<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Litwack</td>
<td>Editor's Comments</td>
<td>3</td>
</tr>
<tr>
<td>Batya Yaniger</td>
<td>Self-Evaluation of Quality Choice in Reality Therapy</td>
<td>4</td>
</tr>
<tr>
<td>William A. Howatt</td>
<td>Choice Theory: A Core Addiction Recovery Tool</td>
<td>12</td>
</tr>
<tr>
<td>Timothy A. Carey</td>
<td>Improving the Success of Anti-Bullying Intervention Programs: A Tool for Matching Programs with Purposes</td>
<td>16</td>
</tr>
<tr>
<td>Barbara F. Turnage</td>
<td>Reality Therapy, Domestic Violence Survivors, and Self-Forgiveness</td>
<td>24</td>
</tr>
<tr>
<td>George A. Jacinto</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joshua Kirven</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rita Uppal</td>
<td>Using Reality Therapy and Choice Theory in the Field of Physical Therapy</td>
<td>28</td>
</tr>
<tr>
<td>Thomas E. Bratter</td>
<td>Surviving Suicide: Treatment Challenges for Gifted, Angry, Drug Dependent Adolescents</td>
<td>32</td>
</tr>
<tr>
<td>Ernie Perkins</td>
<td>Ministerial Suicide</td>
<td>38</td>
</tr>
<tr>
<td>Elijah Mickel</td>
<td>Utilizing CLSI and BNSA to Improve Outcomes: Perceptions of the Relationship Between the Basic Needs and Learning Styles</td>
<td>44</td>
</tr>
<tr>
<td>Phyllis Sanders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marla K. Banks</td>
<td>Classroom Management Preparation in Texas Colleges and Universities</td>
<td>48</td>
</tr>
<tr>
<td>Steven W. Rose</td>
<td>The Relationship Between Glasser's Quality School Concept and Brain-Based Theory</td>
<td>52</td>
</tr>
<tr>
<td>David Jackson</td>
<td>Reality Therapy and Choice Theory in the Group Employment Interview</td>
<td>57</td>
</tr>
</tbody>
</table>
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2003 International Conference
Kansas City, MO
July 23-26, 2003

2003 Glasser Quality School Consortium International Conference
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July 23-26, 2003
Editor’s Comments
Larry Litwack

This issue marks several milestones. First, it signifies the end of the 22nd year of publication for the Journal. When I completed certification in 1980, I expressed the opinion that the concepts of internal control psychology and reality therapy needed a public forum for the dissemination of ideas on a national and international level. This led to the creation of the Journal of Reality Therapy, first published in the Fall of 1981.

Briefly housed at Kent State University in Kent, Ohio, the Journal moved with me in 1984 to Boston, where it was housed at and sponsored by Northeastern University. This proved to be a mutually rewarding relationship, that lasted close to nineteen years. I am grateful for the support the University gave me during my tenure there. However, with my retirement from Northeastern in 2002, and my subsequent move to Illinois, it became necessary for me to find a new home for the Journal.

With that task in mind, this issue marks the beginning of a new relationship with the Department of Educational Psychology, National College of Education of National-Louis University, with a home base in Evanston, Illinois. The University has agreed to assume responsibility for both printing and mailing the Journal. Thus, both the Journal and the Resource Guide will move to a new address. I look forward to a continuing supportive relationship with NLU.

The contents of this issue continue to reflect the diversity of contributors. It also demonstrates both the diversity of applications of RT/CT and the creativity of the contributors to the issue. I continue to encourage those readers interested in the concepts of internal control psychology to contribute their ideas to the Journal. I am available by mail or email to answer questions about possible articles, or to help writers prepare their articles for publication.
Self-Evaluation of Quality Choice in Reality Therapy

Batya Yaniger

The author is a psychiatric social worker in Jerusalem, Israel.

ABSTRACT

The aim of this article is to understand and integrate the concept of quality choice in the self-evaluation phase. The expression quality choice is used to indicate the individual making a choice with the highest degree of autonomy. To demonstrate this, a story depicting a common life situation looks at the behaviors that people choose when faced with a conflict between their values and their wants. Some of the forms of self-evaluation will be applied. We will evaluate whether the behavior of the characters was effective or not, and why. We will look at how they might evaluate the nature of the choices that they are making. Interwoven into the evaluative process is a Torah perspective on the nature of choice. This evaluation will examine four processes of movement towards quality choice.

Introduction: Using Reality Therapy for the value gap

The reasons that bring people to therapy stem from something that has gone wrong in their lives, or that they want to improve. Some forms of psychotherapy aim to gain insight into the cause of problems. William Glasser, the founder of Reality Therapy, has created a system, which is used in therapeutic work, education and other areas, with a more behavioral, here and now focus. It is based on choice theory. “Choice theory explains that, for all practical purposes, we choose everything we do, including the misery we feel.” Why should people choose to be miserable? People regulate their behavior in response to the world around them in order to meet their needs. Every person has five basic needs. These are self-preservation, belonging, power, freedom and fun. The things that a person wants in life are his particular ways of getting those needs met. The picture he has in his mind of how his life would look if he had those things make up what Glasser calls his quality world. A gap between what the person wants and what he perceives that he has in reality causes stress and negative emotions as a response. He will behave in some way that will help him to close that gap. People’s behavior is their best attempt to gain control and fulfill their needs. To the outside observer, a behavior might seem to be purposeless, aimless and senseless. But to the person doing it, it represents his best attempt to satisfy a need and related specific want at the moment. Sometimes those attempts at a solution have not helped. Their behavior has not been effective. The goal of Reality Therapy is to find out what kind of behavior can produce an outcome that better meets people’s needs. This paper will look at one particular type of gap, which is between a value and a want that opposes that value.

Torah perspective of choice

Torah perspective is consistent with Reality Therapy in positing that we have the freedom to choose in everything we do. “I have put before you life and death, the blessing and the curse; choose life, so that you may live...” If we read the following words of Maimonides carefully, we can notice a few more aspects of choice.

“Free will is bestowed on every human being. If one desires to turn toward the good way and be righteous, he has the power to do so. If one wishes to turn toward the evil way and be wicked, he is at liberty to do so...”

Even when change seems unlikely, we can always take a small step, which takes us in a different direction from the way we’ve been going up until now.

“And thus it is written in the Torah, “Behold, the man is become as one of us, to know good and evil” (Gen 3:22) - which means that the human species had become unique in the world - there being no other species like it in the following respect, namely, that man, of himself and by the exercise of his intelligence and reason, knows what is good and what is evil, and there is none who can prevent him from doing that which is good...”

The capacity for choice comes from the reasoning faculty, which is what makes mankind unique, and nothing stands in the way of a person choosing what is good.

“Every human being may become righteous like Moses our Teacher, or wicked like Jeroboam; wise or foolish, merciful or cruel, niggardly or generous, and so with all other qualities. There is no one that coerces him or decrees what he is to do, or draws him to either of the two ways; but every person turns to the way which he desires, spontaneously and of his own volition...”

No one is born compelled to act rightly or wrongly. At any given moment, a person can do whatever he wants to do.

“Accordingly it follows that it is the sinner who has inflicted injury on himself...This doctrine is an important principle, the pillar of the Law and the commandment, as it is said, “See I set before you this day life and good, and death and evil” (Deut. 30:15); and again it is written, “Behold, I set before you this day a blessing and a curse (ibid 11:26). This means that the power is in your hands...”

It follows that a person has absolute responsibility for his choices. We will come back to these points later.
Maimonides states unequivocally that we always have a choice. Choice brings consequences. While reward and punishment are concepts that indicate responsibility, we don’t need to frame it in those terms. Just as the laws of nature are replete with natural consequences, Divine Law has its own supernatural consequences. There is a “reward,” or desirable consequence for adhering to the rules of the system and a “punishment,” or undesirable consequence for violating the rules of the system, as a natural result. The belief that G-d is just and that G-d has communicated to us and holds us responsible for things that He wants us to do leads us to an inevitable conclusion. We must be capable of doing it.

Self-evaluation

The role of the therapist is to help people do an inner inventory of their own actions, cognition and feelings. Sometimes clients need to look at their behavior to see it for what it is. Wubbolding breaks down the basic question, “What are you doing?” into its parts.

What - Several questions comprise the evaluation of the person seeing what he is actually doing. When the client records in detail what he does throughout the day, the counselor can identify areas where there is or is not control, and which behavior he wants to make value judgments about.

Are - The emphasis is on what you are doing right now.

You - The emphasis is on what the client is doing, while clients often focus on what other people are or are not doing.

Doing - In reality therapy, feelings in and of themselves are not the primary focus. The feeling component is seen as a part of the total behavior. Feelings and behaviors together are a way of fulfilling needs. A person acts, feels and thinks in order to get what he wants. The doing component is more tangible, and changing the behavior by making better choices will change the feeling component as well.

It is crucial that the client, not the counselor, make the value judgments. Questions that stimulate self-evaluation relate to each aspect of choice: behavior, quality world and perception. There are seven types of questions that will help the client evaluate his behavior.

1. “Is your behavior helping or hurting you?”
2. “Is what you’re doing helping you get what you want?”
3. “Is what you’re doing against the rules?” The client may not care about going against the rules. He may feel that punching the guy is helpful to him. It is a question of awareness of what he’s doing and whether it’s acceptable.
4. “Is what you want realistic or attainable?” A person may want different behavior from someone else in the family, such as a teenager wanting his parents to leave him alone, but he’s not going to get what he wants from them. The counselor does not get into the question of fairness, just a realistic look at what is possible.
5. Does it help you to look at it that way? This question relates to how the client sees the world. One may ask a teenager, “Does it help you to see your parents as enemies?”
6. How committed are you to the process of therapy and to changing your life? Is the present level of commitment going to work to your advantage? The purpose of this question is to help the client work to resolve problems and take better control.
7. Is it a helpful plan?"

Self-evaluation has been called the “core of Reality Therapy.” Self-evaluation helps people to look at their wants and behaviors from a different perspective. It enables the person to examine a plan of action to see if it’s a good plan. It reminds a person to look at the direction his life is taking regarding self-improvement, relationships, what he wants to accomplish and what is best for him. In short, what does he want out of life? Wubbolding delineates 22 types of self-evaluation. We will look at the following story about a common life situation and examine how some of these forms of self-evaluation might be effective, if the characters in the story were to use them.

Cookies

Toad baked some cookies. “These cookies smell very good,” said Toad. He ate one. “And they taste even better,” he said. Toad ran to Frog’s house. “Frog, Frog,” cried Toad, “taste these cookies that I have made.” Frog ate one of the cookies. “These are the best cookies I have ever eaten!” said Frog. Frog and Toad ate many cookies, one after another. “You know, Toad,” said Frog, with his mouth full, “I think we should stop eating. We will soon be sick.” “You are right,” said Toad. “Let us eat one last cookie, and then we will stop.” Frog and Toad ate one last cookie. There were many cookies left in the bowl. “Frog”, said Toad, “let us eat one very last cookie, and then we will stop.” Frog and Toad ate one very last cookie. “We must stop eating!” cried Toad as he ate another. “Yes,” said Frog, reaching for a cookie, “we need will power.” “What is will power?” asked Toad. “Will power is trying hard not to do something that you really want to do,” said Frog. “You mean like trying not to eat all these cookies?” asked Toad. “Right,” said Frog. Frog put the cookies in a box. “There,” he said. “Now we will not eat any more cookies.” “But we can open the box,” said Toad. “That is true,” said Frog. Frog tied some string around the box. “There,” he said. “Now we will not eat any more cookies.” “But we can cut the string and open the box,” said Toad. “That is true,” said Frog. Frog got a ladder. He put the box up on a high shelf. “There,” said Frog. “Now we will not eat any more cookies.” “But we can climb the ladder and take the box down from the shelf and cut the string and open the box,” said Toad. “That is true,” said Frog. Frog climbed the ladder and took the box down from the shelf. He cut the string and opened the box. Frog took the box outside. He shouted in a loud voice, “HEY
shouting at your kids fit your belief in patience, acceptance and
to this story is whether there is congruence between values
tral to this story is whether there is congruence between values
and feeling behaviors
Self-evaluation is crucial to the therapeutic process. It
begins with an inventory of what exists right now in reality. The
behavior that one chooses to fulfill quality world wants are
made up of actions, thinking, feeling and physiology. All
behaviors are total behaviors, in that every behavior is made up
of all four of these elements. Many problems are caused by the
individual not even being aware of what he is doing. He cannot
see himself objectively. The first thing we can do is to help Frog
and Toad evaluate all of the different aspects of their behavior
and how it’s helping them. We can help them evaluate their
thoughts. How do statements such as, “These cookies smell so
good,” or “They are the best I have ever eaten,” impact on their
efforts to change? They would evaluate whether that statement
is helping them to limit their intake. We can ask Frog and Toad
to step back and think about what they’re doing. How does the
constant lack of resolve help them to get what they want? Is it
bringing them closer to or further from their stated goal? An
assessment of helpful and harmful emotions provides an impe-
tus for changing actions, which will lead to a change in
feelings. What are they feeling and where is it leading to? Frog
and Toad are enjoying the cookies and won’t stop until they get
sick. Are their feelings of lack of control helping them to get
what they want?

Self-Evaluation of Wants
Frog and Toad want cookies. But what do they really want?
It is helpful to evaluate the relative importance of that want. Is
it a beneficial or harmful want? Their desire for the cookies is
a wish, not a real need. They know that it’s harmful, but they’re
indulging in their craving. For effective self-evaluation to take
place, the person has to measure the external world against the
inner quality world. The quality world is connected to needs,
but there are many ways to meet those needs. They crave the
cookies but they’re not really hungry. Are there other needs
involved?

Self-Evaluation of Congruence between Values and
Behavior
Of the 22 forms of self-evaluation, the one that is most cen-
tral to this story is whether there is congruence between values
and behavior. Sometimes people act in ways that are contrary to
their values. A person can evaluate how he is helped or hurt when
he violates a principle that he says is important to him. How does
shouting at your kids fit your belief in patience, acceptance and
listening? How do your actions match or fail to match your
words? Is your behavior congruent with what you say is impor-
tant to you? Frog recognizes the value in limiting the number of
cookies that they will eat. This will give them willpower and will
prevent them from getting sick. In spite of that awareness, they
are behaving in a way that doesn’t uphold those values. Frog rec-
ognizes that his behavior is incongruent with what he says he
believes. We can ask Toad if he shares those values. He would
most likely not appreciate the value of having willpower, but he
would share the value that says it’s not good to get sick. We can
ask him if he wants to get sick, and whether his behavior of eat-
ing the whole box is congruent with the goal of feeling well. Of
course, that still doesn’t mean he’ll stop.

Self-evaluation of Choices
The evaluation of choices looks at whose behavior you can
control, whether the alternatives are realistic, effective, helpful,
and acceptable to the individual and to others. It asks what the
person wants and what is the most important thing to him. Frog
had a lot of suggestions for Toad, but those choices didn’t work
for Toad. Whose behavior can he control? Only his own. What
choices can he possibly make in this situation? Will they help
or hurt the situation? Will those choices bring them closer to or
farther away from their goal of limiting their cookie intake?
Frog suggests three basic types of solutions. He tries very hard
to eat, he creates bigger and bigger barriers and finally he
gives the cookies away. Are his suggestions effective? Toad lis-
tens to Frog’s suggestions, and doesn’t find them helpful or
realistic. We will soon see why.

Responsibility and the definition of choice
We can describe what is happening to Frog and Toad as self-
coercion. They are not choosing to eat up the whole box of
cookies. They are trying not to eat up all the cookies. An
extreme case of lack of self-determination, wherein the hero of
the story is not the primary actor in his own behavior, is
Samson. Samson’s wife, Delilah, weakens him in order to hand
him over to his enemies, the Philistim. Rabbi Levi ben Gershon
explains that in order to get Samson to reveal the secret of his
strength, she tormented him. She aroused his sexual appetite
and, at the most opportune moment - “when his yetzer [evil
inclination] attacked him” and he could no longer stand it - she
improved him and he revealed to her the meaning of the riddle.
Maimonides uses the same expression of tekofo yitzro regard-
ing the recalcitrant husband who refuses to grant his wife a
divorce. The Rabbinical court of that time would strike him
until he would say, “I want to [divorce].” Leaving aside for now
the question of the excessive use of force, the Rambam uses this
halacha [Torah law] as an opportunity to teach something
about the nature of choice. The Rambam asks why the divorce
is not null and void, considering the fact that he was forced into
it. He answers by saying that if someone truly accepts Torah,
them down he wants to do what is right and does not want
to hold his wife as an aguna [a woman who is tied to her hus-
band and cannot marry]. He thus concludes that no one is
forcing him to do anything, because by virtue of his own ego he
is “forcing himself” to refuse to divorce. Simply put, when the yetzer chooses something, it’s not you choosing it; nonetheless, you are held accountable for it. When Frog and Toad are compulsively eating the cookies, it cannot properly be called a choice, because it didn’t come from their inner will. Responsibility is what defines it as a choice. They have chosen to relinquish their capacity for self-control, and they are thus responsible for the consequences of their behavior.

Choice and recognition of truth

If responsibility turns the act of relinquishing control into a choice, what kind of choice is it? In order to answer that, we need to explain a certain basic perspective on the meaning of choice. Rav Dessler, in his treatise on the concept of behira, or free choice, says that choice takes place within very narrow parameters. Choice takes place where there is conflict between values and drives. When Frog and Toad say, “one more cookie,” a part of them knows that it will not be just one more, but one that will lead to another and another. On the other hand, knowing that the cookies will make them sick is a very sensible argument. What causes them to accept the fallacious argument over the sensible one? The choice is between two “wills” - to eat or not to eat. The inclination to follow one’s cravings, against one’s better judgment, is following an illusion. Exercising choice is opting for truth. “The essence of good bechira is to recognize the unique and indivisible nature of truth; and this in effect is to recognize the Creator. The essence of a bad bechira is to accept falsehood as reality and this in effect is to deny the oneness of G-d...” Bechira takes place at the point where truth meets the illusion created by falsehood. Every person has a different bechira-point, but every person has the same ability to adopt the truth as he knows it in all situations. When he recognizes something as true, he makes a deliberate choice. Most of what we do is not deliberate, but automatic. Either no temptation exists, so that truth unquestionably will be the choice, or there is no motivation whatsoever to choose truth. The option that the person “chooses” is not strictly speaking a choice in those cases, because the decision which the person will make is self-evident. There is no self-doubt, no inner struggle, nor any question about what the choice will be. A genuine choice requires the presence of both conflict and uncertainty. The individual is struggling between wanting truth and illusion, and makes the deliberate choice in favor of truth. Recognition of truth doesn’t necessarily mean there won’t be a struggle. It only indicates that there will be a motivation to uphold the value. What gives choice its quality?

Quality Choice

Quality Choice is not one of the forms of self-evaluation listed in Wubbolding’s book but it is one that can be incorporated into the self-evaluation phase. Just as Reality Therapy has promoted the concept of quality work and coined the term quality world, we can add the concept of quality choice. Quality choice is a choice that belongs to the person making it. If an individual is making a choice, of course it belongs to him! But there are degrees of greater or lesser autonomy in every behavior. A conscious, deliberate decision, coming from man’s higher capacity for understanding of truth and desire to do what is good, is an autonomous act. Choice runs on a continuum from self-coercion on one end, to autonomy on the other. A person needs to know that everything he is doing is a choice. In the same way that he evaluates his behavior, we can also ask him to evaluate the nature of the choices that he’s made. Wherein does his choice lie on the continuum? Is what he’s doing right now coming from his own judgment about truth or is it a sign that he is giving up his capacity for self-control? How does the short term gain of your choice strengthen or diminish the long-term gain for you? Is this behavior a quality choice? We cannot properly say that their choice to eat the cookies was deliberate and autonomous. They gave in to their impulses. Thus, eating the cookies was a choice, but not a quality choice. What gives choice its quality is when a person has confronted a difficult situation and acted not out of impulse or habit, but gave it careful consideration and did what he thought was best. And even if doing it required sacrifice, hard work and the pain of going against his nature, he just stayed focused and did what he felt was most consistent with his values and most beneficial for himself and everyone else. It is evident from this story that a case in which there is conflict between values and self-destructive wants is where quality choice can most easily be distinguished. What makes “value-conflicting wants” self-destructive is that:

a) they controvert the person’s best interests and
b) they take control over the person’s better judgment. It is this second reason that defines the choice in favor of the value as a quality choice.

Self-evaluation of Level of commitment

There are five levels of commitment:

1. I don’t really want to be here.
2. I want the pleasure resulting from change, but I don’t want to make the effort.
3. I’ll try.
4. I’ll do my best. This indicates an intense desire to change.
5. I’ll do whatever it takes.

A question for evaluating commitment is to ask if the level of commitment is high enough to get the desired results. Is your present level of commitment the highest you are willing to make? If you qualify your commitment with “Maybe, I could or I ought to,” will you accomplish what you want to accomplish? In a way, they got the desired results of not eating all of the cookies. Yet, even after Frog gave all of the cookies away, Toad went home to bake a cake, because he was never really committed to the plan. His commitment was probably somewhere in between wanting the pleasure without the effort and “I’ll try.”
Commitment and Self-evaluation of Limitations and Sacrifice

The more difficult the task, the more tools the client will need to make a commitment to a plan. Part of client resistance comes from genuine difficulties. We made an assumption earlier, that if G-d tells us to do something and holds us responsible for it, we must be capable of doing it. Yet, we only know about Divine justice as it applies generally. We don't know how the details of Divine accounting work in any individual case. That all depends on how G-d evaluates the hidden things, and we don't know anything about the hidden things. The truth is, a person's choice can be quite limited, at times.

"Presumably a person has free will, yet his choice is still very defined. He has his areas of free choice, but many circumstances that surround him place him within a particular area of choice. For this reason, wrongful behavior cannot be judged on the basis of absolute free choice, and it is not possible for anyone to pass true judgment except the Creator of all, who knows the characteristics of all paths, including what is beyond the pale of free will. Therefore, And I will pardon whom I will pardon - even though he is not deserving as far as we can see. We don't know the extent of free choice...At the same time, we cannot mistakenly conclude that a person does not have control over his actions. By the empowerment of an abundance of courage he will always succeed. But there are coercive forces that are apparent only to the Creator of the Universe, and in accordance with these the balance of the degree of punishment as well as reward will vary."

How does this view of things affect what we originally said, that if G-d holds you responsible for something, then you are capable of doing it? The same logic that says we must be capable if we are held responsible would say that when we are not capable, we are not held responsible. This is a potent reminder not to judge others. We need to recognize the difficulties in ourselves and in others, accept our limitations and love ourselves together with those limitations. We cannot assume that if the person did “x,” there will be “y” supernatural consequence, even if the Torah states in black and white that this behavior brings this consequence. We simply don’t know all of the hidden factors. We can never know to what extent someone is capable of behaving in one way or another.

