I ever imagined of myself. I can't thank you enough for the late night and early morning talks, the discussions, the designing of plans and the gentle nudges toward collaboration. We have laughed often, discussed enthusiastically, but always chosen better ways of cooperation and learned new ways of creating relationships under your leadership. Thank you for being a blessing in my life.

The following tributes are from the Editor, Thomas S. Parish

Since being certified in Reality Therapy in 1981, I have routinely interacted with the following individuals, and in every instance, I have been greatly benefitted as a result of these interactions:

William Glasser, who taught me very well by his words and by his example.

Carleen Glasser, who has never uttered a discouraging word, and has been a true friend in both word and deed.

Bob Wubbolding, who is simply my brother from another mother, which means he has always been there whenever I have needed him and has been honest with me at every turn.

Jean Seville Suffield, who has probably been my most ardent supporter and friend, for which I will always be very grateful.

Pat Robey, who I have found to be masterful at everything she does, including journal editing. Professionally speaking, I'm certain that her greatest successes are yet to come.

Janet Morgan, who is (and always has been) a true friend and an able associate of mine. She, like Pat, has set aside much to benefit the membership, and will likely continue to do so for many more years to come.