At the same time, the conclusion is that a person has control over his actions. Therefore, we need to slightly modify our original formulation. a) If the Torah says you are responsible for something, then all conditions being right, you can do it. b) If conditions are not right, the degree of responsibility will be adjusted accordingly and c) At the very same time, don’t assume there is anything that you can’t do. If you want it badly enough, are willing to sacrifice and you create the right conditions, then you can do anything. This requires a great deal of honesty. The more difficult the challenge, the greater degree of commitment is needed to accomplish the task. The fifth and highest level of commitment would include a willingness to sacrifice. How can the therapist help the client to get the “abundance of courage” that will take to make this commitment to the process?

Self-Evaluation of Perceptions

One of the major barriers to commitment is perception. People see the world through various filters. Some people are overly negative while others are indifferent about the significance of what happens. What are Toad’s filters? Is it helping him to see things the way he does? What are the consequences of only seeing the negative? Toad has never stopped eating cookies before, so he doesn’t expect to be capable of it now. To what extent is his self-perception a self-fulfilling prophecy? Doing something once makes it easier to do a second time. One sin leads to another. Aside from the addictive capability of any given substance or behavior, repeating a behavior has the effect of creating a different perspective on it. If a person commits a sin and repeats it, it becomes permitted to him.” The Rabbis clarify this statement by explaining that it doesn’t actually become permitted but it seems to him to be permitted. The more experiences Toad has of binging on cookies, the more convinced he will be that there is nothing wrong with it. The specific behaviors of the self-coercion end of the spectrum perpetuate the conviction that says, “I can’t.” Similarly, positive behavior changes perspective in a positive way. One successful experience increases the capacity for more success. The evaluation component of Reality Therapy helps clients to gain insight into the connection between what they want and what they are doing to get it. It only takes a small step to change perspective. As we saw in the sources in Maimonides at the beginning of this paper, the small step makes a huge difference, because it constitutes a turn in a new direction, and it is done spontaneously and of his own volition. When clients change their behavior, i.e. acting or thinking differently, the new experience or new information changes their view of the world. All that a person needs is the courage to take the first step, the courage to do something, i.e. to just do it, even while thinking that he can’t.

Self-Evaluation of Quality Choice

What options did Frog and Toad choose? Being in a state of self-coercion, Frog and Toad’s first attempt to stop eating the cookies was sheer willpower, or counter-coercion. Willpower is usually not such an effective choice, because it is too easily bound to fail. Every single time the person (or Frog, or Toad) is faced with the old familiar conflict, there will be a new struggle. It also requires an extremely high degree of belief in the value, which Toad does not have. Even assuming a strong belief in the value, the struggle makes life so difficult that the gain just doesn’t seem worth the effort. It exposes the person to a constant barrage of conflict and tension. While willpower may be necessary in order to avoid destructive behavior, the person will need to be on constant alert to avoid situations, and on a deeper level he hasn’t solved his problem. On the other hand, inherent to willpower is the attitude that at any given moment in time, they can just decide to stop. In that sense, willpower can be a very powerful tool.
When willpower didn’t work, they created an external barrier to reaching the cookies. As they discovered, external control was not effective. They said that they would stop eating, but they continued to eat the cookies. Frog finally gave all of the cookies to the birds. When Frog gave all the cookies away, he eliminated the source of the conflict. That changed the reality, but it didn’t change their ability to resist in the future. As Toad says in the end, Frog can keep his willpower, and he proceeds to go home and bake a cake. In spite of what Frog says at the end, Toad hasn’t gained any willpower. Their perception was that they had no internal control and were incapable of avoiding the cookies any other way besides hiding them, and this being the case, they did the only thing they could do.

Other options

A more effective choice would be one that would cause an internal change, a new relationship to the cookies. Rav Soloveitchik compares these two types of choices - willpower and inner transformation - in the following discussion.

“If a person's actions and responses are fixed and preordained, how is “free will” expressed? The answer has two parts: one aspect is that a person is capable, with sheer willpower, to overcome the cause and effect reality that he lives and functions in. Though this usually involves great hardships, a person has the potential to act contrary to his natural inclinations and routine that he is immersed in. But the other aspect of “free will” seems to me to be the primary one. A person does not diverge from his systematic-consistent framework of behavior and go outside of the cause and effect reality. Rather, he has the ability to determine and establish the content of cause and effect in which he functions. He can be the architect of his own personality, can form his nature with his own hands and the path that he will go in. He can even predetermine what his responses to experiences in his life will be... “Free will,” when a person knows how to choose correctly, can, a priori form the way that a person will respond automatically and internally when the moment of trial and examination comes.”

Can we apply Rav Soloveitchik's path of inner transformation here? Is there any kind of behavior that would have eventually brought them to a place where they would no longer be tempted to eat up all of the cookies? Frog, being the mature one, would probably be capable of finding a plan to slightly alter his relationship to the cookies. He might cut up some carrot sticks to eat and lessen his sugar craving. This third way is the most natural, yet even this is not the most autonomous choice, because it can become habitual, too easy in a sense. This tension is expressed by a Midrash [Rabbinic Biblical interpretation] on the following verse: And you shall be holy to me for I the Lord am holy, and have separated you from the peoples, that you should be mine.

Why should you not say, “I can’t”? One might think that getting to a place of not wanting the nonkosher food is rising to a higher level. But if you don’t have any reason to eat what is prohibited, you are not expressing any value system by refraining from it. The Midrash emphasizes the need to act in a way that is conscious and deliberate. Even when it's easy to do, remember your sense of commitment. It really looks delicious, but my behavior is a deliberate, free choice, out of an awareness of the value in G-d’s word and the feeling of commitment towards it.

In a related Rabbinic discussion, the question is raised about which attitude is valued more - feeling obligated or acting voluntarily? To put it another way, is it better to not feel like doing something and do it anyway because someone wants you to do it, or to want something, and do it with love, excitement and enthusiasm? Commenting on the Talmudic statement, “The one who is obligated is superior,” Tosefot explains that someone in that position is “anxious and distressed about the possibility of violating the law more than the one who is not obligated, who... can refrain from doing it if he wishes to.” As soon as someone is told he has to do something, he doesn’t want to do it, and he has to subdue his ego. The person who acts voluntarily is free to do it when he feels like and not do it when he doesn’t feel like it. Rav Yitzchak Hutner infers from this that the only reason an obligatory act is greater is because of his attitude of commitment. In fact, if someone follows the law but does it with an attitude that shows he doesn’t think he really has to do this, then there is nothing superior about his behavior as compared to someone else who actually is doing it voluntarily. For Rav Hutner, willpower as a value is contingent on the attitude of submission to a higher will and the feeling of being compelled. Frog sees willpower itself as a value because it indicates internal control, as opposed to only being a means to the end of not feeling sick from all the cookies, which the text also seems to imply. How can this be compared to acting voluntarily?

One who accepts a mitzvah voluntarily has attained a higher level than one whom the Torah has obligated, and this does not contradict the statement, “One who is obligated is superior...” Being obligated is preferable as far as the actual fulfillment of a commandment is concerned. But when considering the aspect of internal acceptance and its value, one who accepts the mitzvah of his own accord is greater. By doing so, he is demonstrating his love for G-d and love for G-d's commandments that are rooted in his heart. One who is obligated absolutely must do it because the Torah has obligated him... [But when] his soul is thirsty for the word of G-d [and he wishes] to fulfill G-d's commandments when he is not obligated to do so... - he should be commended, as he is acting sincerely. It

International Journal of Reality Therapy • Spring 2003 • Vol.XXII, number 2 • 9
contains a quality of piety, similar to our forefathers who ful-
filled the entire Torah before it was given. Willpower has the
advantage of success at self-mastery and submitting to G-d's
will. However, overall, love is a higher value. Even in a rela-
tionship of obligation, love is what activates the desire to
respond to what the other wants.

We have examined four processes of movement towards
quality choice:

1. Counter-coercion
2. Hiding the cookies
3. New relationship
4. Gain access to a higher will

If we translate the four processes into a relationship towards
the cookies, we would say, “I will try very hard not to eat the
cookies, while I’m looking at them and still want them.” “I will
make it harder for myself to reach the cookies, because I still
want them.” “I am no longer tempted to eat the cookies.” “I like
the cookies but I love myself even more, and since they’re not
good for me I don’t want them.”

The first three levels are important and necessary in many
situations. The goal of evaluation is to decide what type of
choice is needed and why. Toad, being immature, is not ready
to commit to a plan to stop bingeing on cookies. The concept of
the value in willpower is too esoteric for him. The thought of
the consequence of getting sick is too distant. His level of moti-
vation, commitment and willingness to sacrifice are pretty low.
The best plan would probably have been for Frog to suggest a
more helpful way for them to meet their need for fun without get-
ing sick, such as taking a fun hike in the woods, playing ball or
going for a swim.

For a person whose goal is to attain quality choice, as a goal
in and of itself, the highest level of choice is the one he would
aim for. In the highest, autonomous level of choice, the person
sidesteps the struggle with the self-destructive want altogether.
He doesn’t use force, doesn’t remove the source of the problem,
and doesn’t even change his relationship towards it. He gets in
touch with a deeper will, of what he really wants, and in the
process he doesn’t really want the other thing. As one student
described it: “I was used to the psychology of saying my past
caused problems for me and this is just the way I am. I would
battle my emotions and then feel out of control. But these
sources made me realize that there’s a different way of looking
at things. When it’s a struggle you have to deny yourself. You
have the right of saying I want it but I shouldn’t have it. But if
you’re in control you can say I can have it if I decide to but this
is not going to make me feel good so I don’t want it so much
anymore - it’s an entirely different level. It reminded me that
there is a different part of me that I can access that’s higher,
that’s beyond the struggle and has control over everything. I
went home and I wrote down on a piece of paper, “I have a
choice.” Every time I went to the fridge I said, “I really do have
a choice,” I didn’t have to fight it (although it didn’t work all the
time). I could just decide to take control. That was very empow-
ering.” What is unique about the fourth level is that it involves
more than exercising control in the battle of wills. The fourth
way is an expression of love. There is no need to conquer the
negative but only express a positive desire.

The goal of self-evaluation is to get beyond the question of
“What do you want,” to the question, “What do you really
want?” Is your behavior helping you get what you really want?
The self-evaluation phase can only take place once the client
has gotten to a frame of mind that will enable judgment to take
place. Which choice is the most effective? Which is the most
helpful? Which is the most realistic? Which is most acceptable
to yourself and others? Which choice closes the gap between
what I want and what I perceive I’m getting? If I can’t get what
I want, what other ways are there for me to meet my needs? By
asking questions such as these, the individual in not only evalu-
ating his behavior. He is evaluating which is the most
autonomous, quality choice. When the therapist helps the client
to do a self-evaluation, he is facilitating internal, as opposed to
external control. We’re always making choices and always mov-
ing because of them. The client accepts the choice that he’s
made in the end, because he feels that it is his. Quality choice
reminds us, as we help our clients to avoid destructive behav-
ior, how worthwhile it is to also help them to discover what is
most important, meaningful and valuable to them. Acting out of
resolve because of recognition of a higher value indicates a
deliberate, autonomous choice. Acting out of love and enthusi-
asiasm is the most autonomous choice one can make.

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when they are not guided by reason, in this case referring
to the sexual urge.
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“What is REAL?” asked the Rabbit one day, when they were lying side by side near the nursery fender, before Nana came to tidy up the room. “Does it mean having things that buzz inside you and a stick-out handle?”

“Real isn’t how you are made,” said the Skin Horse. “It’s a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become REAL.”

Margery Williams
The Velveteen Rabbit
Choice Theory: A Core Addiction Recovery Tool

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ABSTRACT

Choice Theory is effective for counseling persons with addictive disorders, and is a very effective strategy in addictive recovery. This article explores the application of Choice Theory as an addiction recovery tool, and provides a model that counselors can use when working with clients with addictive disorders.

Choice Theory: A Core Addiction Recovery Tool

“No clinical clients are more difficult to successfully treat than those who are chemically dependent or well along the path to addictions” (Coombs, 2001, p. xi).

Introduction

When working with a person with an addictive disorder, one important aspect of successful treatment is finding an addiction recovery tool to support the client’s quest for recovery. One of the most commonly known recovery tools is Alcoholics Anonymous (AA), developed Dr. Bob and Bill Wilson in 1935 (Alcoholics Anonymous, 1976). This program over the last 67 years has become closely aligned with the disease model. Clients who complete a standard abstinence-based program can expect about a 65% chance of staying abstinent for one year if they attend AA after being discharged from the treatment program. Individuals can expect an 80% chance of being abstinent for one year if they attend an outpatient or inpatient treatment program and AA (Miller, 2001, p. 108).

In 1956, the American Medical Association (AMA) published a statement saying, “Alcoholism must be regarded as within the purview of medical practice” (Miller, 2001, p. 104). Csiernik (1999) purports that with current research and the increase in popularity of the harm reduction model, programs like AA, which are based in the disease model, are being deemed as less accurate than once thought. The bottom line is that this kind of thinking is challenging the concept that only an abstinence-based program can treat a person with an addiction.

With this new thinking, it seems that it would be of value for counselors who work with persons with addictive disorders to have a variety of addictive recovery tools to draw upon. Regardless of the kind of addictive disorder (drugs, gambling, compulsive shopping, sex, Internet, food, work) one variable that is universal is that the person must make the choice to stop.

Choice Theory can easily serve as a core recovery tool, as it naturally promotes an important theme for any recovery - the power of choice - as well as provides a path to make effective choices. The model presented in this brief can function in an inpatient or outpatient model, and can be used in conjunction with several other recovery tools (e.g., motivational interviewing and individual counseling).

Addiction recovery tools are strategies that a counselor can draw upon to increase the success of treatment and relapse prevention. Each tool is independent of the others, however, they may be used effectively in a multitude of combinations (e.g., disease model and peer support programs [AA]).

The application and use of Choice Theory as a tool seems to be very valuable in the early stages of recovery. Early recovery can be defined as the period of time directly after a person chooses to stop or reduce their drug or addictive disorder behaviors. Glasser (2000) explains that Choice Theory teaches people how to develop better relationships with themselves and other people - two very important elements of any successful early recovery.

Though this may appear obvious, many persons with addictive disorders do not fully understand that they do have choices available to them. They are often also not fully aware or believe that they have the potential to take charge of their life. The underpinning of this model that has the most impact on the client is the teaching of choice.

Preparation for Application

Before individuals would use the below application, they would first need to have a strong working knowledge of Choice Theory. Secondly, it is recommended that counselors clearly determine the client’s needs by using some type of assessment process. One’s orientation for addiction assessments will determine the amount of detail in the assessment process.

Below is an example of a formal assessment checklist:

1. Screening and determining service match.
2. Introduction to addiction orientation, ethical considerations, consent for treatment, and other administrative details, such as billing.
3. Assessment, which can be formal (SCID and/or Biopsychosocial assessment, DSM IV-TR, assessment measures, mini mental, and formal psychological instruments such as the MMPI-II) or informal (EAP screening checklist or general questions by the counselor in a counseling session).
4. Action plan, which again can be formal (written treatment plan and recovery contract in writing) or informal (agreements made by client and counselor to be completed between sessions - can be in writing, but lack the rigor of a formal treatment plan).

RECOVERY TOOL Application of Choice Theory

It is important to note that the below model does not need to follow a linear progression. Some clients will work through the ten steps in a linear order, and others will move around; it just depends on where they are, and what they need. Also, some clients will work on more than one step at a time. This is a flexible process.

One main key of most recovery tools is to teach clients strategies to take control of their lives, in a manner that makes sense as to where they are. This model adheres to this principle. Glasser (1998) explains that one of the most powerful learnings we can teach clients is that they have the power of choice.

Not surprisingly, when clients are able to understand and accept internal locus of control, total behavior, organized behaviors, wants vs. needs, comparing places, and the feedback loop, their chances for a healthy recovery are much greater.

Each of the below steps is introduced in the counseling session. However, there is a clear expectation that the majority of the work will be done on the client’s own time between counseling sessions. In regard to the question of how much time is spent on each step, this will vary from person to person. Again, it depends on the clients’ needs, and very often their motivation. The client and counselor will stay focused on any step until both believe they have achieved the desired competency and awareness.

Ten-Step Choice Theory Addiction Recovery Tool:

Each step provides a brief overview. The process of how each step is done exactly (e.g., handouts, forms, and timelines) needs to be agreed upon by the client and counselor.

Step 1 - Define Control Bank. The client develops a list of ‘have to dos.’ This list collects what individuals think they have to be in total control of before they will be able to move beyond their present addictive disorder. This list is based solely on the client’s present view of the world. The collection of this information provides valuable insight as to how the person is presently filtering the world, and assists the counselor to assess some of the negative impacts of the addictive disorder. For example, the specific addictive disorder is influencing the client’s present perceptions. The not-so-obvious benefit is this list provides a snapshot of clients’ present realities and what they think they presently control.

Step 2 - Determine Internal Beliefs and Rules. Clients are asked to generate another list of rationales as to ‘why’ they believe their life may be out of control. This is a very important activity, as it fleshes out with more precision more of the client’s present thinking. Clients have a story that they run in their head, and this activity helps the counselor clearly understand what their story is. In this stage, it is also important to look at people as holistically as possible. For example, they may have a dual diagnosis (two or more issues going on at the same time (e.g., alcoholism and depression disorder). Regardless of the labels, it is helpful to look at their present thinking holistically (i.e., avoid the application of labeling individual thinking) and not singularly (i.e., issue one is addictive thinking and issue two is depression thinking), as this may overwhelm the client.

Step 3 - Define Present Core Competencies. Clients do a detailed exploration and assessment of all the core knowledge and skills they have for making healthy choices today and for the future (e.g., support systems, education, life experiences, relationships). This is really an inventory of the client’s present talents, skills, and resources. This activity reminds clients of their total knowledge filter of what they already know and the ability to choose. It is often helpful to keep in mind that some effective core competencies may be found to be ineffective behaviors. For example, it can take some creative questioning to determine what positive skills are present when a person steals for drugs. This takes creativity on the part of the counselor to coach the client in the process of looking for effective present behaviors and core competencies, which may be hidden in ineffective behaviors. The key point is to determine a clear resource inventory that the client fully takes ownership of.

Step 4 - Discover the Addiction Loop. Each and every person with an addictive disorder has his/her own addictive disorder pattern loop. It is important for clients to break down this loop and become aware of their pattern. One important goal is to bring this information to a conscious level of awareness. Many times, clients are not aware of the behaviors they are doing prior to engagement in their addictive disorder. Studying their addiction loop assists the person to discover and learn about the exact frequency, duration, and intensity of the behaviors prior to active participation. The outcome of this step is to develop a map of when clients do their addictive disorder and an insight into their patterns.

Step 5 - Determine Hot Buttons. It is important to determine the stimulus response pairing that the client may have developed which can act as drivers for the addictive disorder pre-participation thinking. These hot buttons, also called ‘triggers,’ can include: people, places, and things that stimulate addictive disorder thinking. The outcome is to develop a complete inventory of the client’s triggers, and bring these to a conscious level of awareness. The first step to stopping hot buttons from driving individuals’ automatic thinking and behaviors is that they must clearly know what they do so they can connect the risks. For example, seeing a friend high may trigger them. In these situations, they report that they get strong urges to use their drug of choice. By knowing this, they have the opportunity to develop clear counter-triggers. These are actions a person takes to counter an urge. For instance, in the above example if they saw a friend and felt an urge, they could take their prepared stay clean & safe checklist. Once they have it out, they could
start doing the behaviors on the list until the urge passes. This activity can teach clients that they do not have to live by stimulus response rules, and there is always a choice. They just need to have healthy choices organized and ready to use.

Step 6 - Define Locus of Control. It is common practice in counseling to determine the client’s current level of motivation for treatment. There is a direct correlation between the level of motivation and clients’ success in treatment (Prochaska, DiClemente, Norcross, 1992). For people to take charge of their lives, they must be motivated. To learn about locus of control, individuals must be willing to explore what they are able to control and not control. They must also be willing to focus the needed energy and time on exploring, understanding, and learning the core competencies they will need to learn, so that they can live life by an internal locus of control. Once again, the creativity of the counselor is very important. Once the client is motivated, the counselor may choose many different strategies to teach internal locus of control, such as: active scheduling, journaling, assigned readings in Choice Theory. The goal of this step is to teach clients to understand internal locus of control. This will support them to learn to overcome and recognize how their addictive disorder’s powerful reward systems have been distorting their perceived sense of control.

Step 7 - Determine Healthy Total Behavior. The outcome of this step is to introduce the client to total behavior, using Glasser’s Choice Theory car. The twist on this concept is the client is asked to do a comparison between a healthy and addictive car. To do this, clients are asked to list five behaviors that are consistent for each wheel. For example, on the feeling wheel, they are asked to compare a healthy feeling wheel (e.g., pride, confidence, peace, joy, and courage) to an addictive feeling wheel (e.g., guilt, shame, anger, depression, fear, and grief). The purpose of this activity is to educate the client about the impact of actions and choices on feelings. Many addictive disorders are created out of individuals’ best attempts to escape or change some emotion they are experiencing. This step helps clients learn the connection of total behavior and self-control.

Step 8 - Determine Recovery Behaviors. Clients take time to process what new behaviors they believe they need to learn to stay in recovery (e.g., communications skills). The outcome is to help clients start the formal process of organizing and developing new behaviors. It is helpful to encourage them to provide a rationale for their present thinking. This activity very often leads clients to discover an exciting internal ‘AHA’ that being their addictive disorder is an organized behavior, and not a life sentence, and their addictive disorder is most likely the direct result of an unmet basic need(s). In the end, to overcome an addictive disorder over the long term, individuals will need to learn new organized behaviors that are healthier and more effective, or they will always be at risk for relapse.

Step 9 - Determine the Anchors for Success. Clients develop a template of what they really want once they have stopped their particular addictive disorder. It is important to help clients flesh out this future want. This process provides clients with an opportunity to internalize these wants, and turn them into powerful internal motivational anchors. These anchors are quality world pictures (e.g., playing outdoors with their child and being sober) which can serve as powerful internal drivers and help keep the person motivated in challenging times. Until people really know what they want, they may live life moving away from what they do not want. This is done often outside their level of awareness. This process helps clients become clear of what they value and really want in their life.

Step 10 - Action Plan for Taking Charge. Clients develop a clearly written action plan for the next twelve months. The main goal is to outline what they will choose to do for their total recovery over the next twelve months, similar to the traditional recovery contract. It is important that this action plan be consistent with the traditional reality therapy action plan process. However, it may be at the next level in terms of detail. It is important to determine plans at both a macro level (e.g., total abstinence from THC) and at a micro level (e.g., to attend counseling for ten weeks). It is suggested that the action plan have exact times, dates, locations, and activities. The more detailed the plan the better, because it provides a clear picture of the next year as to where they are going, and what they will be doing to have a successful recovery. In the end, the plan needs to make sense, be within the client’s level of competency, and be client centered.

In Closing

This brief provides an introduction to the application of Choice Theory as an addiction recovery tool. Choice Theory, when used as a recovery tool, has the potential to teach a person suffering from addictive disorders how to live life from an internal locus of control. This is a very important insight for total recovery. The core teachings of Choice Theory are also very useful in assisting individuals to establish a healthy recovery by teaching them how they can meet their basic needs by choosing more effective and healthier behaviors.

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ABSTRACT

Many definitions of bullying include a statement about the intent behind the bullying behavior. However, when bullying behavior is assessed or is the focus of intervention programs, the intent or purpose of students who bully is given little consideration. Thus, there appears to be a discrepancy in the literature between the way bullying is defined compared with the intervention programs that are designed and implemented to combat this widespread phenomenon. In this paper, a structured interview proforma is offered as a way of assessing the purpose behind the observed or reported bullying actions. Using this proforma may help educators make decisions about the most suitable kind of intervention for the student being interviewed as a way of further reducing the incidence of bullying in schools.

Bullying can be a serious problem for children of all ages. Although bullying has been researched since the late 1960s, it was not until the early 1980s that research into bullying was conducted on a large scale (Olweus, 1993). In 1983, the Ministry of Education in Norway collected data relating to the problem of bullying from 700 Norwegian schools. Since that time, research has been conducted in countries including Britain, Ireland, Australia, Japan, Sweden, and the United States.

As the concept of bullying as a research topic has expanded, the ways of conceptualizing bullying have diversified. While definitions of bullying share certain common features, there are also some important differences (Arora, 1996). One component that is common to many definitions of bullying is the intent or the purpose behind the actions that we categorize as bullying. Often, the intent that is suggested is slightly different with each definition; however, the idea that intent is important is quite common.

If intent is an important component in defining bullying, it seems logical that intent should also be addressed when anti-bullying intervention programs are designed. Curiously, this is not the case. Rather, it seems that, after a student or group of students are identified as people who bully, they are provided with generic programs to teach them better ways of interacting. Using this proforma may help educators make decisions about the most suitable kind of intervention for the student being interviewed as a way of further reducing the incidence of bullying in schools.

In this paper I begin by examining the most common definitions of bullying that currently exist in the literature. Then I briefly consider the nature and outcomes of some intervention programs. It is beyond the scope of this paper to include an extensive review of anti-bullying intervention programs so I only cover a small number of programs, but those that are representative of the general kind of anti-bullying interventions available.

My thesis throughout this paper is that there is little inherently wrong with current definitions of bullying and anti-bullying programs. The problem that exists is more of a mismatch between the definitions and the programs that exist. I conclude this paper, therefore, by offering a possible solution to this problem. The tool I am offering is an interview proforma that would be suitable for guidance counselors or other behavior specialists to use individually with students prior to providing them with intervention programs.

This paper, then, is not advocating a change in the intervention programs that currently exist. Rather, I am suggesting that the way it is decided which program will suit which student could be improved. It is by using this resource, I am suggesting that a closer match between the purpose of the bullying and the program that is offered might be achieved. Being able to more closely align programs and purposes may ultimately help to improve the success of intervention programs and, therefore, lead to more satisfying school experiences for all students.

How is Bullying Defined?

As one of the most prolific researchers and writers in the area of bullying it is perhaps appropriate to begin with Olweus' definition of bullying. Olweus (1994, p. 98) claims "a person is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions in the part of one or more others." Olweus (1994) goes on to explain that actions are negative when the intention of the actor is to inflict or attempt to inflict injury or discomfort on someone else. Olweus (1994) distinguishes between direct and indirect bullying. Direct bullying, according to Olweus (1993), encompasses relatively open attacks on a victim whereas indirect bullying includes social isolation and intentional exclusion.

Besag (1989) has researched bullying extensively in Britain, and defines it as "the repeated attack - physical, psychological, social or verbal - by those in a position of power, which is formally or situationally defined, on those who are powerless to resist, with the intention of causing distress for their own gain or gratification" (p. 4). Again, the notion of intent is central to this definition of bullying. Besag (1989), however, differs from Olweus (1994) in that she maintains that the bully's intent is to cause distress, whereas Olweus (1994) claims that the intent is to cause injury or discomfort. Also, Besag (1989) introduces the idea that the individual intends for the victim to experience dis-
tress in order to experience gratification.

Other researchers in Britain and Ireland include similar statements about intent in their definitions of bullying. Tattum and Herbert (1990) define bullying as the “wilful, conscious desire to hurt, threaten or frighten someone” (p. 3). Lane (1988) defines bullying as any action or implied action that is intended to cause fear and distress. In both of these definitions, intent is explicitly stated. Smith and Sharp (1994) use a more general definition of bullying; however, intent is once again included. Bullying is defined by Smith and Sharp (1994) as the abuse of power which is repeated and deliberate. Similarly, FitzGerald (1995) defines bullying as an abuse of power that involves a conscious desire to hurt, threaten, or frighten. Tattum and Tattum (1992) also propose a general definition of bullying which has six elements. One of these elements is intentionality.

Researchers in Australia echo the idea of a power imbalance by defining bullying as deliberately intending to hurt by repeatedly taking advantage of superior strength, either physical or psychological (Slee & Rigby, 1994). The issue of intent is not as clear cut in Australia, however, with Rigby (1996) defining bullying differently in a separate publication. Rigby (1996) maintains that bullying behavior can be divided into two types that he calls malign and non-malign bullying. Malign bullying is similar to the bullying already described where the intent of the bully is to harm someone (Rigby, 1996). Non-malign bullying is characterized by an absence of an intention to cause harm. Rigby (1996) maintains that non-malign bullying can be either mindless, where the individual who is bullying engages in activities without realizing the detrimental consequences for the other person, or educational where the individual who is bullying believes his or her actions are in the best interests of the other person.

Some other researchers define bullying in such a way that intent is only included implicitly. Roland (1988), for example, defines bullying as “longstanding violence, physical or psychological, conducted by an individual or a group and directed against an individual who is not able to defend himself in the actual situation” (p. 21). When expanding on this definition however, Roland (1988) went on to explain that boys’ motivation for bullying usually has to do with personalized power whereas the motivation for girls has to do with affiliation. Roland (1988) also describes various acts of bullying, such as teasing, where he believes the intention is to humiliate the victim. Although intent is not explicitly stated then, it is still an important component of Roland’s (1988) conceptualization of bullying.

Similarly, Cartwright (1995) discusses a school program designed to combat bullying in Britain. In this program, bullying was defined as “unacceptable behavior which results in somebody feeling hurt, threatened, or frightened. This can be physical or verbal and includes hitting, teasing, intimidation, ostracizing, damaging a person’s property, as well as racial, sexual, and disability harassment.” (p. 349). In this instance, bullying is defined in terms of the consequences of certain actions. An argument could be mounted that perhaps when a person’s actions have consistent consequences over a period of time that these consequences might be what the person intends. Intent, then, may also have some importance in this definition.

Some researchers have found that when students are asked about bullying they frequently do not mention intent. Madsen (1996) found that from the students’ perspective, an adverse effect on the victim was the most essential feature of bullying. In another study students typically said that bullying occurred for no reason (Arora & Thompson, 1987). Information of this kind from students is useful and in some ways complementary to the definitions of bullying mentioned above. These data from students serve as a reminder that bullying is often a different experience for different individuals. I considered this kind of information when constructing the interview proforma as it would seem necessary to at least inquire about individuals’ understanding of bullying prior to interviewing them.

Intention, then, is central to many definitions of bullying and implicit in others. From the information provided above, some problems are apparent. From Olweus’s (1994) definition, for example, if a person experiences discomfort or injury as a result of another’s actions but it was not the intent of the other person to inflict this injury or discomfort then, by definition, this person’s actions can not be considered negative. Hence, they could not be deemed to have bullied. In order to establish if someone has been bullied in the way that Olweus (1994) has defined it, it would have to be determined whether or not it was Person A’s intention to cause injury or discomfort to Person B. Also, can someone have an intention to only cause discomfort or only cause injury, or must someone have an intention to cause both discomfort and injury for one’s behavior to be defined as bullying? Furthermore, if Person A’s intention is to cause discomfort and Person B’s intention is to cause injury, would these two people require the same or different intervention programs?

Similar questions could be asked of all the definitions of bullying mentioned above. Is a set of actions that are performed in order to cause injury, the same as a set of actions that are designed to cause fear or distress? Arora (1996), for example, argues that bullying is a collection of different actions that reflect different intentions and different outcomes. Might it not be the case that a student who intends to hurt other students would benefit from an intervention program that was different from the program that a student who intends to frighten other students would benefit from? This seems to be an issue worthy of further consideration if a reduction in the incidence of bullying is desired. It seems to be the case currently, however, that once a school is identified as having some students who bully, intervention programs are implemented with little regard for the intent behind the bullying behavior. Intent is considered when describing what bullying actually is, but is not considered when attempts are made to curb this problem.

In the next section I review some anti-bullying intervention programs and their results in reducing the incidence of bullying. While some success has been experienced through various programs, improvements could still be made. Addressing the intent of students who bully may be a first step in making the
Anti-bullying Intervention Programs

Once again, Olweus (1993, 1996) was perhaps the first researcher to implement a large-scale anti-bullying program. The program devised by Olweus (1993) incorporated procedures at the school, class, and individual level. Procedures at the school level included general education sessions to inform people about the problem of bullying as well as increasing supervision times and improving communication between parents and teachers. At the class level, rules about bullying were introduced and class meetings were conducted to discuss the problem of bullying. Also, praise rates for rule-following behavior were increased and sanctions were introduced for transgression of rules. At the individual level, a student who was identified as engaging in bullying behavior would become involved in individual “talks” with school personnel and would also participate in anti-bullying discussion groups with a trained therapist or group leader.

This broad ranging intervention program was implemented across 28 elementary schools and 14 junior high schools involving 2,500 students. Overall, there were reductions of 50% or more in bully/victim problems (Olweus, 1993). These reductions were maintained for the two-year period that data were collected.

A reduction in bully/victim problems by 50% or greater is certainly a commendable achievement and may well have dramatically improved the school experiences for many students. Improvements of this magnitude, however, also suggest that there is still work to do. Reductions of 50% or greater means that there still may be a large number of bullying problems persisting. Would greater reductions be achieved if the intent of the students who bullied was considered? The proforma I am suggesting provides an opportunity to begin to explore an answer to that question.

While Olweus’ (1993) statistic of reductions by 50% or greater suggests that there is still some work to be done in devising anti-bullying programs, it is one of the best statistics reported. Arora (1994) reports a whole school program with similar components as those described by Olweus that was implemented in an English secondary school. At this school, a reduction in bullying behavior by 20% was reported.

Whitney, Rivers, Smith, and Sharp (1994), reporting the results of the Sheffield Project, noted that the greatest reductions in the likelihood and frequency of being bullied occurred in primary schools with smaller effects being found in secondary schools. This was a large scale project incorporating 24 schools. Whitney et al. (1994) report an average reduction in the frequency of bullying others of 12%. Some reductions in the frequency of episodes of bullying were also noted by researchers in Canada (Pepler, Craig, Ziegler, & Charach, 1994). Four schools in Toronto participated in this study and procedures at the school, class, and individual levels were implemented as in the Olweus (1993) study.

Reducing the problem of bullying in schools has become an important focus for many researchers and practitioners. Currently the reductions of 50% or greater reported by Olweus (1993) seem to be the most promising statistics available. This suggests that there are many situations where a much greater impact could be made on the extent of bullying problems. On the ways of improving the impact that anti-bullying intervention programs are having may be to more closely align theory and practice. The literature on bullying suggests that intent is an important component of the process of bullying and yet intent does not seem to be addressed in any systematic way in the programs being implemented. The proforma I am about to present is a way of bridging this gap.

Interviewing for Intent

The concept of intent that I am using in this paper is provided by Perceptual Control Theory (PCT; Powers, 1973, 1998). Intent from this perspective is considered to be a specification about what it is an individual will experience (Powers, 1998). Rather than intent determining the actions that will be used, intent determines the experiences that will be obtained. In order to create intended experiences, individuals vary their actions depending on environmental circumstances (Powers, 1998).

A child who intends to experience adult attention and company could be expected to vary his or her actions in different environments in order to keep the intended experience constant. At home then, where he or she is the middle child in a family of five and his or her two younger siblings are twins who are six months of age, there may be little time in this situation for his or her parents to spend the time with him or her that he or she desires. This child might discover that when he or she acts in such a way that the twins cry and when he or she eats slowly at meal times and dawdles during other routines, his or her parents tend to spend a lot of time with him or her.

Conversely, at school the child might discover that when he or she completes assigned work promptly and neatly, and when he or she answers questions and attends to the teacher’s lessons that the teacher tends to spend more time with him or her. This child then, could be expected to act very differently in the home and school environments in order to keep the experience of adult attention occurring the way desired. To an external observer, the child might be acting in very different ways; to the child he or she is “doing” the same thing in both environments in terms of creating the experience desired.

From this perspective, it is the consequences of actions, not the actions themselves that are of interest (Powers, 1998). While actions can change from moment to moment, the experiences that these actions are creating for the individual remain remarkably constant. Different actions can create similar perceptual experiences for an individual depending on the environmental circumstances. Conversely, apparently similar actions might create different perceptual experiences for different individuals.

Since a link has been made between actions and conse-
quences, some people may believe that the concepts I am describing might be better explained from an operant learning perspective. The link between actions and consequences from a PCT perspective, however, is exactly the opposite arrangement to the way these two concepts are presumed to be linked in operant conditioning. In operant conditioning, it is assumed that the consequence controls the action (Martin, & Pear, 1992). In PCT, however, actions control consequences. Actions are used to bring about particular perceptual consequences for the individual (Powers, 1998). The particular actions that occur at any point in time will be jointly determined by the intent of the person and the current environmental conditions.

Attempting to change a person's actions without addressing the intent associated with his or her actions is likely to meet with sporadic success. If the person is still able to create the intended perceptual experience by acting in the way that is being suggested, then he or she might change his or her actions as requested. If acting in this way, however, interferes or prevents him or her from achieving what he or she intends, then any change that occurs is likely to be short lived.

Perhaps this explanation accounts for the current situation with anti-bullying intervention programs. It might be the case that when incidents of bullying have been reduced, it is because the individuals concerned were still able to create and maintain the perceptions they intended. When bullying persists, however, it may be because some individuals were not able to change their actions and still experience their intended perceptions.

Byrne (1994) makes the point that it is not possible to speak of a typical bully. Students who bully do so for individual reasons. Also, Connell and Farrington (1996) cite data to suggest that more valid information about bullying may be obtained through individual interviews than via group administered questionnaires. Interview schedules that address the individual purposes associated with bullying seem to have support from some authors in the bullying literature.

Constructing the Proforma

The interview proforma I have constructed is based on the assumption that individuals act in particular ways to experience certain perceptual consequences of their actions. As a starting point, I have put forward six possible perceptual consequences that an individual may be creating. Some of these consequences have been suggested in the literature and others have come from observations from people working with students who bully. The consequences I have based the proforma on are peer approval, adult attention, compliance, injury/harm, fear, and stopping something unpleasant from happening or continuing.

"Peer approval" is a term that encompasses actions that are intended to gain acceptance, approval, and recognition from the person's peers. "Adult attention" refers to actions intended to provide the person with the company and attention of adults in his or her environment. "Compliance" refers to actions that produce compliance, obedience, and acquiescence from other people. "Injury/harm" refers to actions intended to cause someone else to be injured or hurt. "Fear" refers to actions designed to produce fear in others. "Stopping something unpleasant from happening or continuing" refers to any action intended to remove things that are experienced as unpleasant by the person.

I am not suggesting that these six perceptual consequences are a definitive list of consequences that the actions of bullying can produce. They do, however, seem like a sensible place to begin. Through further investigation, these initial possibilities may be clarified and refined.

For each of the perceptual consequences, I created six statements intended to represent different variations of the consequence. The interview proforma then has a total of 36 statements for the individual to consider. Statements, for example, such as "Your friends all gather round and tell you to keep going" and "Some of the students who saw it happen ask if they can be your friend" represent the consequence of peer approval whereas statements such as "The other student tells you he/she is scared of you" and "A student tells you that the other student is too scared to walk home the same way as you" represent the consequence of fear.

Using the Proforma

The proforma (see Appendix A) is intended to be used in an individual interview session with a counselor, therapist, or behavior specialist. The interview should be prefaced by explaining to the student that the purpose of this procedure is to try to understand the student better so that help can be offered to enable him or her to experience more successful interactions at school. The interview then begins with the interviewer asking the student what he or she understands by the term "bully". This discussion occurs in order to clarify that both the interviewer and the student are discussing the same phenomenon.

The interviewer next asks the student if he or she has ever engaged in bullying behavior. If the student answers "no" to this question, there is little point in continuing the interview unless some specific incidents can be discussed and agreed to by the student. If he or she answers "yes", then the interviewer would ask him or her to briefly list the types of behaviors he or she engages in that might be considered bullying.

The interviewer then asks the student to think about the most recent episode of bullying that he or she engaged in. The student is asked to briefly describe this incident. Then, the interviewer explains that he or she is going to read out a number of sentences that are things that could happen as a result of someone engaging in the types of behaviors that have been discussed. The interviewer should clarify that these are not things that necessarily did happen, but things that could have happened. The student is simply required to answer "yes" or "no" after each statement, depending on whether or not that was a consequence he or she desired.

At the end of the interview, the interviewer simply adds up the number of "yes" responses for each of the six consequences. This information should be used to inform decisions.
that are made about the type of intervention program to offer. A student, for example, who recorded five or six “yes” responses to the consequence of compliance but had few “yes” responses for the other five consequences would probably benefit from a different kind of intervention than a student who scored highly on peer approval and had low scores on the others.

Concluding Comments

Contributors to the bullying literature have defined bullying, at least in part, by the intent of the individual who is bullying. I have maintained throughout this paper that the way intent is currently discussed has some shortcomings due to the lack of consideration it is given within intervention programs. I am suggesting that providing intervention programs to students who bully without first making some effort to assess the intent behind the individual’s actions can compromise the success of the intervention being offered.

In this paper, I have provided an interview proforma which might be a preliminary step towards the development of more elegant methods of assessing an individual’s intent. The concept of intent has been provided by Perceptual Control Theory which asserts that individuals vary their actions in order to keep perceptual consequences in constant states. By conceptualizing intent in this way and developing methods for assessing the intent associated with actions, it might be possible to maximize the likelihood that the programs being offered are meaningful with respect to the purposes of the individual. Paying attention to the link between programs and purposes might help to bring about reductions in schoolyard bullying and more satisfying school experiences for all students.

REFERENCES


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APPENDIX A

The Carey Interview Proforma for Students Who Bully

Name: ___________________________ Date of birth: _______ Date of interview: _______

1. What does the term “bully” mean to you?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

2. What are all the things that one or more students might do to another student or students that would be thought of as bullying? (hitting, punching, pinching, spitting, threatening, excluding, spreading rumors, pulling hair, teasing, hurting, hiding belongings, taking belongings, kicking, fighting, beating up, ganging up on, taunting, being nasty)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

3. If a student has difficulty generating many behaviors, name some from the list above and ask him or her if he or she would consider this behavior to be an example of bullying.

<table>
<thead>
<tr>
<th>Nominated behavior</th>
<th>Student Response</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>YES / NO</td>
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<tr>
<td></td>
<td>YES / NO</td>
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<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

4. During the time that you have been at school, have you ever, at any stage, engaged in any of these behaviors? YES / NO

5. Think about the most recent time you engaged in one of the behaviors mentioned above. Think about where it happened and who was there and what day it was and what time it was and how it started and how it finished. I’m going to read out some statements now that describe some of the things that can happen when people engage in the behaviors mentioned above. I’d like you to listen to each of the statements. At the end of each one I’d like you to answer either “Yes” or “No” depending on whether or not the statement describes something you were trying to achieve by using the actions you used. Are there any questions?

- Your friends all gather round and tell you to keep going (P) YES / NO
- The other student says he/she won’t disobey you next time (C) YES / NO
- The other student tells you he/she is scared of you (F) YES / NO
- The teacher comes over from somewhere else in the playground and spends time with you sorting it out (A) YES / NO
- The other student starts to cry (H) YES / NO
- You can get on with what you were doing (S) YES / NO
- The teacher finds out and wants to see you on your own after class (A) YES / NO
• Some of the students who saw it happen ask if they can be your friend (P)
• The other student says you can be the boss (C)
• Another student tells you that the other student is too scared to get on the bus with you (F)
• The student looks hurt (H)
• Your parents are called and they come and get you and then you spend the rest of the day with them (A)
• The other student trips and twists his/her ankle (H)
• The other student stops annoying you (S)
• The other student says sorry and tells you he or she will do what you want (C)
• The student you are bullying tells you he/she really likes you (P)
• The student looks really frightened (F)
• The other student says he or she will do anything for you if you’ll stop (C)
• Someone tells you you’re really hurting the other student (H)
• You can get back to what you were doing without being interrupted (S)
• You spend time sitting outside the office and some of the people in the office talk to you (A)
• A student tells you that the other student is too scared to walk home the same way as you (F)
• The other student falls over and skins his/her knees (H)
• Your friends tell you how good you were the way you dealt with the other student (P)
• The other student says he or she will never bother you again (S)
• The other student asks you what you want him/her to do (C)
• The other student tells you you’re hurting him/her (H)
• You have to stand beside the teacher (A)
• The other student runs away (S)
• The other student begs you to stop because he/she is frightened of you (F)
• The other student leaves you alone (S)
• Your friends tell you they’re glad to be your friend (P)
• The other student starts doing whatever you say (C)
• Your teacher tells you you’re getting a real reputation and all the teachers talk about you (A)
• The other student tells you he/she is too scared to be in the same class as you (F)
• Someone tells you you’ve got lots of friends at school (P)

OTHER CONSEQUENCES

Please write down any other consequences that you would like to occur after you bully
(hit, punch, kick, tease, spread rumors, exclude from your group) someone.
SCORING

Simply add up the numbers of “yes” and “no” scores for each hypothesised controlled variable (Peer approval, Adult attention, Compliance, Injury/Harm, Fear, Stopping something unpleasant from happening or continuing). Each statement has a letter in parentheses after it to indicate which controlled variable it is assumed to apply to. These scores may give you some indication of what this particular student intends to experience when he or she engages in bullying behavior.

<table>
<thead>
<tr>
<th>Peer Approval (P)</th>
<th>Adult Attention (A)</th>
<th>Compliance (C)</th>
<th>Injury Harm (H)</th>
<th>Fear (F)</th>
<th>Stopping Something (S)</th>
</tr>
</thead>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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Realty Therapy, Domestic Violence Survivors, and Self-Forgiveness

Barbara F. Turnage, George A. Jacinto, Joshua Kirven

Abstract

Domestic violence survivors often feel shame, and blame themselves for being battered years after the abusive relationship ends. The process of self-forgiveness can be used to assist survivors in abandoning their self-critical view, and to begin to unconditionally accept themselves as people worthy of love and respect. This article demonstrates how practitioners can use reality therapy to assist survivors through the self-forgiveness process to shift their definition of themselves.

Although the study of forgiveness as a component of counseling has increased significantly in the past two decades (Durham, 2000; Enright, 2001; Enright & North, 1998; Hebl & Enright, 1993; Kurtz & Ketcham, 1992), there is limited literature that describes the process of self-forgiveness as a therapeutic approach when working with clients who have experienced situations that caused them harm (Enright, 2001; Freedman & Enright, 1996; Macaskill, Maltby, & Day, 2002; Worthington, Mazzeo, & Kliweer, 2002). Women who have experienced domestic violence are one group that could benefit from a therapeutic program that includes self-forgiveness (Bui, 2003; Farr, 2002; Ta'Shia, 2002; Weisz, 2002). Enright (1996) described self-forgiveness as “fostering compassion, generosity, and love toward oneself” (p. 116). Self-forgiveness, as a process, repairs domestic violence survivors' feelings about the self and prepares them for new healthy relationships.

Helping domestic violence survivors' work toward self-forgiveness is important because, “individuals tend to make harsher judgments of themselves than of others” (Macaskill, Maltby, & Day, 2002, para. 6). These harsher judgments of the self (unforgiveness) may lead to negative emotional and physical consequences (Worthington, Mazzeo, & Kliweer, 2002). This certainly is the case with many domestic violence survivors (Bui, 2003; Farr, 2002; Weisz, 2002). Self-forgiveness interventions can be used to help survivors of domestic violence forgive themselves for selection of partners who inflicted pain on them, and the time they spent in violent relationships (Burton Nelson, 2003).

The purpose of this article is to contribute to the intervention literature that aims to help domestic violence survivors. This article will present self-forgiveness as a framework for practitioners to use in helping survivors of domestic violence forgive themselves for the harm they experienced. Applying reality therapy, the practitioner can facilitate the therapeutic environment as the domestic violence survivor is guided through the self-forgiveness process. For example, the ideas presented in this paper can be used to help survivors of domestic violence resolve the blame, guilt, and shame commonly experienced (Konstam, Chernoff, & Deveney, 2001). This does not lessen the importance of dealing with the social, physical, and legal aspects of domestic violence.

Applying Reality Therapy to Self-Forgiveness

Reality therapy is uniquely structured to facilitate people in exploring their feelings about an emotional wound (Glasser, 1965, 2000; Wubbolding, 2000). From a reality therapy perspective, people get into emotional binds that cause distress (Wubbolding, 2000). These emotional binds are based on the person's standards (Glasser, 1965). Reality therapists recognize the choices people have available to them, and the need for individuals to take responsibility for the choices they make (Glasser, 2000; Wubbolding, 2000). For the reality therapist, the person must focus on the “here and now” when considering emotionally hurtful situations. Although focusing on past faulty thinking could be helpful as a measure to resolve anger, solely focusing on the past would not allow the person to accept personal responsibility and to move forward. Such a focus may also deepen the person's anger. Anger can be used to mask the true cause of a person's emotional discomfort and reduce the person's viability (Durham, 2000; Konstam, Chernoff, & Deveney, 2001). Therefore, domestic violence survivors must focus on future healthy relationships and not ruminate on painful past relationships.

To develop healthy (i.e., mutually supportive) relationships, the domestic violence survivor must learn how to interpret the context in which interactions occur. In working through the self-forgiveness process with domestic violence survivors the authors have adapted four reality therapy questions (Beck, 1997; Wubbolding & Brickell, 1997).

1. What do you want?
2. What are you doing to get what you want?
3. How will you know if what you're doing is working?
4. What will you do once you get what you want?

These questions provide a framework to help domestic violence survivors understand their role in situations under discussion without placing blame on themselves solely for the outcome. Applying the adapted reality therapy questions establishes a foundation through which domestic violence survivors are able to accept responsibility for their part in the relationship, work through destructive anger, let go, and move forward. For the person to be able to let go and move forward, the anger felt toward the self must be acknowledged and resolved (Konstam, Chernoff, & Deveney). Examining personal motives...
expands the person's choices, thereby increasing successful outcomes. The use of each of these questions with domestic violence survivors will be discussed.

**Question 1: Identifying Domestic Violence Survivors Wants**

The practitioner facilitates the initial dialogue by asking domestic violence survivors to voice what they wanted from their relationship. The discussion must not focus on individual aspects of the perpetrator. The goal of the client and practitioner interaction is for the domestic violence survivor to examine social, emotional, financial, and behavioral expectations in reference to the relationship under discussion. For example, it is appropriate for the discussion to focus on mutual assistance, companionship, and sexual fulfillment. The purpose of asking what the domestic violence survivor wanted from the relationship is to give a voice to the survivor's desires. Opportunities to lessen the pain associated with the unsatisfied wants are possible once they have been verbally identified (Beck, 1997; Henderson, 2002).

**Question 2: Actions That Move Domestic Violence Survivors Toward Feeling Worthy**

As domestic violence survivors begin to voice unsatisfied wants, the practitioner can begin to ask clients what they did in order to get what they wanted. When discussing responses to this question, the focus should be on the efforts the survivors utilized to meet their goals and not their partners' level of involvement or shortcomings (Stroshine & Robinson, 2003). Included in this discussion should be the pain associated with being emotionally available to someone who was not emotionally available in return (Bui, 2003; Stroshine & Robinson, 2003). To fully facilitate self-forgiveness, domestic violence survivors must be honest about their personal efforts. This honesty necessitates a discussion about the feelings attached to the unsatisfied wants. The power of the unsatisfied wants rests in and feeds on the feelings of inadequacy domestic violence survivors carry about themselves (Konstam, Chernoff, & Deveney, 2001; Weisz, 2002). Removing the pain associated with feeling inadequate (unworthy) regarding unsatisfied wants serves to free these individuals from the shame that encapsulates them (Freedman & Enright, 1996). This freedom includes a view of the self as adequate (worthy).

To support their growing self-acceptance (feelings of adequacy), domestic violence survivors should also be encouraged to discuss their fears (Enright, 1996). For example, what kept them from verbalizing their desires to their partner? Fears place constraints on the person and limit efforts to self-disclose. It is possible that a fear of being ridiculed prevents domestic violence survivors from voicing their wants to their partners (Henderson, 2002).

**Question 3: Evaluation of Efforts**

As domestic violence survivors become able to discuss their efforts toward voicing their wants, evaluation of their methods must occur. The failure to reach one's goals may be directly related to the methods used and not the amount of effort exhibited. In cases where the method utilized was inadequate, ineffective communication of wants may have occurred (Konstam, Chernoff, & Deveney, 2001). When the survivors' methods have been deemed ineffective, the practitioner can highlight the importance of healthy communication in relationships. One purpose for discussing healthy relationship communication is to encourage domestic violence survivors to verbally communicate their wants. By putting a voice to their wants, domestic violence survivors validate their significance as people (Farr, 2002; Stroshine & Robinson, 2003; Weisz, 2002). Voicing this material in the therapeutic environment provides domestic violence survivors an opportunity to hear their wants out loud, maybe for the first time.

Depending on the messages domestic violence survivors received about voicing their wants, verbalizing wants may be perceived as signs of weakness. Opportunities to learn new communication skills can provide an arena whereby these individuals learn that being vulnerable is not a character defect, but an aspect of being human (Bui, 2003; Farr, 2002). Further, while discussing their efforts with the practitioner, domestic violence survivors become aware of the appropriateness of their feelings resulting from not obtaining their wants. A discussion of these feelings may provide the practitioner with an opportunity to help these individuals appropriately label unidentified, mislabeled, and/or unnamed feelings. Becoming aware of the appropriateness of their wants may lead domestic violence survivors to begin to accept this aspect of the self.

As domestic violence survivors explore communication in healthy relationships, opportunities for self-forgiveness are also provided. Labeling the fears that prevented domestic violence survivors' communication of unsatisfied wants begins to lift some of the shame that interferes with forgiving the self. As domestic violence survivors begin to understand and accept their fears, the shame that restricted self-knowledge begins to decay (Konstam, Chernoff, & Deveney, 2001).

Another purpose of discussing communication in past relationships is to provide examples of communication in healthy relationships. These examples could be conveyed through role-plays, written material, or videos (Henry & Cashwell, 1998). Exposure to healthy relationship communication examples provides domestic violence survivors standards that can be applied to future relationships. These individuals can also begin to identify weaknesses in their previous relationship communication patterns. When reviewing pervious communication toward goal attainment, non-punitive methods should be used to examine the survivors' efforts.

It is important to get domestic violence survivors to identify how they evaluate their efforts toward goal attainment. Asking domestic violence survivors to identify how they will know if they get what they want requires them to visualize goal attainment. For many domestic violence survivors, the thought of getting what they want may be scary. Getting what they want...
may mean that they will have to change their interactional patterns in relationships and their views of relationships. An image adjustment is required for the domestic violence survivor to shift from the role of victim to the role of winner. This shift in definition of self compels domestic violence survivors to value their individual worth (Enright, 1996). Along with feelings of worthiness comes a different perspective of the violent situation. As domestic violence survivors work toward self-forgiveness, they begin to view themselves as individuals worthy of respect and love (Gillespie, 2002).

**Question 4: Visualizing Outcome**

To increase domestic violence survivors’ ability to handle goal attainment, the question “What will you do once you get what you want?” must be discussed. Visualizing satisfactory outcomes provides a milieu through which domestic violence survivors can safely review the goal attainment process. Hindsight puts distance between the need to act and the ability to create possible scenarios (Enright, 1996; Henderson, 2002). Asking, “What will you do once you get what you want?” also helps domestic violence survivors review, in summary form, the outcomes of previous sessions (Henry & Cashwell, 1998).

The intent of the previous discussions was to refine domestic violence survivors’ views of their self-worth, thereby opening the doors for self-forgiveness. As the doors that blocked self-forgiveness begin to open, these individuals may start to genuinely understand their previous efforts toward goal attainment, the manner in which they previously communicated their wants, and the fears that keep them from using alternative goal attainment strategies. The domestic violence survivor’s strengthened self-image becomes a secure base from which the survivor begins to explore and test out new behavior.

**Conclusion**

Individuals who have experienced domestic violence tend to be self-critical and to participate in self-blame (Bui, 2003; Farr, 2002; Gillespie, 2002). Self-forgiveness, with its focus on repairing the person’s relationship with the self, provides survivors a venue through which they can work to forgive themselves for relationships with individuals who harmed them. While survivors work through the adapted four reality therapy structured questions, the practitioner includes self-forgiveness messages that help heal the previous wounds.

**REFERENCES**


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ABSTRACT:

This article illustrates how Reality Therapy and Choice Theory can be used in the practice of Physical Therapy. A case study is applied to assisting in showing how this method of counseling can be utilized to overcome obstacles such as decreased patient participation or non-compliance, depression, loss of independence and lack of education. Specific areas of Physical Therapy discussed include neurological as well as both outpatient and inpatient settings. Emphasis of this type of counseling approach is placed on empowering the patient to gain maximum benefits from therapy.

Physical therapists are health care providers who habilitate or re-habilitate people that have been affected by congenital disorders, neurological and physiological diseases, musculoskeletal pains and injuries, surgeries, and advancing age. Sometimes, the primary aim of therapy is to get patients back to pre-morbid levels, while at other times, the goal is to just improve a person's independence and quality of daily activities. Unfortunately, in Physical Therapy (PT) and other health care fields, the medical illnesses patients present with are usually not within their own control. These conditions, such as Multiple Sclerosis, a bone fracture, or cancer, are part of one's pathophysiology—an aspect of life that cannot always be prevented or altered. This article will discuss ways in which to educate patients on management techniques that do lie in their hands and to empower patients to not only improve compliance in therapy sessions but for them to get the most benefit out of PT.

Choice Theory (CT), based on the work of William Glasser (1998), explains that all behavior is made up of four components: acting, thinking, feeling and physiology. It further explains that acting and thinking are voluntary and affect the involuntary, dependent aspects, which are feeling and physiology. These four areas of behavior can be seen in the area of PT also. There is the physiology of the illness or injury as well as the feelings that are incorporated with it, usually those of pain, discomfort, dependency, depression, etc. With thinking, an aspect that can be controlled by the patient, patients usually dwell on negative thinking instead of positive thinking. For the component of acting, patients should try to do what is asked of them by the PT, and do as much independently as possible to maximize its benefits.

Choice Theory also describes the five essential needs of all humans, which include survival, love and belonging, power, freedom and fun. CT places its main emphasis on the basis that all humans have control of their own decisions on how to think and behave which ultimately determine how and how much their basic needs are met. Reality Therapy (RT) is a method of counseling that is based on CT that helps people figure out what they want from life and realistic ways of achieving these things. RT also explains that all behaviors are of the client’s own choosing, while influenced, yet still independent, of external factors.

The main reason RT/CT can work in the area of PT and medical fields on a whole is because of the mind-body connection that exists. In this relationship, one's mental and emotional states are said to be able to directly affect one's physical state of being. The physiology of the body, whether in good health or not, in turn, helps to determine the behaviors we choose. These behaviors of how to act and think, then affect the physiology and feelings we have. This continuous cycle therefore alters our physical and mental states of being and how we heal. This is the sole reason RT/CT, which affects one's thinking and behaviors, can be integrated into medicine and conditions of a physiological nature.

The following is a case study with in-depth discussion on how RT/CT can be utilized to increase patient compliance and promote patient education and empowerment in PT to gain maximum therapy benefits to improve health.

History

Beatrice is a patient who has experienced a severe stroke to the left hemisphere of her brain, leading to paralysis of the right side of her body. After two months, Beatrice finally stabilized medically in the acute care hospital and has only seen minimal gains in feeling and movement in her right leg with no improvement in her right arm. She has just been recently transferred to a rehabilitation center for 4 weeks to see if any further gains can be made in therapy there. She will then be re-assessed to see if she is an appropriate patient for further therapy based on her progress. She also has a new therapist now due to her change in facilities.

Beatrice is, at this point, realizing that she will never live the same life as prior to her stroke. She has become depressed at the rehab center and is non-compliant with her first two therapy sessions. Pre-morbid life for Beatrice consisted of a career as a chef in a large restaurant. This job required a decent amount of physical work that the patient now feels she will not be able to do from a wheelchair since the kitchen at her restaurant is both small and busy. Her husband is loving and very helpful with Beatrice's therapy and also has a flexible schedule due to being owner of his own printing company. The PT also realizes the magnitude of Beatrice's lesion and that there will be
modest recovery gains from this time.

**Identifying the problems**

Problems for Beatrice, which encompass all aspects of behavior, include paralysis of her right side of her body (physiology), depression (feeling), non-compliance with Physical Therapy (acting), lack of independence and loss of belonging in her career and life (thinking).

**Problems:**

- Right sided paralysis (PHYSIOLOGY)
- Depression (FEELING)
- Non-compliance with PT (ACTING)
- Dependence, Loss of belonging (THINKING)

The five areas of needs are all being affected in this case. Beatrice’s need for survival is influenced since she is not independent at the moment to care for herself. Belonging in life is not being satisfied because Beatrice is feeling helpless in returning to work and thinking she will not be able to continue working in her present condition. Fun and freedom are also limited due to Beatrice’s paralysis, wheelchair use, depression and decreased independence. Finally, power cannot be fulfilled since Beatrice feels so helpless in all these aspects and does not know how to control her life presently.

**Incorporation of Reality Therapy & Choice Theory**

First and foremost, since Beatrice is a new patient, the PT will need to work on establishing a relationship with her that incorporates trust and humor. The therapist will need to be sensitive to Beatrice’s feelings to make a beneficial and strong relationship, since this is what will optimize treatment. The PT also should work on developing this relationship slowly. Without trying to sympathize, the PT should, instead, empathize with the patient’s problems and help to identify them with the patient. These include paralysis, depression, lack of independence and potential loss of career. Next, the PT should explain to Beatrice what a stroke is, and answer any questions to alleviate any uncertainties and worries. Already, Beatrice should feel slightly better.

Beatrice’s therapist should next ask what Beatrice wants and explain all options available to achieve it. Beatrice earlier stated that she wants to get better and eventually go home. She also says that she sees no benefit in therapy. Currently, few decisions will be available since the stroke is pretty recent. Right now, her options are to stay in the rehab center or go home, and to partake in therapy or not. The PT should help Beatrice make helpful decisions by providing her with knowledge and expertise she may not have that the PT will have. The PT ought to explain that staying in the rehab center is presently the safest choice since it is wheelchair accessible unlike her home, and because she does have the help and advice of doctors, nurses and therapists to help her manage and adjust to her “new” body. The PT should also clarify the goals of PT and relate them to Beatrice’s own goals. Beatrice can be advised to make the best of the time that she has at the rehab center (based on how long her insurance will reimburse for) and try to become as independent as possible, despite how much of her movement returns.

Although PT cannot resolve Beatrice’s paralysis, PT itself may help aid in any potential return of movement. The patient needs to be told this without getting a false sense of hope at the same time. As well, PT will work towards independence with daily activities with what movement is available. Since this is the best option to achieve what Beatrice wants, the PT’s next step is to ask if she is already getting it by being depressed and non-compliant with therapy. We already know the answer is no. Most likely, Beatrice will be a little more ready to comply now with PT.

The tasks required of Beatrice during therapy also need to be discussed, including difficulty levels and any setbacks that may occur such as potential regressions, pain, etc. Once this is done and Beatrice has understood and agreed to PT, the therapist and Beatrice should make a plan together that same day. Small steps should be planned at first, such as some exercises to do in bed independently. The PT should set the days and times to do these exercises and also get a commitment from Beatrice. A follow-up of the plan should be made the very next day (PT is usually seen daily in rehab centers) and go from there. Slowly building trust, re-evaluating the patient’s status, and changing the plan as needed (depending on compliance or failure) are essential.

**Discussion**

Equally important in all patient situations, the therapist should attempt to make the patient aware of all existing problems (physiological as well as mental and emotional) as well as all available options and their consequences. The PT should also help the patient to pick the most appropriate solution by applying the knowledge and expertise only a physical therapist has. In this particular case, the PT should sit with Beatrice and define the existing problems of stroke, depression, loss of independence and non-compliance of PT. Understanding what a stroke is and how it occurs along with its effects can take away some associated fear and possible misunderstandings. It is not unusual for patients to be non-compliant with therapy when their conditions are not fully understood, when depression is present, or when a new therapist-patient relationship exists. It also benefits to explain to patients what aspects of their illnesses or injuries are within their own control and how much they can do to help themselves.

Having a trusting relationship between therapist and patient is key in getting a patient to be compliant. Patients will feel more supported after this relationship has grown. While trust is important, a relationship in which the PT is in a position of “power” is not recommended. Instead, it is important for a therapist to give a patient some freedom and involve the patient when determining a plan of care. This freedom is particularly important for patients who have lost control in their lives because of their disability, as Beatrice has.
In this case, and in almost all cases, the use for RT/CT in PT will be due to a non-compliant patient. Since PT is usually third party initiated, as is the case with some psychological counseling, many of these patients do not want the therapy. They may be, like Beatrice, resistant, in denial, or unmotivated to participate. In this instance, the first thing the PT needs to ask the patient is what he/she wants, while comparing real world with quality world. Most likely, the answer will be that the patient wishes to get better! Although this may not be attainable if the patient’s condition is irreversible, there is usually something that the patient can do to make his/her situation better. If curing the illness is not an option, and it usually is not, especially with a stroke, the patient can still work on ways to gain more independence in activities of daily living, learn to accept the physical problem, and understand how the mind affects the body. As for Beatrice, she can work on regaining her independence as much as possible with the little use she does have of her right side, as well as accepting her condition and developing a more positive attitude.

A second question the PT should ask is if the patients are getting what they want now or if they are doing anything now to get what they want. Almost certainly, these patients are not or else they would not be referred for PT. Hence, these patients will hopefully realize the need to comply with PT. The next questions would be if they think they can change their behaviors and if they are willing to do so. If Beatrice realizes the need for PT and for her to change some part of her life in order to get what she wants, she will most likely try to alter her behavior. Next, the PT can ask if she thinks that the change will get her what she wants and hopefully the answer will be yes.

Other key things that therapists should do include properly defining the task for the patient to ensure understanding. Physical Therapists need to tell patients what is expected of them and what is not. The PT should make sure the patient fully understands what is being asked of him/her, possibly using aids such as physical demonstrations or written directions with pictures. The patient should also comprehend specifics on duration, frequency, direction, etc. with all exercises. In addition, patients need to understand the purpose behind the therapy they are receiving. They also need to know that some things may not improve, such as return of movement or pain level, as might be the case with Beatrice. Patients will be very disappointed if for example, they are expecting PT to diminish their pain levels and this does not happen. Also, patients will not care to participate in PT if they do not understand the purpose or goal behind their actions. Choice theory believes that people will not change their behavior unless there is something beneficial in it for them. Yet, before explanation to patients can begin, therapists need to make sure patients wish to learn about PT and what the purpose is or else the time spent on this will be wasted. In addition, although questions to empower the patient are encouraged, no coercion should be used. The therapist should also get a solid commitment from the patient as to what days and times the patient will partake in therapy sessions and perform exercise regimens.

For evaluation of the patient’s plan, co-validation should be used in which the patient self evaluates with input from the PT as well, since the therapist has more knowledge in the subject matter. The patient and therapist should also work together to continue or change the plan. If a therapist sees something not working to improve the patient’s condition, then it is important to change it and try something different. Regarding plans, simplicity is key, especially with certain types of patients, such as: special needs populations, geriatrics and pediatrics. Plans should also be immediate, made preferably that day, as well as short, specific, and attainable. In addition, the therapist should get a commitment from the patient as to what exact days and times are going to be spent attaining the goals of PT. In Beatrice’s case, simple bed exercises will be given with specific days and times for her to perform them. Beatrice’s therapy sessions should also have goals, which are precise and realistic as well. Lastly, after the patient has been discharged with a home exercise program, a follow-up after a certain amount of time should be carried out since the patient will be performing the program independently. Most of these RT approaches are already taught in PT training without students even realizing they are using a psychological theory.

Although this case represents several ways in which Reality Therapy can be used to devise plans for patients to get better and for them to be empowered, many other key points of RT can be seen in the field of PT. For example, using the analogy of a vehicle with the front tires representing acting and thinking and the two back tires representing physiology and feelings, we can see the many blocks the patient, the driver of this car, can turn onto. One street is not going to PT at all, while another is only partaking in passive treatments. In outpatient PT, both passive and active treatments are utilized. The passive treatments, quite popular amongst all patients, include massage, ultrasound, electrical stimulation and hot packs. Yet, most likely these cannot be continued for long usually due to insurance reasons, and patient must learn specific exercises and techniques that can be done independently to continue to treat themselves.

Patients need to perform stretches, strengthening exercises, breathing techniques, wound care, or other exercises to maintain what has been gained in PT. Although choosing the road that only involves passive treatments is an option, it is not seen as the optimal selection in PT. Yet another avenue is that it which the patient does perform activities during treatment while in the clinic, although does not do a home exercise program. This program is also essential to participating in PT completely yet very often ignored, usually due to lack of time or laziness. At the last intersection on this map of PT, we see our patient can turn down the road in which he/she does everything asked of him/her in PT including passive and active treatment and a home exercise program. Lastly, this road, which seems best, is not the last street our patient can turn onto. One more street exists in which the patient decides to learn about the dysfunction, continue treatments learned in PT, as well as keep up with current knowledge of what is best throughout life. These are the many paths our patient and the car can turn on. While the decision is up to the patient, the therapist can...
help the patient choose what is best.

Strategies used in RT can also be very beneficial when dealing with pediatrics. While not discussed in the earlier case, children can be a tricky population to treat in terms of maintaining attention, using creativity and sustaining motivation. The most obvious of all choice theory strategies is just that—offer the child more treatment choices. Children spend most of their days under the control of others, such as parents and teachers. Giving them a wider variety of alternatives for PT treatment will satisfy their needs for freedom and fun in the process. It is very common for children to be non-compliant with PT because the activities are too restricting, not fun and mundane over time.

While the key to patients and therapy is empowerment in order for patients to gain more effective control of their lives, there are certain things to avoid. Physical Therapists should try not to use external control or tactics such as punishments, rewards, or criticism. Some of these are illegal as well as unethical. Since the PT is in a position of power, he/she must fight trying to control, coerce or force the patient. Personal beliefs should also be put aside, as when using RT/CT for any purpose. Physical Therapists have different value systems because they are health care professionals that have extensive knowledge about the body due to training. It must not be forgotten that the general public does not have this training and must be educated. Instead of using coercion, advise, suggestions, and maybe persuasions ought to be used with patients to show what is in their best interests.

The main goal of RT/CT in PT is to give the patients autonomy—to empower them. No one can rely on others to heal or cure them. While it is common for people to place blame on external factors, all people need to learn to take care of themselves in some part independently and take responsibility for their own thoughts and behaviors. Physical therapists should point out needs that will be met by getting patients to attend PT and manage their own health. The need of survival will be met since PT maintains health, the body’s physiology and exercise. PT can also be fun, especially for kids, fulfilling the second need. Freedom is also satisfied since the gains met with PT would allow individuals to have greater functional mobility and leave them with less societal restrictions. Due to this, the patient will be more active in the environment, decrease his/her handicap, and solve the need of belonging. This, in turn, will allow the patient to independently satisfy his/her need for power with empowerment. The therapists who make educating and empowering their patients a goal of treatment may find that this time spent with the patient seated still, may end up being the most productive time spent in therapy sessions.

REFERENCES


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Surviving Suicide: Treatment Challenges for Gifted, Angry, Drug Dependent Adolescents

Thomas Edward Bratter

The author is the founder and president of The John Dewey Academy in Great Barrington, Massachusetts

ABSTRACT

Any suicide is a profoundly painful experience for family and friends. The death of an adolescent, who possesses superior intellectual and creative power to contribute positively to the betterment of society, is tragic. The psychotherapist, thus, experiences a more intense sense of loss and failure when a gifted adolescent dies before achieving maturity. Temporal & Gabel (1992) confirm a youth's death:

who still had so much life ahead of him fills most therapists with a sense of dread, sadness, and personal failure...The range of reactions...range from overprotection and grandiose rescue fantasies, in which the therapist believes that he is the one with sufficient ability to make the patient see that life is worth living, to the wish to be rid of such a disturbing patient and to blame the youngster for “controlling” treatment. (p. 126)

Jones (1987), furthermore, writes “the suicide of a patient in therapy is the most difficult bereavement crisis that a therapist will have to encounter and endure” (p. 127).

Experiencing shame, guilt, and pain, few therapists want to examine suicidal failures because they fear litigation and condemnation by colleagues. Litman (1965) reports psychotherapists are reluctant to discuss reactions to suicide which is a “taboo area of psychology” (p. 5.)

This article discusses some of my reactions and treatment issues which can help other concerned clinicians become more effective preventing suicides.

OCCUPATIONAL HAZARDS: A PERSONALIZED VIEW.

During my adolescence, I learned two painful lessons: I neither can win all the time, nor prolong life. My father died when I was eighteen. Bratter (1996) lists four painful immutable realities when working with adolescents:

First: Some adolescents die prematurely. Ten are dead. Six committed suicide, including drug overdoses. Two had fatal car accidents driving intoxicated. Two were murdered.

Second: Clinicians working with tortured, troubled, and troublesome teens cannot change rule one. I hate being forced to recognize my limitations, knowing that despite my interventions, sometimes I cannot prevent a suicide.

Third: I prefer to prolong life than to do nothing. I have referred ten adolescents to hospitals. Two killed themselves while hospitalized. Three committed suicide within three months of being released from the hospital. The therapist need to consider hospitalization, but Mack (1986) warns “the hospital environment can provoke regressive responses” (p. 73.)

Fourth: I have the resilience to survive when the youth commits suicide, and learn from this horrible experience Zimmerman (1995a) suggests the therapist needs to “tolerate and titrate large quantities of anxiety...[when the adolescent acts out in self-destructive ways] beyond the clinician's control (p. 6.) Gorkin (1985) reports, “working through this loss is difficult...because the therapist...must accept the possibility of his errors” (p. 5.)

Crises occur at times other than the appointment. Volatile and disrespectful adolescents can be exiled by families expelled from high school or college, devastated by the loss of a significant other, subjected to legal consequences, or assaulted by drug associates. Until the crisis abates, I am accessible twenty-four hours, seven days a week. Continuity is crucial when the therapist vacations. Motto (1985) writes “often suicidal acting-out occurs when the therapist is away” (p. 99.) Unless the professional will talk on the phone, schedule extra sessions, and, in extreme cases, visit the adolescent, this difficult-to-treat group should be avoided.

My feelings connected with the first suicide, which occurred more than thirty years ago, remain intense. I was devastated. I doubted my worth wondering if I had selected the right profession. Jeremy was the first to commit suicide. I did not misjudge Jeremy. He was president of his class, captain of the football team, and had been accepted to Harvard University. We did not discuss his pain because Jeremy was preoccupied with identity issues. In retrospect, having re-visited this treatment relationship many times, I am confident there was no warning. Had his mother not assuaged my anguish, guilt, and sense of failure by urging me to continue working with kids, my guess is that I would have attended law school. Interviewing twenty psychotherapists after a patient had committed suicide, Goldstein & Buongiorno (1984) report they reacted with “feelings of disbelief, guilt, and shock...followed by grief, shame, despair, and anger, and a loss of confidence. The[se] psychotherapists... were...affected in two ways: First, the experience remained vividly in their minds. Second, they...no longer minimized suicidal behavior, attempts, and gestures” (p. 398.)

PSYCHO-SOCIAL CHARACTERISTICS OF GIFTED

Giovacchini (1985) asserts that adolescents are difficult to
treat because they “are reticent about becoming engaged...and... express themselves through action rather than words” (p. 447.) Angry, alienated, and astute students, moreover, possess the sophistication to insult the psychotherapist by attacking inconsistencies, hypocrisies, character flaws, and to penetrate the therapist’s armamentarium.

Whether gifted and recalcitrant adolescents are victims or perpetrators is irrelevant because the pain of isolation and rejection is demoralizing and debilitating, so they view death to end suffering. Bruised, betrayed, battered, and bloodied by masochistic or sadistic conscious choices, some hemorrhage emotionally, but conceal internal wounds for fear of being annihilated. They are consumed by shame, resignation, guilt, despair, anger, inadequacy, and worthlessness. Chiles & Strosahl (1995) suggest sensitive, despondent youth create “a suicidal crisis...to confront a painful situation [perceived to be] inescapable, intolerable, and interminable” (p. 39.) The pain, self-inflicted or caused by external events, is so intense that these adolescents view death to end suffering. To protect themselves against this kind of morbid rumination, many project a facade of grandiosity to conceal feelings of inferiority and vulnerability. Many self-medicate which provides temporary relief.

Further aggravating this dilemma, the gifted feel demoralized because they do not know how to extricate themselves from the lose-lose self-fulfilling prophesy where loneliness, rejection, mistrust, pain, and failure perpetuate. Compromising future educational and personal options due to poor conscious self-destructive choices produces reality-based anguish which many psychotherapists confuse with clinical depression. The bi-polar diagnosis obfuscates rather than elucidates.

Bratter (1986b) refutes the validity of the psychoanalytic approach for acting-out, angry adolescents who engage in annihilative behavior, “psychoanalysis...protracts the myths which rarely have been questioned...[that offer] the concerned clinician few viable treatment options...The analytic model subscribes to the myth of unchangeability because the behavior has been blocked by subconscious forces. In this sense, patients subtly are relieved of any responsibility for their acts and attitudes” (pp. 470-472.)

Miller (1993) maintains that drug abuse exacerbates a sense of separateness and loneliness. Brennan (1986) states that “the debilitating effects of loneliness...are...aversive” (p. 189.) Alienation from self, family and/or friends adversely impacts on identity because the adolescent feels unlovable and/or unworthy.

Those who possess superior intelligence encounter social adjustment problems more frequently than those less intellectually endowed. Drug abuse and addiction retards emotional maturation and prevents the formation of a positive concept of self. Before self-medication achieved epidemic proportions for suburban adolescents from affluent families, Glasser (1971) rightfully suggests when adolescents “face the reality of their inadequacy—they are not moving toward friends or they have few friends; that most people avoid them...[and] few people treat them kindly but as an incompetent child—the pain would be unbearable...A pill can never replace a friend” (p. 80) nor can medication produce self-respect.

**TREATMENT INTERVENTION: LIMIT SETTING.**

Until a therapeutic alliance is established, there are two treatment goals: To convince the adolescent to stay alive and to return for the next session. Bratter (1973) advises when “the therapist believes drug involvement can culminate in...death, incarceration, or personality decompensation...the [clinician] should...intervene” (p. 590) to decrease dangerous and destructive acts.

When some arrive for a session intoxicated, they create a treatment crisis by being disruptive or incoherent. These acting-out behaviors need to be confronted. Bratter (1986a) warns that canceling a session can inadvertently encourage future abuse. Unless incoherent or disruptive, the session should continue. When an adolescent misses an appointment, it makes sense for the therapist to insist that the adolescent notify a significant other about the missed session and then request a phone call from them to confirm. Bratter (2002) asserts in group therapy, unless a member who arrives intoxicated is confronted, implicitly drug abuse is condoned. Bratter (1986b) mentions, few substance abusers “want to attend group [because they] are...threatened by the realization they will be forced to reduce drug consumption” (p. 174.) Jobes (1995) contends negative transference exists because “the clinician is...a member of the...generation from which the adolescent seeks autonomy” (p. 147.) Initially, adolescents view the therapist to be a formidable foe who possesses the power to force them to terminate drug-induced euphoria. Pfeffer (1984) writes the psychotherapist needs “to [establish] trust so...the [youth] is aware...the therapist has his best interest in mind. The therapist must have a sense of caring, respect, and concern for his young suicidal patient” (p. 366.) Gifted and alienated adolescents know the difference between genuine concern and analytic disengagement.

Masterson (1972) justifies immediate limit setting because it is “impossible to wait for a relationship to be established before starting to set limits [which]...is the very gesture of caring the patient hungers for” (p. 238.) Zimmerman (1995b) concurs, asserting intervention needs to be implemented quickly for adolescents in a suicidal crisis because “there is seldom the luxury of allowing the working alliance and transference to develop and ripen at a leisurely pace” (p. 273.) Wessellius (1972-1973) observes, “the most important tool in the prevention of suicide is the establishment of a positive relationship” by enforcing limits (p. 7.) Limit setting becomes the * sine qua non * to maximize survival. Brill & Lieberman (1969) discuss the rationale for rational authority which helps the addicted adolescent to “internalize the controls he lacks and, hopefully, help give up destructive ways of life” (p. 75.) Most treatment agents feel uncomfortable with this orientation. Bratter (1997) uses the metaphor that psychotherapy is a war. I have destroyed car and motorcycle engines by putting sugar and salt in gas
Neutrality with suicidal adolescents is a treatment myth. Szasz (1986) argues, “I don’t see how anyone can take seriously the idea of...self-determination and responsibility and not insist...[the patient] if he is to be free [has] the right to kill himself” (p. 7.) When heeding Szasz’s suggestion, the therapist becomes an accomplice to suicide. Refuting Szasz’s assertion urging the therapist not to confuse freedom of choice with the mandate do no harm, Bratter (1975b) suggests “the benign neglect by the therapist is the ultimate irresponsible and non-caring act. When encouraged ...by a lack of crisis intervention...to indulge...feelings when [feeling] like killing [him/herself] must be considered more than a misguided act; [the psychotherapist becomes] an accessory to murder” (p. 98.) Intervention with impulsive youth, who engage in dangerous and destructive behavior, rejects Szasz’s (1965) advice to psychoanalysts, whom he counsels “not to show...you care for [the patient]...Your sole responsibility is to analyze” (pp. 114-115.) Disagreeing with Szasz, Jobes (1995) contends “what is not needed is an...impersonal or...neutral therapist...Suicidal thoughts never should be...dismissed as...[because] the patient must remain...alive” (pp. 145, 151.) Shneidman (1993) suggests the therapist needs to “act as an existential social worker, a practical person knowledgeable about realistic resources...to [give]...the suicidal person realistic transfusions of hope [to reduce] the person’s...anguish, tension, and pain” (pp. 152, 153.) Laufer (1995) counsels:

The suicidal adolescent urgently needs skilled help and understanding, so that he [no longer feels death]...is the only answer...Superficial caring is much more harmful than no help at all during the crisis period. No help, rather than inappropriate help, leaves open the hope that there may be a caring person nearby, but inappropriate help is experienced as confirmation that he can die because nobody cares (p. 81.)

TRANSFERENCE-COUNTERTRANSFERENCE ISSUES.

Bratter (1975a & b) discusses a suicide that occurred two years after the addict discontinued treatment. I was invited to discuss a therapeutic failure, knowing colleagues would write their reactions. I was the only one to discuss a suicide. In an unpublished earlier version, Strupp accused me of being motivated by a profound dislike for the patient, despite suggesting the methadone addict needed to be incarcerated. Strupp (1975) condemned me, stating that my article “must surely rank among the most provocative case histories to appear in print...If a door is locked, it avails little to rattle the knob louder and louder. It would have been better to find the key. Unfortunately, the key had long been lost and could not be retrieved” (p. 125.) Possessing this pessimistic prognosis, the only responsible reaction for Strupp would have been to decline to work with this adolescent. Responding to my article, Mower (1975) suggested.

Some readers...will feel the lack of positive results...[e. be] attributed to [the author’s] “authoritarian,” “dictatorship “unsympathetic” approach...The fact most members of mental health professions are uninformed...make it difficult for them to understand where Tom Bratter “is coming from. We owe it to ourselves...to become...conversant with the unique and often uniquely effective type of approach to “community mental health.” (p. 127)

Bassin’s (1975) response to my case study also was positive:

Bratter’s success with affluent, alienated, addicted adolescents [may be because they perceive] “look how upset and excited he is about me. I must be...lovable an worthy because this important man is showing such extrem concern about me. “Bratter failed, but has rendered a serv ice to the profession by providing us with an autopsy in th form of a detailed report of his opera tions,presentin the facts...He did the very best he knew how... based o on his prior record of success...No person for that.” (p. 130)

I have acquired the mental toughness and resilience t remain involved with talented, destructive, drug dependent ado lescents. I curse my ignorance, impotence, and incompetence which may have contributed to death.

Pam (1994) contends that, “avoidance of limit setting i seen...as a countertransference problem, possibly rooted in aversion to making the patient angry, or even as unconscious and vicarious identification with the patient’s acting out” (p. 438.) Those who view limit setting to be a countertransference issue are advised not to work with this adolescent population whose impulsive death-defying behavior places them at extreme risk. The concerned clinician needs to examine control-dominance issues that gratify personal needs, and confront the heroic rescue fantasy that can fuel feelings of omnipotence and grandiosity. Unless the therapist intervenes, the adolescent will die. It is preposterous to assume that the therapist will not be affected both professionally and personally when the adoles cent dies. The psychotherapist needs to maintain a treatment perspective, asking, do I become enraged when disappointed or disobeyed? Do I wish to punish others when I feel frustrated? Do I hate or wish to replace parents? Do I feel that I am owed respect, appreciation, and compliance? Am I relieved when the adolescent cancels an appointment? Do I hope the relationship ends? Do I enjoy the challenges and games which I may inadvertently provoke and encourage? Does the adolescent remind me of someone who hurt, betrayed, or rejected me? Do I dislike the youth? Why? Do I feel a need to punish? Am I therapeutically immobilized because I want the adolescent to like me?

I hate the pressure to be the “Catcher in the Rye” whose self-appointed mission is to prevent adolescents from falling off the symbolic cliff to become corrupted adults. Caulfield tanks when adolescents drive while intoxicated and have had accidents. While enraged initially, post hoc adolescents appreciate this act of responsible concern which enhances the therapeutic alliance.
wants to help children exist in the prolonged vacuum of innocence. Holden does not want to grow up. I do not want to be the perpetual adolescent. I do not glamorize adolescence. I was the reject, the retard, and failure no one liked, respected, or trusted. It is painful to revisit my adolescence and relate to feelings using judicious self-disclosure so that teenagers can gain courage and perspective knowing there will be a more stimulating and satisfying life after adolescence. For me, the symbolic cliff is destruction and death. My clinical challenge has been described by Salinger (1951), who created Holden’s fictionalized fantasy:

I keep picturing all these little kids playing some game in this big field of rye and all... And I’m standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start to go over the cliff—I mean if they’re running and they don’t look where they’re going. I have to come out from somewhere and catch them. That’s all I’d do all day. I’d just be the catcher in the rye and all. I know it’s crazy, but that’s the only thing I’d really like to be (pp. 224-225.)

I hate thinking about the deceased. In retrospect, it has proven beneficial to examine what I could have done differently. Jacobs & Klein (1993) recommend that performing a psychological autopsy can yield insight how to prevent further suicides.

An ex post facto investigation helps me to devise therapeutic strategies which can be utilized in other life-threatening crises. Winnicott (1947/1992) suggests, “an analyst...must be...aware of countertransference that...will include hate” (p. 48.) Agreeing with Winnicott, Sheideman (1969) suggests performing a “psychological autopsy” (p. 225.)

Two decades later, I remain upset that I failed to pursue Danny who missed three consecutive sessions. I felt relieved I had time to regenerate. My mother was dying. I felt too drained to call. A week later, Danny was murdered. Had I been involved, I could have prevented a murder because I would have intervened. A drug associate had stolen Danny’s guitar. He murdered Danny because the peer group remained silent. Since knowing several members, I would have intervened when hearing about the threat to kill my adolescent. The wreckage is appalling. One dead, another serving a life sentence for murder.

CONFIDENTIALITY: THE CONSPIRACY OF SILENCE VS DUTY TO INFORM

During the first session with an adolescent, I discuss the issue of confidentiality. Before the Tarasoff decision (1976), confidentiality was sacrosanct. Monahan (1993) notes the duty to warn others about dangers posed by the person-in-treatment to others and the self “is now a fact for...clinicians” (p. 242.) Rather than joining the conspiracy of silence, the therapist needs to inform the youth there will be disclosure when there is a threat of personal harm or violence. Sheideman (1993) recommends, “modification of...confidentiality [because]...the therapist should not ally himself with death. Statements given during the therapy session relating to the patient’s overt suicidal (or homicidal) plans...cannot be treated as a secret between two collusive partners” (p. 146.)

Schlossberger & Heck (1996) advise the clinician to get a signed agreement “concerning disclosure of client...communication” (pp. 29, 30.) I often request the adolescent sign that:

Our relationship is confidential. There are three exceptions when I have a moral and legal duty to inform others when you (1) discuss intent to harm someone (2) inform me you consider hurting yourself, and (3) describe a future illicit act. Since your welfare is my primary concerns when believing you want to hurt yourself or others, I will intervene. If you do not agree to this, find another therapist with whom you wish to work. If you violate this contract by not discussing your behavior with me before you act and I learn about what you have done from other sources, I retain the right either to notify others and/or to terminate our relationship.

Working with adolescents in an outpatient setting, Robinson (1984) urges including families (pp. 410-411.) Bratter (1975a) states, “parents...have the ultimate responsibility to...protect their child from harming himself. If the psychotherapist did not attempt to elicit assistance...then he could be accused of not trying every resource to contain the adolescent’s [suicidal] behavior” (p. 97)

Alienated adolescents trust few people. When a youth discusses either current or future illicit and/or self-destructive acts with the therapist, the intent is to alert the psychotherapist to intervene to prevent him or her from hurting self or others. There is no other explanation for this kind of self-disclosure. The healthy part of the teenager is screaming for help. Ignoring this plea betrays the adolescent in his or her time of desperate need. Samorajczyk (1971) notes alienated youngsters “want to know where the limits are—and that someone ‘gives a damn’...to guide [them] in [their] search for what is expected of them” (p. 115.) It will prove to be an interesting case when inevitably a psychotherapist will face litigation for being a co-conspirator by refusing to act decisively to prevent a crime.

I have found writing letters to be a most effective treatment strategy to notify the family and friends about concerns by explicitly describing desperate, dangerous, destructive behavior. Significantly, in more than 90% of the cases, within three days a responsible family member and/or friend finds my letter and contacts me to seek my advice. Obviously, if the adolescent did not want to be stopped, the letter would be destroyed. My letters are preserved. Often when adolescents call years after our relationship ended, they still have the original letter.

Bratter (1986b) describes a situation which prevented a gang war while enhancing the therapeutic alliance.

During...a group session for adolescents who have been convicted of serious crimes, a South Bronx 18-year-old discussed his fear about a...gang war scheduled for later that night. Jose resisted the group’s attempt to persuade him not to return to the neighborhood because he reasoned his honor would be compromised. When the group ended... Jose cheerfully said..."Tom, I know you will find a solution...” I was not pre-
pared to...convince the warring gangs not to fight because I feared for my safety. I... informed the police about the impending gang war...I recognized the group might condemn me after the fact for [intruding]. I failed to discuss my plan because I had not thought of it during the group...Jose arrived late for...the next group...positioned himself in front of me grinning. I feigned ignorance...Jose...responded... “Tom’s a sonofabitch! I never seen so many big mother-f...cops!... What did you do, call the police?” “No...I contacted friends at the FBI and the CIA.” (p. 168)

CONCLUSION

This article may be my last in a writing career that spans more than four decades. Spiritually, I feel purged of the ghosts who haunt me late at night which make sleep impossible. This has been cathartic. Rather than twist and turn, I begin my day at 2:00 A.M. writing letters and chapters. No more chapters, but many, many more letters because writing is a therapeutic weapon. Knowing what I do if I could select my career today, I would choose to work with talented, troubled, tortured teens because there is no finer reward than helping to help an adolescent reclaim his/her life which justifies my existence to myself. Having officiated at three funerals, I am more passionate, intense, and idealistic now than ever before. Bratter (2003) reports, “I believe the only helpless and hopeless adolescent is a dead one.” I love the awesome challenge and responsibility to attempt to redirect potentially lethal behavior into constructive and creative activities. Psychotherapy is a creative, exciting, and vital profession if I possess the courage to become involved by risking being hurt and disappointed to be a proactive catalyst for creative and constructive change.

Unless possessing the courage, the strength, and experience to extend the treatment alliance, the psychotherapist should refer these difficult-to-treatment adolescents who pose significant challenges to colleagues or program that have the expertise to prolong life. Kernberg (1994) correctly advises the clinician to “assess the degree of hopelessness...[which] plays a[n] important role as a predictor of risk [when the therapist experiences] a sense of pessimism about the treatment and about the patient, and his/her...therapeutic skills.” (pp. 54, 74)

Perhaps maudlin, I hope my obituary will read: No one can accuse Tom of not caring, of not having the courage of his convictions, and not trying to improve the situation. He dared to dream the impossible dream. Some survivors have become mental health professionals and teachers who have improved the quality of life for others.

It is gratifying to know that by saving lives, I have made the world a tiny bit better place in which to live.

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Ministerial Suicide

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ABSTRACT

Because of the uniqueness of the ministry, our satisfaction as ministers is directly related to the extent in which the ministry fulfills our needs. While our satisfaction should be in God, at time we ministers will find ourselves very much like Jeremiah who cried, “I will not make mention of him, nor speak any more in his name.” Jeremiah’s need for love and belonging was not being met because people rejected the message God had given him to proclaim. Thus, he threatened to quit the ministry. Most ministers know how Jeremiah must have felt.

Therefore, in the quest to find a way we can be relieved from the plough handle (Luke 9:62) without volunteering to do so, or quitting, we can consciously or unconsciously do something that will take the plough handle away from us.

We commit suicide. While few ministers commit physical suicide, many commit ministerial suicide. We do something that makes no sense to anyone else. But to us, it is a way of letting people know how much hurt there is. And, we didn’t let go of the plow; it was jerked out of our hands.

INTRODUCTION

Joe had been senior pastor of First Church for almost twelve years. The years had been good, and the people had loved and supported him. A couple of years ago, a young couple transferred their membership from a church in another state.

At first, Joe was thrilled God had brought the young couple to First Church. They were aggressive and futuristic in their thinking. Joe enjoyed hearing of the great church in the distant state from which they had come. He knew of the church, and knew the pastor was considered one of the most successful and greatest preachers in the country. Joe had heard him on several occasions on state and national programs.

But, then, Joe began to sense a second meaning to the many comments he heard from the couple. It seemed First Church, and Joe, could do nothing as good as their old church. And, for the first time in his ministry at First Church, he worried as he saw the couple gain influence in his church, especially among the young adults.

But his wife had never known how to give verbal support to her husband. She loved him and had respect for him as a husband and pastor, but theirs had never been the best friend relationship Joe had seen in the marriages of some of his peers. As his wife kept making demands he felt were unreasonable, he began seeing the flaws he had overlooked for years.

One day, to everyone’s surprise and hurt, Joe walked in, told his wife he didn’t love her anymore, and hadn’t loved her for years. He told her he was tired of playing the game, and packing a suitcase, he walked out.

Friends tried to make contact and talk with him, but he would listen to no one. He rejected any suggestions of counseling and reconciliation. His ministry was over, and it wasn’t his fault. It was the woman with whom he had tried to live with for over twenty-five years.

Sorry, Joe, the marriage wasn’t the cause; it was the gun with which you committed Ministerial Suicide.

“Tonight Shanghai is burning,
And we are dying too.
What death more surely mortal
Than death inside of you?
For some men die by shrapnel
And some go down in flames.
But most men perish inch by inch
In play at little games
(Unknown).

But as I rav’d and grew more fierce and wild
At every word,
Methought I heard one calling, Child!
And I replied, My Lord.”
George Herbert (1593-1633)

In his poem, The Collar, George Herbert, English minister and poet, used more than thirty lines to express the frustrations that go with the ministry. He “stuck the board, and cried. No more.” He asked, “Have I no harvest but a thorn?” and, “Is the year only lost to me?” Then he closed with the words quoted above. And with those words he forged the chain that holds ministers to their calling.
But, what pastor has not been where he was? What minister hasn’t become so frustrated as to grow “more fierce and wild at every word,” and needed to hear the Lord’s voice calling, “Child?” And, because of that heart-heard word, was able to reply, “My Lord.”

But, what if no “Child” is to be heard? Or, if spoken, it is buried beneath the crashing sound of the heart’s being broken by perceived impossible demands.

The call to ministry carries with it a world of conflicts. These conflicts range from trying to balance time between ministry and family, to being leaders in financial contributions while providing for the personal needs of the family, to helping others with their emotional problems while caught in their own private emotional storm.

Most ministers learn to live with these conflicts, and, though there are pressure points, they handle those times in a healthy and effective manner. But, though most do so, many do not.

We identify those unable to handle the conflicts and pressure as having suffered “burnout.” While this phase has become well known, many have only a vague idea how it occurs, what it means, what its effects are, and, most importantly, how to get victory over it.

Burnout is as much a perception as it is a reality. It occurs when we feel we are in a losing situation, or have lost control of the situation. As long as we feel in control, we may become tired and need to rest, but we are in no danger of burnout. Some schedules are very full; yet, the individuals are upbeat, happy, excited, and seemly cannot wait until their next appointment.

While it may be possible to work too hard, there is truth in the old proverb, “If a man enjoys what he does, that man will work only a few days in his life.” It is when one has lost control and the pressure that goes with not being in control, that the schedule becomes a “working” schedule. When this happens, the joy is gone and the pressure is on. He can begin to withdraw from all activities, emotionally dig himself a hole, climb in, and pull the hole in after him.

The psychiatrist, William Glasser, suggested people have five needs, and they judge their happiness by the extent these needs are being met. He identified the needs as 1. the need for survival (this includes nourishment, shelter, sex), 2. the need for love and belonging (in addition to families and loved one, this also includes groups), 3. the need for power and control (this includes achievements and feeling worthwhile as well as winning), 4. the need for freedom (includes independence, autonomy, and having one’s own space), and 5. the need for fun (pleasure and enjoyment).

For the most part, ministers believe that we should be the source from which each of these needs can be fulfilled. The problem is, however, too many of us are not letting our needs be met by our relationship with our God. We search for answers to our spiritual problems in earthly solutions, and we get earthly results. Thus, often it is we ministers who will lead the parade of hurting people with unmet needs. Why is this?

One reason has to do with our identifying ourselves with our jobs. There are professions in which the person doesn’t do a job; he or she is the job. Consider law enforcers: policemen don’t just “police,” they are “police.” Twenty-four hours a day, seven days a week, on the job and off the job, a policeman is a policeman. Consider doctors: a doctor is a doctor in her office, at home, or at church. Wherever she is, she is always a doctor. Or, ministers: ministers are always ministers. The ministry is not a job. It becomes the person, and the person becomes it. We are ministers twenty-four hours a day, seven days a week, three hundred and sixty-five days a year. We are ministers when we are on vacation, when it is our days off, when we are enjoying ourselves doing our hobbies, or when we are frustrated at the airport. We are ministers when we are good, and we are ministers when we are bad.

It is what we do; it is what we are. And, unless we are careful, because we are as we are, what we are becomes all we are.

Most professions have built in oppositions, but few professions have the interpersonal relationships built into them, as does the ministry. Law enforcers expect people to do as they say not because people like them, but because their word carries behind it the authority of the state, county, or city. The doctor has the attention of the person because of a hurt or pain. People usually do not volunteer to get sick, and do not deliberately place themselves in situations where they need doctors. Doctors are respected from a situation of need.

Ministers, on the other hand, are expected to be leaders. Yet, we must lead through the power of our relationship with those we are leading. Ours is one of the few professions where leadership is totally relationally based. If the relationship is healthy, the leadership is healthy. If the relationship is on stony ground, so is the leadership. Every pastor realizes this and, because of this unique bond between relationship and leadership, if the pastor perceives his relationship is threatened, he will also perceive his leadership is threatened. To reject one is to reject the other.

“Pastor, I love you, but I don’t like the direction you are leading our church,” says the congregant.

And, when he does, the pastor will usually not believe the first part of the statement if he accepts the second part. “How can you say you love me, and reject my ministry? My ministry and I are the same. To reject what I am trying to do is to reject me as a person.”

While this is unreasonable thinking, most ministers have been there. When we feel a basic need is not being met, we will do things to help meet that need. For example, as a young man, I came to realize my friends were not meeting my need for love and belonging. She did, and in the deeper relationship of marriage, my need for love and belonging has been met for almost forty-two years.

I found that “more” in Wanda, and I asked her to marry me. She did, and in the deeper relationship of marriage, my need for love and belonging has been met for almost forty-two years.

Because of the uniqueness of the ministry, our satisfaction as ministers is directly related to the extent in which the min-
istry fulfills our needs. While our satisfaction should be in God, at times ministers will find ourselves very much like Jeremiah who cried, “I will not make mention of him, nor speak any more in his name.” Jeremiah’s need for love and belonging was not being met because people rejected the message God had given him to proclaim, and he threatened to quit the ministry. Most ministers know how Jeremiah must have felt.

Regardless how spiritually committed we wish we were, occasionally all of us will let our human needs override our spiritual commitment (Rom. 7:15).

Typically when any one of our needs is not being met, or is being threatened, we ministers will have a chain reaction in which all the needs are affected. It is easy to see the domino effect. If we feel our leadership is being rejected, our need for control (worthwhileness, significance, value) is threatened. Because our ministry and our persons are inseparable in our mind, to reject our leadership is to reject us; thus, our need for love and belonging is threatened. If our love and belonging need is threatened, then our employment is threatened, thus our need for survival for us and our family is threatened. These perceived threats cause us not to have freedom in our relationships and preaching; thus, the freedom need is threatened. This adds to the ministry’s having lost its ability to be enjoyable anymore, and our need for fun is no longer met.

I repeat, if any one of the basic needs is not being met, the typical minister will feel a threat toward each of the other needs. There will be a domino effect.

The ministry is too big for any of us without His calling and His empowerment. Yet, sometimes we reject His empowerment and when that happens we will do whatever is necessary to take things into our own hands. Instead of waiting and trusting in God, we will try to empower the situation ourselves.

The most basic manner in which we respond to disappointingly unmet needs is anger. Using the previous example of Wanda marrying me, the first time I asked her, she said, “No.”

My first impulse could have been anger. “Who does she think she is, turning down a great guy like me?” Yet anger can be dangerous. People kill other people because of anger. So, I quickly rejected that course of action.

The second course of action I could have followed was depression. Most of us choose depression because it is a better reaction than anger; it gets help from others without having to beg for it, and it postpones our having to act in other ways.

One of my friends could have seen how depressed I was and he could have gone to bat for me. “Wanda,” he could have said, “I am one of Ernie’s best friends, and I can tell you I have never seen him so depressed. Couldn’t you reconsider your answer?”

If friends tried to get me to go out with another date, fearing rejection again, I would ask, “How do you expect me to want to go out? Can’t you see how much I am hurting?” After a while, however, people will get tired of my depressed mood, and will start telling me to either “snap out of it,” “there are other fish in the sea,” or, worse, start avoiding me.

Then my creative side would kick in. I would begin to create ways in which I could get control of the situation. If I can’t get control over others by depression, my thoughts may turn to suicide. “If I were dead,” I might think, “she would be sorry.” This would be a crazy idea, but it might make sense to me in my depressed and rejected mood. People who kill themselves aren’t thinking rationally. It may be a crazy idea, but to them at the time it is the one that makes the most sense.

In my relationship with Wanda, none of the above took place because I chose to do things differently. She said “no” because of the situation I was offering her. So, I chose to go out and change the situation. I got a job.

What has this to do with the ministry?

A great deal, because when we feel our ministry is being rejected, we ministers can follow the same series of emotional steps and suffer “ministerial burnout” which can lead to “ministerial suicide.”

Remember, ministerial burnout is as much a perception as it is a reality. Though some would argue there are no definite one-cause-fits-all reasons for it, I believe it occurs when we ministers feel we are in a losing situation, or have lost control of a situation. As long as we feel in control, we may become tired and need to rest, but we are in no danger of burnout.

When ministers feel our needs are being met, we can work a workaholic’s schedule, and very seldom feel over stressed. If, however, our needs are not being met, we will start experiencing personal conflict. Burnout comes not from working too hard, but from not having our needs met. As long as our needs are being met, we can handle the stress of the hard job.

The more our needs are not being met, the quicker our decline into burnout. It is always a disappointing time when ministers feel that our ministry is not producing the results we wanted. With needs that aren’t being met, and with a growing sense of failure, we will work to gain control.

How will we do this?

The most elementary method is anger. We may be mature enough to be able to express our anger toward God, as does Jeremiah in chapter twenty when he says, “O Lord, thou hast deceived me and I was deceived.” A more current example of a minister’s expressing his anger toward God is from the movie, The Apostle. One of the strongest parts of the movie is the scene in which the hero expressed his anger toward God in a very powerful manner. “Lord,” he said, “you know that I love you, but I’m mad at you.”

Possibly the safest person on whom we ministers can express our anger would be the Lord. God is big enough to take it. In addition, He is strong enough to help in the situation. However, many are “too spiritual” to complain to God, or too immature to realize we have Biblical precedence for doing so. Instead we vent our anger toward other persons.
If we choose to take our anger out on congregants, it will not take us long to realize that angering is a very dangerous action. It does nothing to help our cause, and does a great deal to hurt it. A safer emotion is depression. Depression has sever-
al advantages. One, as stated, it is safer than anger. Two, it is an avenue by which we can beg for help without actually asking for it. Three, it becomes a means by which we can control the actions of others. And, four, it is a way of avoidance.

**Depression** hurts. It is painful. But it becomes the means of choice by which many people try to deal with unfulfilled needs, ministers included. The deeper we go into the valley of depression, the worst we get. With our depression, regardless how much it hurts, we will receive the advantages listed above. Our anger will be under control; we will obviously be seen as one who needs help; we will be controlling the actions of others as they give us the care and sympathy we crave; and, we will be avoiding the problems of the situation.

However, family and friends will give us sympathy for only so long. At some point, they will begin to encourage us to “snap out of it.” Or, encourage us to “look unto the Lord from which cometh his strength.” When ministers feel we cannot live out what we preach, and that God’s grace isn’t being demonstrated in our life as being sufficient, we are tempted to go to the next step.

A step that I call “Ministerial Suicide.”

Glasser believes that the human mind will create means by which to meet unfulfilled needs. Some of the created ideas are unwise and hurtful, but to the hurting person, they may be accepted as a way out. Suicide is one such creation. It is the final solution to a temporary problem but a problem that to the hurting person has no better solution.

Few ministers commit physical suicide, but many commit ministerial suicide. Because there is deep conviction that the ministry is not a chosen profession, but one to which the minister is called or commissioned into, to quit the ministry is to go AWOL on God. There must be a way to quit without being a quitter.

Thus, in the quest to find a way we can be relieved from the plough handle (Luke 9:62) without volunteering to do so, or quitting, we can consciously or unconsciously do something that will take the plough handle away from us.

This may be something as simple as a threat to resign, only to have the congregation take the offer seriously. At first, we may be glad to be out from under the pressure, only to realize later that we have no job and no income for our family.

It may be something more destructive. We can revert to anger and lose our temper with the leadership of our church, or in a public setting. In doing so, we can lose what support we still have. Or, it can be a moment of sexual immorality in which our influence is permanently damaged and our ministry lost.

If we believe we are in or are heading toward burnout, what can we do?

Again, Glasser gives some suggestions. While these are not necessarily to be followed religiously, an outline toward health is to walk through the planning outline as suggested by Glasser and Wubbolding.

We should ask ourselves the simple question, “What do I really want?” Possible answers could be: “I want to be able to have the acceptance and approval of my whole congregation in everything I do”; or, “I must succeed, I must be a success”; or, “My church must follow my leadership”; or, several variations of these answers. All possibilities are success based. “I want to be a success,” we will say in whatever words chosen.

The second question we could ask is “What have I been doing to achieve what I want?” This is the time for us to review what we have been doing, or not doing. We should especially review our most current actions, i.e., our depression. The third question we should face is “If I honestly evaluate my actions, have they been working?” The obvious answer will be negative. If it were working, we would not be feeling frustrated in our relationships with our congregation.

The last question is the most important, “What plans can I make that will change the situation?” This last question is the question of change. It is the height of foolishness to think one can keep doing the same thing over and over, and keep expecting to get different results. If we want a changed situation, we must do differently. A changed situation dec’s emotions, and if so, how?

He gives the answer in verse nineteen. He says, “For he (the Lord) will make my feet like hinds’ feet, and he will make me to walk upon mine high places.” The hind is a mountain deer whose back feet land in the same spot that has been occupied by its front feet just a second before. The back feet follow the front feet. Thus, the hind responsibility is to find those spots that will hold the front feet, and the back feet will take care of themselves.

The biblical principle is simple: we can control where we will place our actions. We can choose to be obedient or disobedient. Phil. 4: 4 says, “Rejoice always, again I say, rejoice.” It does not ask us how we feel; it tells us what to do. Thus, regardless of how we feel, we can choose to obey and do the actions of rejoicing.

Glasser’s illustration of this truth is his use of the car. He uses all four wheels of the car to illustrate what he calls “total behavior.” Total behavior is the total of the four parts of our behavior. We are acting, thinking, feeling, and physiology. These four so work together that any one of them affects all of them. We have very little control over our feeling and physiology. We have some control over our thinking, but we do have total control over what we are doing. We never fuss over which comes first, the thinking or the doing. They are tied together as are the two front wheels of a car. The feeling and physiology are also tied together and they make up the rear wheels. It does not matter the behavior, it is composed of the four parts, though it is identified by the most obvious of the four.

For example, when we see a person crying, we say, “She is
crying." Her total behavior is identified by the most obvious of the four wheels, but all four are involved in the behavior. Her physiology is producing the tears; her feeling is producing the power; her thinking is producing the motivation; and her doing is producing the action. Crying, as is all other behaviors, is a total behavior with all four wheels involved and not just one.

When ministers want things to change, we must be willing to do a new plan. Others can make suggestions, but it is better if we design our own new plan personally. To illustrate, we could plan to change our expectations. If we have felt we must have the approval of everyone in our congregation, we may want to reconsider that expectation. If we had been saying to ourselves, "I must have the acceptance and approval of my whole congregation in everything I do," we have been unreasonable. So unreasonable that most would readily agree this is an unrealistic goal. No one can please everyone all the time. Yet, it is this goal that most ministers try to achieve, especially in the earlier years of our ministries. Many older ministers can remember the day or occasion when they first faced the reality that they were not going to please everyone all the time. It was a humbling realization, but a liberating one.

Ministers are as the average person. We live in three worlds. Glasser identifies these as follows: There is the actual world (Real World); there is the world as we think it to be (Perceived World); and there is the world as we want it to be (Quality World). In the Quality World, each of us has ideal pictures of how we would like things to be. When ministers are not getting our needs fulfilled, there is a conflict between the picture in our Quality World and the picture in our Perceived World. It is how we handle this conflict that causes our emotional conflicts.

If the minister has lived with a Quality World picture that he must be a success, and the picture in his Perceived World is one of failing, he has several ways in which he can reconcile the difference.

The more healthy way is to change the musts in his Quality World to desires. In other words, instead of insisting that he must be successful, simply change that to: "I certainly desire to be a success, but my life isn't going to be worthless if I'm not. After all, by whose definition am I to measure success?" The minister's main goal should be directed toward a personal desire to please his Lord, not some self-appointed personal mandate of success or a definition as given by others.

If his quality picture is one of being loved by everyone in everything he does, and the reality picture is one filled with criticism, he can decide to change his attitude toward criticism.

By all probability, the foundation for much of his problems will be his perception of being criticized for his actions by others. Thus, it would be well if he planned a method by which he can handle criticism. Ideally, people will not use criticism, but the fact is they do. Regardless how much he might want to be excused from criticism, the average minister will receive more than his share.

I developed a method I call the S.A.C.K. method. The method works like this:

When the criticizer begins his criticism, the criticized simply keeps

(S)ilent. The person shooting a gun can fire the weapon for only as long as he has ammunition. In the same manner, the person criticizing another can talk for only as long as he has ammunition.

By responding to the perceived attack, the criticized is only providing ammunition to the criticizer. So, don't try to explain or defend. Most criticism hits us on our blind side. We aren't prepared for it, and therefore we aren't prepared to given a reasonable response. To respond by defending our actions or by attacking our critic will only lead to a longer discussion for which we weren't prepared.

(A)sking questions. There are two kinds of criticism. One is that in which the critic is simply attacking. There is nothing that can be done. For example: if the minister served as coach and is being criticized for making a bad call during yesterday's game while led to the team's losing the game, what can be done? The results of the game and the call cannot be changed. The critic is simply attacking, he is not trying to help, but is trying to hurt. What should the minister/coach do in a situation like this? First, keep silent, and then when the person has run out of ammunition simply ask, "Are you through?"

If the attacker starts afresh, just continue to keep silent until he runs out again, and then simply ask again, "Are you through?"

Eventually the person will be through, and the criticized can move to the next step.

At other times, the person doing the criticism may be a sincere church member who is questioning the wisdom of the minister's call and is trying to understand it. In this case, the question may be something more like this: "Perhaps I did make the wrong call, what would you have done?"

Instead of defending past actions, have the person defend potential actions. If they defend it well, simply agree their idea would have possibly been the best in the situation.

(C)onsidering. After they have responded to your question or questions, simply say, "Thank you, I will consider what you have said."

(K)eeping on. Many leaders have had their effectiveness taken away because they couldn't handle criticism. Don't stop just because you have made a mistake, or just because someone didn't like what you did or said. Learn from the experience and move on.

Consider some of these other physical and emotional things we can do to keep ourselves from ministerial suicide.

We should realize our need for the support of our peers. The "Lone Ranger" syndrome we see in many of our peers should bother us. Ministers need the fellowship of the local conference, association, or some other format by which we can
get together with other ministers. It may be a weekly golf game or other recreational activity. Or, it may be meeting a minister friend in the cafeteria as we both do hospital visitation. It doesn’t have to be much, but we ministers need friends with whom we can share our deepest problems and know that it is safe to do so.

Then, we ministers need to learn to practice what we preach. I confess to being the first to admit that truth is easier to preach than it is to live. However, if the measure of success is “Finding God’s will, and being in it,” as we all would probably agree, then we ministers need to start realizing it isn’t the size of the church that determines our worth. God Himself has already determined our worth. If He found us so valuable that even while we were sinners, Christ died for us, how much more does He value us when our faith is placed in Him?

The ministry is a pressure filled occupation. There are others, of course, but we are discussing the ministry.

If one wants to quit being a teacher, she can. Or, if one wants to quit being a fireman, or a lawyer, or a carpet layer, she can. But, once called to the ministry, and accepting that call, the hand is placed on the plow, and there is no turning back.

Unless we commit suicide. So, some of us do something that makes no sense to anyone else, but to us, it is a way of letting people know how much hurt is there. And, we didn’t let go of the plow; it was jerked out of our hands.

The life of the ministry is hard. There are moments when many ministers will consider a way out. But, the poet said it well when he wrote,

Lord, how can man preach thy eternal word?  
He is a brittle crazy glass:  
Yet in thy temple thou dost him afford  
this glorious and transcendent place,  
To be a window, through thy grace.  
(George Herbert, 1593-1633)

As a profession, the ministry is a killer, but by grace it is given to a select few as a calling. And, when it is, it is the opportunity to take part in the greatest enterprise on earth.

“Methought I heard one calling Child!  
And I replied, My Lord.”

Let it be, Lord, let it be.

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Utilizing CLSI and BNSA to Improve Outcomes: Perception of the Relationship Between the Basic Needs and Learning Styles

Elijah Mickel, Phyllis Sanders

The first author is professor of social work at Delaware State University. The second author is an education associate with the South Carolina Department of Education

ABSTRACT

This article presents respondents' self evaluation empirical data on perception of the basic needs and learning styles. The authors present self evaluation data using the choice learning styles' inventory (CLSI) and the basic needs self assessment (BNSA). Authors used these instruments to describe respondents' perceived strength of basic needs and most appropriate (choice) learning methodology. The data reported reflect the perceived significance of learning styles and basic needs in the classroom as prerequisite for quality schooling.

Introduction

Our purpose for conducting this research was to involve the participants in the use of the Choice Learning Styles Inventory (CLSI) and the Basic Needs Self Assessment (BNSA) in their self evaluation for quality. The instruments, like self evaluations, are works in process (Mickel and Sanders, 2001). This article utilizes these instruments in a small empirical research effort. It provides one method to measure the effectiveness of self evaluation in the classroom. This process can then be extrapolated to the counseling process (Glasser, 1998 and Mickel, 1993). This method can be used by therapists or educators to empirically measure the effectiveness of their practice.

Basic needs are the underlying motivation for all behavior (Glasser, 1998). The major benefit of understanding learning styles and basic needs is that data can be used in implementing the reality based planning model (Mickel, 1993) for counseling and education. Learning styles describe a person's typical mode of thinking, remembering or problem solving. Having a particular style indicates a tendency to behave in a certain manner.

The authors posit that for many, spirituality exists (Mickel, 1991, 1994, 1995) and that its existence may be measured as if it is manifested as a basic need. According to the Dalai Lama (1999, p. 22), "Spirituality I take to be concerned with these qualities of the human spirit-such as love and compassion, patience, tolerance, forgiveness, contentment, a sense of responsibility, a sense of harmony-which bring happiness to both self and others." Although we have incorporated the basic needs in the instruments, the need for spirituality is not one accepted by William Glasser. Glasser (1989, p. 7), "I have also postulated that, as members of the human species, we probably all have the same basic needs built into our DNA and I proposed that these to be: love, power, fun, freedom and survival. As I have said on many occasions, I do not claim that these are necessarily correct or that they are all there are but this is my current thinking on this subject." The closest he comes to addressing spirituality as it is related to religion as a need is his statement in Control Theory: According to Glasser (1984, p. 17), "The bulk of the evidence is that for many, religion may be a basic need, but it is unlikely that it is any more the basic need than the need to survive." Given the possibility that for many, religion (our interpretation of spirituality) may be perceived as a need, this study allows an opportunity for it to be measured.

Self Evaluation

Self evaluation is a method which can lead to quality model building for those who practice reality therapy, based on choice theory. According to Glasser (1998, p. 102), "As self-evaluation is a requisite for moving to quality, all students would be taught to evaluate their own work and, based on that evaluation, to improve it and to repeat this process until they began to do some of what they and their teacher would call quality work." Self evaluation properly used results in the creation of a need fulfilling environment. This research provides a framework to adapt single subject research design, utilizing the scientific method. The method explicated through this model is a useful process that can be used in assessing quality education, clinical knowledge, skills and values. The focus of this article was the use of two instruments that measured the learning styles connected with basic needs to improve teaching and learning as well as clinical practice. The research begins with self evaluation. In order to create a need fulfilling environment, it is necessary to understand the learning styles of individuals and groups, as well as their perception of the strength of their basic needs. In order to understand basic needs and learning styles, it is necessary to utilize self evaluation.

The first step in the self evaluation process is to define the problem. This step occurs in the assessment phase. Here is determined what the client wants, followed by identifying the basic need(s) that are being addressed. Within this first step, we also determine with the client the learning goals and what objectives are to be achieved in the classroom. The second step is to select the specific design used in the self evaluation process. The methodology we chose was flexible and adaptable. It suited the objectives as well as the limitations of the particular subject being evaluated.

Methodology - Instrumentation

The CLSI (Choice Learning Styles Inventory) is based upon the David A. Kolb instrument utilized by Ellis (1996). Specifically, the instruments are two self administered questionnaire. The first instrument is composed of items selected...
on the basis of the review of the literature and relevance for inclusion in the instrument. The second instrument consisted of statements of behavior which could be correlated with total behavior. The Choice Learning Styles Inventory, which was developed from the twelve items inventory of learning styles developed by Ellis (1996), is comprised of four (4) units. Each unit contained four (4) questions related to the learning styles of feeling, thinking, doing and watching/listening. The respondents prioritize their learning style from one (1), as their most preferred style to four (4) as their least preferred learning style.

The Basic Needs Self Assessment (BNSA) has been, in our experience, an effective instrument to determine students’ levels of perceived need. It is a paper and pencil instrument that correlates with oral interviews with clients/students. These instruments were found to be useful.

The Basic Needs Self Assessment (BNSA) instrument comprises items that were organized into a six (6) item survey with five (5) choices under each item. The choices under each item ranged from (1) very weak to (5) very strong. When taking the BNSA, respondents selected one choice under each item. Instructions emphasize that the instruments were not tests but designed to assist in providing additional information to both the facilitator and student.

The model is designed to measure the consumers’ perception of the process the therapist uses within his or her practice. In order for reality therapists who use choice theory to scientifically validate practice, they must utilize a model that evaluates the therapist-client relationship. They must further use a model that provides the feedback necessary to do quality self-evaluation. According to Monette, Sullivan and De Jong, 1990, P304), “Single-subject designs are quasi-experimental research designs that involve assessing change in a dependent variable on a single research subject. The dependent variable is measured during a baseline phase and during one or more intervention phases when the independent variable is manipulated. Experimental effects are inferred by comparisons of the subject’s responses across baseline and intervention phases.” This process is chosen as it is the least intrusive of the experimental or quasi-experimental designs available to provide empirical data as the practitioner moves to quality practice.

The design used to conduct this study was a single subject design, with exploratory objectives. The primary intent of this research was to discover whether the teaching of learning theory and reality therapy/choice theory would produce a measurable change in self-assessment learning by students. The following questions were addressed in this study:

1. What is the relationship between perceived learning styles and perceived basic needs?
2. What is the impact of teaching on choice theory and learning styles and perceived choice of learning style and strength of needs?

The respondents were second semester seniors in a small northeastern university in the U.S. Each respondent was administered the pretest instruments to develop baseline data. The pretest consisted of the BNSA and CLSI. After the pretest was administered, the class engaged in a discussion of reality therapy - choice theory and learning styles. The respondents were given several reading assignments: Raschick, Maypole and Day, 1998; Mickel, 1993; and Corey, 1996 (Glasser and Wubbolding “Case approach to reality therapy”). The students also participated in a post reading, class discussion, role plays and a lecture. The post test comprised the same instruments as pre test. The data from pre and post tests were then compared.

The population from which this sample was drawn comprised undergraduate students. The sample consisted of senior level undergraduate students from a single class. They were participants in both pre and post test. The total sample was thirty. The students who failed to complete both pre and post tests were excluded from the sample. The final usable sample was 19. Although this is a small sample, the numbers are sufficient to provide the foundation for further research.

Analysis

Data analysis for this study included basic descriptive statistics. Descriptive statistics (mean, mode, median) variability (standard deviation and range) and frequency distribution were used when appropriate. For the purpose of this article, simple descriptive statistics are appropriate. Although the data lend itself to further analysis, the intent of the authors is to provide a methodology that can be used quickly and effectively in classrooms and practice.

Pre Test Choice Learning Style Inventory

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The CLSI pretest revealed watching as the first choice followed by doing, thinking and feeling. Forty-two percent of the
respondents chose watching as their first choice while 21% selected watching as their second choice. Twenty-six percent of the respondents chose watching as their first choice while 31.5% selected doing as their second choice. Twenty-one percent of the respondents chose thinking as their first or second choices, while 30.8% chose it as their third. Of the respondents who chose feeling, 30.5% chose feelings as their first choice while 26.3% chose it as their second choice and 15.7% their third.

### POST CHOICE LEARNING STYLE INVENTORY

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The CLSI post test revealed thinking as the first choice followed by doing, watching and feeling. Thirty-seven percent of the respondents chose thinking as their first choice, while 21% selected thinking as their second choice. Twenty-six percent of the respondents chose doing as their first choice, while 42% selected doing as their second choice. Twenty-one percent of the respondents chose watching as their first or second choice, while 26% selected watching as their fourth choice. Of the respondents who chose feeling, 15.7% chose feelings as their first choice while 26.3% chose feeling as their second or third choice.

Comparing pre CLSI with post CLSI reveals respondents’ first choice was watching in the pretest and thinking in the post test. Respondents chose doing as the second learning style in both pre and post test.

### PRE TEST BASIC NEEDS SELF ASSESSMENT

The BNSA post test data revealed that the possible responses within this category ranged from 1(very weak) to 5 (very strong). The respondents noted that spirituality and survival were the most important needs. Spirituality and survival were followed by love and fun (16.6%). Love and fun were followed by freedom and power (12.5%). Comparing the BNSA with CLSI, the data revealed changes in watching, thinking, survival, fun, and spirituality. This provides a framework, a rationale if you will, for a higher level of analysis. In the pretest, respondents chose watching as the first choice and in the post test thinking. Doing maintains its second position in both pre and post tests. There is a significant, from our perspective, change in the need for fun between pre and post test (more than three percent). There is a less than one percent change in love and freedom. We note a one percent change in the respondents’ selected need for survival and spirituality. Without further analysis, it is simply noteworthy and link the changes to continued investigation. Therefore, these data suggest a relationship between the needs and learning styles. The data do not, at this point, propose a cause-effect outcome. However, they provide a rationale for continued research. The authors’ perception is that the need for survival in the classroom could, in part, be a result of the structure of the curriculum. The authors’ perception that curriculum is built upon the K-12 perspective informs that external evaluation is valid and thus there is a perception by participants/consumers that their very survival is based upon external evaluation (survival is defined in the classroom as continuing as a viable entity - student - passing the class - making the grade). This survival is tied to freedom - the ability to make choices. A change in the survival need is correlated with a change in survival. The need for fun, we posit, increased with understanding that fun was an essential component of the learning environment. We posit that once the students understood the relationship, they may have perceived that learning and fun were not to be separated. The authors interpret fun as influencing the process of learning. Students may perceive a greater need for fun as essential to learning. A need fulfilling environment contains all of the basic needs but the need for fun has a significant place in quality learning (Mickel and Mickel, 1999; Mickel, 1994).
Conclusion

Self evaluation was used to determine the perception of the strength of the need. The assessment of basic needs used the Glasserian (1995) approach which assessed level of need (strength - self assessment), and the choice learning style inventory adapted from David A. Kolb’s model utilized by Ellis (1996). Respondents learned to use these methods to assess their own learning style. Each respondent was able to experience correlating learning styles with basic needs to develop a need fulfilling environment. The students were given the opportunity to do a self assessment of basic needs in the classroom. They self evaluated to determine the learning style using the CLSI. The authors correlated basic needs with learning style. The most significant percent of learning style influenced the learning environment. Teachers, when aware of the dominant learning style, can structure their teaching to manage learning. They can also use this knowledge to focus on areas that require strengthening. This knowledge can influence the proportion of learning devoted to lecture, group, or individual focused activities. Basic needs can be used to structure classroom learning.

It is important that the student/consumer is able to self evaluate learning which contributes to quality outcomes. According to Mickel and Mickel (1999, p. 41), “The learning system is comprised of processes which provide the foundation upon which facilitators develop a quality learning environment. One of the lasting contributions of the quality classroom is that learning can be applied to making quality life choices.” That is, self evaluation must define learning style and basic needs. It is important for the participant to define survival, love and belonging, etc. This will lead to a more accurate interpretation of the data.

The relationship between perceived needs and learning styles provides the facilitator/counselors with the data necessary for further inquiry. The data infer that a relationship exist between teaching, choice of learning style and strength of needs. In the classroom, the facilitators, using the data, can began to structure the process to move it toward a more need fulfilling environment. Information provides a foundation for this change. The only way to determine what students or other consumers want is to ask (Mickel, 1993). These data provide the foundation for an informed discussion.

REFERENCES


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Classroom Management Preparation in Texas Colleges and Universities

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ABSTRACT

In an effort to determine which classroom management models were being taught in Texas colleges and universities during the '01-'02 school year, surveys were mailed to 68 higher education teacher preparation programs in the state. This study attempted to identify the most popular models and to determine if there were any differences based on gender, age, or ethnicity of the respondents or by enrollment of the institutions. The results are based on the responses of 52 of the 68 institutions surveyed.

What's being taught to future teachers in Texas? In an attempt to answer that question in terms of classroom management, a survey was created and mailed to sixty-eight (68) higher education institutions in Texas. Fifty-two (52) institutions completed and returned the surveys for a 76% rate of return by institutions, resulting in a total of seventy-four (74) surveys returned. If the twenty-five (25) surveys that answered for both elementary and secondary programs were added to the original seventy-four (74), then a rate of seventy-three (73) percent of the surveys were returned. The following discussion takes each question asked on the survey and gives the results.

Question #1 asked respondents to indicate the level of teacher preparation in which they taught classroom management courses. Twenty-five (25) institutions returned one survey each to represent their responses for both elementary and secondary levels. Another twenty-five (25) programs returned surveys to represent their responses for the elementary level while twenty-four (24) were received to represent responses for the secondary level for a total of seventy-four (74) responses.

Question #2 asked respondents to indicate the model(s) that they currently teach in their classroom management courses. The top five models indicated by the respondents are the following:

- Glasser 84%
- Canter 82%
- Dreikurs 58%
- neo-Skinnerian 57%
- Curwin/Mendler 51%

The remaining models and their percentages follow:

- Albert and Ginott 43%
- Jones 42%
- Gordon and Kounin 41%
- Kohn 38%
- Nelson 32%
- Charles and Kyle et al 27%
- Redl & Wattenberg 23%
- Coloroso 20%

Question #3 asked if equal treatment was given to the models selected above.

Thirty-seven (37) programs answered yes, while the other thirty-seven (37) answered no.

Question #4 asked which model is stressed the most. Thirty-three (33) programs reported stressing from one to three models. Of those, the top two models stressed were Canter and Glasser with eleven (11) programs each selecting one or the other. Arranged by level of instruction, thirteen (13) elementary programs (52%) of the twenty-five (25) respondents stress one to three models. In order, those top three are (1) Glasser, (2) Canter, and (3) a tie between Jones and neo-Skinnerian. Nine (9) secondary programs (37.5%) of the twenty-four (24) respondents stress one to three models, the top two the same as the elementary but reversed in order of preference. They are (1) Canter, (2) Glasser, and (3) Kounin. Eleven (11) programs (representing 44% of the twenty-five (25) programs that teach to both levels) stress one to three models. The top three preferences are (1) Canter, (2) Curwin/Mendler or Glasser or neo-Skinnerian, and (3) Albert or Jones.

Question #5 asked respondents for the author(s) and title(s) of the textbook(s) currently in use in the classroom management courses. See Appendix A for the complete list.

Question #6 asked respondents how many programs/workshops dealing with classroom management they had attended in the last year and the last two years.

Last year, 29 respondents attended 1-10, which represented 39%.

In the last two years, 38 respondents attended 1-20 for 51%.

Question #7 asked respondents how many programs/workshops dealing with classroom management they had presented
in the last year and the last two years.

Last year, 25 respondents presented 1-20, which represented 34%.

In the last two years, 27 respondents presented 2-40 for 36%.

It is interesting to note that more respondents received additional training than presented.

Question #8 asked if respondents had specialized training/education in any one of the models of classroom management. Their answers follow:

| Yes | 27 | 35% |
| No | 43 | 58% |
| No answer | 4 | 5% |
| Totals | 74 | 98% (due to rounding) |

By age groups, the 31-35 and 41-45 groups reported no specialized training while the 36-40 group reported training in Glasser and Canter as the top two models. The top model of the 46-50 group was reported as Canter while the 51-55 age group reported Glasser and Gordon as the top two models. The largest age group with specialized training was 56 and over. That group's top two models were also Glasser and Canter.

For those who had specialized training/education, the following breakdown is by levels:

**Elementary**
- Canter
- Dreikurs
- Montessori
- Teen Leadership by Flippen

**Secondary**
- Glasser
- Boys Town
- Slavin
- Comps
- Kohn
- Both

| Glasser | Gordon |
| Jones | CHAMPS |
| Logical Consequences | |

Examining the models used, there appear to be no differences among the various enrollments. In lower enrollment institutions, the top two choices are Canter and Glasser. In the middle enrollment institutions, Glasser and Canter are again the top two choices, but reversed in order of preference, and in the higher enrollment institutions, the same two models are top choices.

**DEMOGRAPHIC INFORMATION**

The remainder of the survey dealt with demographic information. In terms of gender, 50% are male, and 50% are female. Almost all respondents are Caucasian. The age ranges are presented below:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-35</td>
<td>7%</td>
</tr>
<tr>
<td>36-40</td>
<td>8%</td>
</tr>
<tr>
<td>41-45</td>
<td>5%</td>
</tr>
<tr>
<td>46-50</td>
<td>2%</td>
</tr>
<tr>
<td>51-55</td>
<td>18%</td>
</tr>
<tr>
<td>56+</td>
<td>36%</td>
</tr>
<tr>
<td>no answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

College/university enrollments

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>7000+</td>
</tr>
<tr>
<td>14%</td>
<td>2000-2500</td>
</tr>
<tr>
<td>14%</td>
<td>no answer</td>
</tr>
<tr>
<td>9%</td>
<td>1000-1500</td>
</tr>
<tr>
<td>8%</td>
<td>under 1000</td>
</tr>
<tr>
<td>7%</td>
<td>6000-6500</td>
</tr>
<tr>
<td>5%</td>
<td>4000-4500</td>
</tr>
<tr>
<td>4%</td>
<td>1500-2000</td>
</tr>
<tr>
<td>4%</td>
<td>2500-3000</td>
</tr>
<tr>
<td>4%</td>
<td>3500-4000</td>
</tr>
<tr>
<td>3%</td>
<td>5500-6000</td>
</tr>
<tr>
<td>3%</td>
<td>6500-7000</td>
</tr>
<tr>
<td>1%</td>
<td>3000-3500</td>
</tr>
<tr>
<td>1%</td>
<td>5000-5500</td>
</tr>
</tbody>
</table>

Examining the models used, there appear to be no differences among the various enrollments. In lower enrollment institutions, the top two choices are Canter and Glasser. In the middle enrollment institutions, Glasser and Canter are again the top two choices, but reversed in order of preference, and in the higher enrollment institutions, the same two models are top choices.

Student Teachers Produced Yearly by Responding Institutions

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>25-50</td>
</tr>
<tr>
<td>12%</td>
<td>251+</td>
</tr>
<tr>
<td>12%</td>
<td>no answer</td>
</tr>
<tr>
<td>9%</td>
<td>76-100</td>
</tr>
<tr>
<td>7%</td>
<td>51-75</td>
</tr>
<tr>
<td>7%</td>
<td>126-150</td>
</tr>
<tr>
<td>5%</td>
<td>101-125</td>
</tr>
<tr>
<td>4%</td>
<td>151-175</td>
</tr>
<tr>
<td>4%</td>
<td>201-225</td>
</tr>
<tr>
<td>3%</td>
<td>226-250</td>
</tr>
<tr>
<td>1%</td>
<td>under 25</td>
</tr>
<tr>
<td>1%</td>
<td>176-200</td>
</tr>
</tbody>
</table>

Post Baccalaureates Produced Yearly by Responding Institutions

2339 reported as completers in one year

Does Age of Respondent Make a Difference?
Ages 31-35, 36-40, and 41-45 (20%) give equal treatment to the models almost exclusively. Ages 46-50 (22%) teach these models: (1) Glasser, (2) Curwin/Mendler, (3) Canter or neo-Skinnerian, and (4) Nelson or Jones or Kohn. Ages 51-55 (18%) teach these models: (1) Glasser, (2) Canter or Jones or Curwin/Mendler or Nelson. Ages 56 and older (36%) teach these models: (1) Canter, (2) Glasser, and (3) Albert or Curwin/Mendler or Dreikurs or Jones or Kounin or neo-Skinnerian.

**SUMMARY**

The responses from the Texas colleges and universities were high with 52 of the 68 institutions responding. The levels of instruction were evenly distributed, and the two most widely taught models were Glasser and Canter. Half of the respondents said they gave equal treatment to the selected models while the other half did not. When divided by levels of instruction, Glasser and Canter were the top two models chosen. A variety of texts are used to teach classroom management, but Glasser's books are chosen more often by secondary level teachers.

In terms of education in the models, more respondents received additional training than presented programs or workshops dealing with classroom management. Only 35% of the respondents had specialized training, with the majority of those in the age group of 56 or older.

The largest number (over a third) of respondents is in the age group of 56 or older followed by ages 46-50 and then 51-55. These three age groups stress Glasser and Canter with ages 46-50 selecting Canter third and placing Curwin/Mendler second. Therefore, there appears to be no difference in teaching models in the higher groups, but ages 31-35, 36-40, and 41-45 (20% of the respondents) give equal treatment to the models they selected.

Differences in sizes of institutions did not change the choices among the models. In both lower enrollment and higher enrollment institutions, Glasser and Canter were the top two models. The medium-sized institutions selected Canter first followed by Glasser.

**SUGGESTIONS FOR IMPROVEMENT OR FURTHER RESEARCH**

At a presentation in Austin, Texas in October, 2002, other teacher preparation institution representatives suggested that open-ended questions might have added more information and wondered where the institutions placed the classroom management courses in the sequence of education course work. One representative suggested that further research be conducted to determine which model or models the students used when they began teaching. If graduates were followed and asked which model(s) they used in the classroom, it could be determined if the most-often taught models would be utilized. Also, a degree of success could be measured using these future teachers and the model(s) they chose to internalize and use. Also, the degree to which these models are taught should be studied. Do professors use books with many models or do they use texts specific to certain models? For example, is Glasser being taught from a collection of models or from his books?

**APPENDIX A**

Authors and Textbooks used in Classroom Management Courses

Albert, *Cooperative Discipline* (both)
Arends, *Learning to Teach* (elem.)
Ayers, *To Teach: The Journey of a Teacher* (sec.)
Barron's, *Barron's ExCET* (elem.)
Bignor and Snowman, *Psychology Applied to Teaching* (both)
Burden, *Classroom Management and Discipline* (sec.)
Burden and Byrd, *Methods of Classroom Management* (elem.)
Callahan, Clark, and Kellough, *Teaching in the Middle and Secondary Schools*
Canter, *Assertive Discipline* (both)
Canzelosi, *Classroom Management Strategies* (elem.)
Charles, *Building Classroom Discipline* (both)
Clark and Starr, *Secondary School Teaching*
Cooper, *Classroom Teaching Skills* (both)
Cruickshank, *The Act of Teaching* (both)
Cummins, *Winning Strategies* (sec.)
Curwin and Mendler, *Discipline with Dignity* (elem.)
Edwards, *Classroom Discipline and Management* (sec.)
Emmes, Evertson, and Worsham, *Classroom Management for Secondary Teachers*
Edwards, Clifford, *Classroom Discipline and Management* (both)
Evertson, et.al., *Classroom Management for Elementary Teachers*
Fields and Boesser, *Constructive Guidance and Discipline* (elem.)
Frandsen, *Teaching Responsible Behavior* (elem.)
Glasser, William, *Choice Theory and Choice Theory in the Classroom and Reality Therapy in Action and Unhappy Teenagers and Quality School And Quality School Teacher* (mostly sec.)
Godd and Brophy, *Looking in Classrooms* (both)
Gordon and Browne, *Guiding Young Children in a Diverse Society* (both)
Jones, Fred, *Tools for Teaching* (both)
Jones and Jones, *Comprehensive Classroom Management* (both)
Kaplan, Joseph, *Beyond Behavior Management* (both)
Kellough and Kellough, *A Guide to Methods and Resources* (both)
Kohn, *Punished by Rewards and Beyond Discipline* (elem.)
The Schools Our Children Deserve* (sec.)
Maintaining Sanity in the Classroom* (sec.)
McEwan, *The Art of Classroom Management* (sec.)
Nissman, *Teacher-tested Classroom Management Strategies* (sec.)
Pursley, *Inviting School Success* (sec.)
Schniedewind, *Open Minds to Equality* (both)
Slavin, *Educational Psychology* (sec.)
Tatum, *Why are all the Black Kids Sitting Together in the Cafeteria and other Conversations about Race* (elem.)
Weinstein, *Elementary Classroom Management*
Weinstein, *Secondary Classroom Management*
Williams, *Managing Secondary Classrooms*
Wolfgang, *Solving Discipline Problems* (sec.)
Woolfolk, A., *Educational Psychology* (both)
Wong, Harry, *First Days of School* (both)
Wong, Harry, *Classrooms That Work* (elem.)

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The Relationship Between Glasser's Quality School Concept and Brain-Based Theory

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ABSTRACT

In recent years, research on the human brain has supported or invalidated certain approaches to teaching and learning. William Glasser's work in Choice Theory and Quality Schools have presented an effective and honoring means of educating students. This article demonstrates areas of congruence between the brain-based research and the Glasser approach. Among those areas of congruence are the role of emotion in learning, the need for novelty, the need for student choice, and the intellectual malleability of the learner.

The relationship between educator and student has long been seen in popular circles as one where the "good" educator controls the students—through charisma and novelty at best and often by means of coercion and punishment. Popular media are rife with images of teachers—benevolent dictators—controlling students. The time-honored movie Stand and Deliver portrays a charismatic teacher in the form of Jaime Escalante. Escalante alternates between derision and exhortation in his efforts to motivate and manage ghetto Hispanic students into truly studying mathematics. Granted, Escalante demonstrates by this teacher. In another movie of the same era—Lean on Me—we see Joe Clark, the hero-as-principal, molding a previously low achieving school into shape by use of ridicule, harsh discipline, and a bull horn.

These two illustrations depict a myth of schooling where the educator, not the student, is the primary protagonist of the "story." However, many educators would argue that coercive education backfires more often than it succeeds, a belief shared by many social learning theorists (See Malone, 2002). Classroom management and motivation can be framed in a more humanistic perspective, even in the era of high stakes testing and the pressures brought on such accountability issues. One of the more respected theorists of this type is William Glasser, a psychiatrist-turned-education-theorist. His pragmatic but humanist ideas are developed in a series of books including Choice Theory in the Classroom (1988), The Quality School: Managing Students without Coercion (1998), The Quality School Teacher: A Companion Volume to the Quality School (1998), and Every Student can Succeed (2000). As of October, 2001, (Quality Schools Consortium, 2002), over 250 schools are formally recognized as interested in and/or committed to the Quality School model by the Glasser Institute, and thousands of other educators have been trained in the Choice Theory/Quality Schools approach. In short, Glasser's ideas seemed to have earned a place in the palette of "best practices." Like the efforts of Escalante and Joe Clark, his ideas fall within the rubric of motivational psychology.

A much different approach to education derives from an increasing understanding of the brain itself. In the past two decades or so, learning theorists have increasingly turned to "brain-based" research which explains how the physical brain responds to various sorts of teaching & learning environments and stimuli. To list the names of the educators involved in this movement goes beyond the scope of this article, but Robert Sylvester's name will be familiar to many readers. Eric Jensen is another synthesizer of the brain-based research, most notably in his highly readable Brain-based Learning: The New Science of Teaching and Learning, and Pierce J. Howard's encyclopedic treatment of the subject in The Owner's Manual to the Brain: Everyday Applications from Mind-Brain Research is an excellent resource. Unlike Glasser's approach, the brain-based scholarship would fall more within the parameters of more purely educational psychology.

My primary professional responsibility is to prepare teachers of the future; I teach teachers, in short. In that capacity, I hope to dispel the stereotype of educator as charismatic control freak and help my students learn how they might bring the Quality School approach into their classrooms. I have been interested in the brain-based research and its educational implications. I concluded that a large majority of ideas stemming from the brain-based literature were well supported and made good common sense in light of general pedagogical best practices. Given these interests, I wanted to discover if the brain-based literature was consistent with the Quality School/Choice Theory approach. I have concluded that the ideas developed by Glasser and his associates are quite consistent with the brain-based literature. Moreover, I am interested in a possible synthesis between motivational psychology as it relates to education and the more purely learning theory arising from brain-based psychology.

Following will be a very brief overview of Glasser's theory and then an explication of that theory as it relates to common tenets of the brain-based movement. In short, I find Glasser's ideas and many of the major practices advocated by the brain-based theorists to be consistent.

At the heart of Glasser's ideas is the axiom that students seek to establish a quality world for themselves (Glasser, 1988; Hoglund, 2002b). That quality world requires that these five basic needs be met: survival, fun, belonging/love, power, and freedom. Humans operate on a basis of meeting these needs. Glasser labels this our "total behavior." When students are in
an environment where one or more of these needs is going unmet, their total behavior will attempt to satisfy this unmet need. If they cannot change the circumstances of a given environment to meet these needs, then they will remove themselves from it, at least psychologically. That removal may occur overtly, e.g. dropping out of school, or it may take on a more covert form, e.g. day dreaming, acting out, or refusing to do school assignments. Glasser insists that we humans ultimately have power over our behaviors, that we are conscious creatures who can examine our circumstances and try to bring our needs into alignment with our environment; thus, the key term “Choice.” Glasser would tell us that schools must set up situations where these five needs are being met, where the students perceive school to be a big part of their quality world, and where they learn to make choices both affirming of their needs and complying with the mission of the schools.

Additionally, such Quality Schools are defined by these six characteristics (Glasser, 2000): 1. Relationships are based on trust and respect, and ongoing discipline problems are nonexistent. 2. The focus of education is on useful information, not mere schooling. 3. All students do some truly excellent work, both in their perception and that of a professional educator. 4. Students and teachers know and actively use Choice Theory. 5. Students do well on “high stakes” proficiency tests. 6. All concerned view the school as a place where they like to be.

How might Glasser’s system be supported by brain-based literature and what sort of practices would be consistent with both the Glasser approach and the brain-based approach?

One of the simplest yet most profound ideas coming out of the brain-based literature is that the brain functions as an integrated system; more particularly, emotion and cognition are complementary, even integrated (Greenfield, 1997; Howard, 2000; Jensen, 2000). The traditional focus on the separation between the “lower/emotional brain” and the “higher/thinking” brain (cerebral cortex) is inherently flawed. Indeed, the amygdala, considered the seat of emotional processing, is integrally related in cognitive storage and the “strength” of that storage. Note that Glasser’s set of five needs suggests an integration between emotion and cognition. All five—belonging, fun, safety, power, and freedom—have intellectual referents. The reasons why such needs are being met or not met can be considered and logical data brought to bear on such considerations. However, all five exist in the mind more in the emotional context than the “cognitive.” Educators have known long before brain-based research that emotionally engaged learners involved themselves more deeply in a learning experience and tended to remember more about the experience long after it was over. Learners are thinkers/feelers, not thinkers and feelers. Fortunately, we are beginning to recognize the neurological basis for this idea, and, also fortunately, we have models like Choice Theory to formalize our understanding of it.

Closely akin to the idea that the brain is an integrated system is the brain-based concept that novelty and attention are needed for meaningful learning to occur. (See Sylvester, 2000, 1995; Jensen, 2000.) These notions substantiate the heuristics that educators have used for years. Now that we have means to trace mental activity, we can “see” what we have always known.

First, our brain attends to something new when such a stimulus occurs. The obvious grounding of this as a means of survival is obvious. Second, when we do truly pay attention to something, brain activity increases in the “thinking” regions of the brain insofar as the stimuli drawing attention is not too threatening; in the latter case, a “fight or flee” reaction occurs. Boredom is the antithesis of the combination of novelty and attention. As Glasser (1988) says “The students’ complaints that they are bored are valid. Bored students will not work” (p. 84). True, bored but compliant students may go through the motions of working, but this does not mean they are learning much. Quite literally, their brains are not tuned in. Novelty and its ensuing attention meet the need of fun quite obviously, although survival can factor in, either positively or negatively. A learner’s role in a learning situation can seem novel and attention getting, thus playing into the need for belonging and possibly power.

Both the brain-based theorists and Glasser agree that there are differences between learners. Hans Eysenck (as quoted by Howard) measured the average evoked potential of brain waves as they varied among learners with different levels of IQ. The average evoked potential (A.E.P.) of high IQ subjects differ in interesting ways from their counterparts with lower IQ’s. Higher IQ subjects had more complex waves, they fire fewer neurons when confronting familiar stimuli, and they fire more neurons when facing unfamiliar stimuli (Howard). Admittedly, this test uses traditional measures of intelligence as its reference point. Glasser acknowledges this variability in learners quite candidly. In both The Quality School and Every Student Can Succeed, he suggests that schools need to adapt instruction and curriculum for some students, that the time allotted for quality work for one student might not be appropriate for another, or, in extreme cases, that the actual curriculum might not be appropriate for some students. This candid acknowledgment of learner variability is consistent with brain based work like that of Eysenck.

This is not to say that Glasser or the brain-based theorists resist the notion that intelligence is malleable, i.e. that we can learn to learn more efficiently. According to Frederick Goodwin, former director of the National Institute of Mental Health, “You can’t make a 70 IQ person into a 120 IQ person, but you can change the IQ measure in different ways, as much as 20 points up and down, depending on their environment” (in Kotulak, 1997, p. 4). This is especially true in intra- and inter-personal contexts of intelligent behavior (Keeke and Jenkins, 2002). Howard, in summarizing the work of Robert Sternberg and others (pp. 450—454), describes intelligence as a multiplicity of skills, and this is especially true in determining people who are “people smart,” e.g. good managers, counselors, and so on. Among other things, intelligence is marked by the ability to establish goals, find information relevant to the goals, flexibility in selecting strategies, plan the steps for these strategies and being creative in the application of the strategies. All these components of intelligence are able to be fostered in an individual.
they are not innate. This approach to intelligence is implicit in Wubbolding’s W.D.E.P. approach (What does one want? What is one doing? Evaluate the fit between wants and actions, and make a plan, based on that evaluation (Glasser, 1998).

We have not yet explicitly addressed the notion of learners as choice makers. Both the brain-based research and Glasser’s thinking indicate that learners need to wrestle with that which they are learning, not be “spoon fed.” Too often, teachers feel that they must do much of the digesting themselves. Think of the situation where some adult creatures, some birds for example, regurgitate partially digested food into their offspring’s beaks or mouths. All too often, teachers take on a similar role by trying to reduce new learning to simpler, more easily “digested” chunks. However, to do so ignores the need for students to focus attention and make choices, qualities of learning supported both by Choice Theory and brain-based research. In fact, the brain-based research, looking at chemical activity, shows us that arousal stimulates brain activity and memory (Kotulak, 1997). If new stimuli are impossible to comprehend, then the learner will withdraw her attention to them. Such learning makes no sense in her quality world. An approach consistent with Choice Theory and brain-based learning would be to present the new material to be learned in all its messy form, but also by activating prior knowledge and the five needs so as to make it important for learners to make new sense out of the new concepts. To complete the metaphor, both the Quality Schools approach and brain-based research tell us that the brain must do its own “chewing” to be nourished, and it must choose what it chews.

Another fit between Glasser’s ideas and concepts supported by the brain-based research is this: learner management and learner motivation are better viewed as essentially the same thing—not two separate entities. Simply put, self-management can result in self-motivation. An environment needs to be supportive before quality work will be done and students must be convinced that the work they’re doing is useful (Hoglund; 2002a). The quality of this work will be judged in part by the fact that the student is doing her best and is constantly improving, not by some absolute measure of quality. Sylvester (2000) emphasizes the role of emotion as a contributor or inhibitor of learning. One’s motivation, in a brain-based way, is simply a complex of emotions brought on by actions in the amygdala and hypothalamus—parts of the brain traditionally termed to the lower or more primitive brain. Sylvester also shows how students can be taught to monitor such activity and to act reflectively, not reflexively. Sylvester (1995) also points out that “misbehavior is really a form of survival.” A student acting out is misbehaving to meet a need. Glasser would obviously concur. Jensen (1998) makes a similar point in discussing how we can aid students to remember more by leading them through their own “previews” of information to be learned. In other words, Madeline Hunter’s concept of anticipatory set may have more “brains” than many Constructivists would give it credit for. These brain-based examples are simply illustrations of Choice Theory drawn from a biological perspective. The key for educators is to help students identify their needs and monitor the means by which students can pursue these needs.

We also see the brain-based/Glasser connection when we examine student work. Both models acknowledge that human needs come before academic work. Brain based models tend to emphasize the concepts of survival and arousal (Jensen, 2000; Sylvester, 1995, 2000) while the Glasser approach identifies the five needs discussed earlier. Their similarity is the obvious but often overlooked: students need to be psychologically and sensorially comfortable and engaged before they can do their best work. Let’s focus on the idea of engagement. Both schools of thought demonstrate that authentic tasks and authentic assessment are effective teaching and learning mechanisms. Glasser (1998a) discusses the need for such assignments that combine academic subject areas and for students to take responsibility for such tasks. Sylvester (1995) similarly criticizes the lack of engagement stemming from school tasks that are seemingly unrelated to each other—often within the same discipline. Second, both Glasser and the brain-based thinkers insist on the concept of mastery learning. Glasser (1998a, 1998b) talks extensively about the students’ need to master tasks and perform
high quality work rather than simply get through work with a minimum competency. Otherwise, students will not buy into the task before them. Jensen (2000) expounds upon the students need to revisit ideas and skills to develop mastery over them. Less is often more, both in a quality school and a brain-based classroom. Cooperative learning would be commonplace. Brained-Based theorists universally point out that humans are social creatures who can be motivated easily by group efforts insofar as they have a significant role in the group effort. Glasser's thoughts on cooperative learning are well, if inadvertently, summarized by Keeke and Jenkins (2002): “Students gain a sense of belonging by working in teams of two to five, and the sense of belonging provides the initial motivator. ...Stronger students, Glasser argues, find it need-fulfilling to work with weaker students, and weaker students find it need-fulfilling to contribute to the team effort” (p. 444).

Glasser (2000) and the Quality Schools Consortium (2002) make the point that Quality Schools take standardized tests seriously if only for pragmatic reasons. Some of the brain-based theorists echo this sentiment. This seems to be a change of heart from Glasser's statement (1998a) that “The quality school should not concern itself with outside measures of productivity, such as state-mandated tests, because these tests do not measure quality” (p. 114). My guess is that Glasser and his followers have grown to realize that such assessments are here to stay, and that schools ignoring this reality—or at least not succeeding at the game—will not be viewed as quality by their constituents, and perhaps even its members. More obviously, with the No Child Left Behind legislation, such schools would literally not survive. My further supposition is that students, if invested heavily in well-designed authentic tasks and assessments, will, in the process, pick up the skills to fare well on these tests.

The brain-based theorist Eric Jensen (2000) takes a similar tack. He implicitly acknowledges such tests as a necessary evil and suggests that authentic tasks will boost achievement test scores because students were engaged in the authentic tasks, thus providing more carry-over to the more artificial standardized tests. He also suggests a series of “take charge” activities for students to use in dealing with such tests; these activities very explicitly feed into the Glasser set of needs, most explicitly power. Jensen (2000) also suggests a variety of other means consistent with the Quality Schools approach. First, such schools would present their curricula in ways that are meaningful to students, ways that make learning the curriculum part of their quality world, and retention increases. Second, review is helpful, both from a brain-based perspective because the brain does build more robust connections when concepts are worked with frequently; and from a Quality School perspective because students need a feeling of power over what they know. Third, students should monitor their stress levels and reactions to such testing. This is consistent with students taking conscious control over their reactions to the demands of a task—central to Choice Theory—and from a biological perspective where students monitor their psycho-physical reactions. Students also need to debrief after such a high-stakes test experience so as to examine their reactions, both cognitively and affectively. Again, power and belonging are activated in the Glasser model, and the social needs of the brain are met, given what we know from the brain-based research. However, if schools resort to the drill-and-kill rote memorization techniques commonly associated with preparing for such tests, students will turn off, given what we know about Quality Schools and the brain-based research. The phenomenon of student achievement on such tests decreasing in upper grades may well be evidence of such.

Now let's take a brief glance into a hypothetical classroom, a classroom based on both Quality School and brain-based postulates. First, there would be a sense of community and safety. Team building activities woven directly into academic tasks would be common. Cooperative learning experiences, for example, would be carefully crafted so that each member of a group has a distinct academic role, not just a procedural role like timekeeper or encourager. Along the same vein, the educator would be aware that students' psychological needs must be met for academic growth to be optimal, perhaps even possible. Class meetings that celebrate successes and sort out difficulties would be common. Third, subject matter integration would be practiced whenever possible—thematic units at the elementary level or secondary level team teaching requiring collaboration among content area specialists. Fourth, academic success and mastery would be prime over content coverage or minimum proficiencies. Review would be viewed as an integral part of learning, not a grudging acknowledgment that students “forget” most of what they've “learned.” Fifth, student engagement must be understood as an integral part of the learning experience, not merely something the teacher desires. Breaks from the academic tasks at hand would not be considered necessary evils, but as integral parts of the psyche and brain's need to continually readjust for additional learning—something long validated by numerous studies on attention span. Last, the most overt actors in the learning/teaching environment would be the students, not the educators. Those educators' desire for charisma would be replaced by their depth of understanding in the area of human needs and motivation.

What is dangerous about this scenario? It sounds suspiciously like the progressive approach that has ebbed and fallen in use at least twice in the last century. Why its failure? There are many reasons, but central to most of them is that the process of teaching too often supplanted what was most important to be learned (Ackerman, 2003). The scenario above does not make that assumption. Although a bit implicit, both the Quality Schools approach and brain-based learning suggest that the academic goals for learners must be very carefully identified and prioritized. Students must choose to pursue these goals, but professional educators and the public set the parameters for such goals. Engagement is central, but for learners to realize the profit of that engagement, they must engage in academic experiences that feed off each other and are coherent with each other. This requirement is hardly antithetical to the progressive approach; it is a logical extension of it, as even John Dewey would admit. Thus, the best of John Dewey's pedagogical thought still lives on, but more dimensions have been added by Glasser's Quality School approach and the blossoming field of
brain-based pedagogy.

I would add in conclusion that there is one aspect of the human psyche identified by the brain-based theorists and the Dewian "Pragmatists" as central—curiosity, or, more romantically, the need to understand. This element of the human psyche is denied as a central part of the human-as-learner by the Quality schools movement, although it is identified as a sub-set of the need for fun. The brain-based research recognizes the importance of novelty as central to the human learner. The Quality Schools movement might do well to do the same, and raise curiosity/the need to understand to the same level as Glasser's other five needs.

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Reality Therapy and Choice Theory in the Group Employment Interview
A new and innovative idea for employment interviews

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ABSTRACT

This article presents an innovative process for employment interviews, and includes observers consisting of the supervisors who will be working with the new employee.

Parties present for the group interview:
1. Facilitator-Usually the Administrator, an assistant or someone else designated by the Administrator.
2. Panel
3. Applicants

The group employment interviews are held in a large room with a long table in the middle of the room. The applicants are asked to come into the room and choose a seat around the table. Each of the applicants has been advised prior to the meeting about the group employment interview and what it will entail. Additional chairs are placed around the room where members of the panel are seated prior to the arrival of the applicants. The room is made as comfortable as possible for the benefit of the applicants. There is a blackboard or chart for the facilitator's use to begin the group interview.

The number of applicants participating in the group employment interview is never less than six nor more than 13. This number has worked well for the intensive weeks as explained in the policies and procedures of the William Glasser Institute.

Then the applicants are introduced to the panel. As the panel is introduced, their names are written on the blackboard or chart, and their titles and the areas of responsibility are listed. The applicants are informed there will be no criticism, blaming nor complaining directed toward any of them during the process.

The panel includes the following people:
1. The Director of the service in which the position is located. i.e. If the position is one of Probation Officer that carries a caseload, the Director of Field Services (Probation Supervisor) will be present.
2. The Area Supervisor in probation will also be present.
3. If the position is for one of the residential institutions, then the Director of Residential Services will be present.
4. The Facility Manager.
5. The Shift Supervisor.

A facilitator is a good listener, chatty when appropriate, able to follow instructions, able to communicate well, is humorous when appropriate, accepting of others, enthusiastic, and curious (Good, 1988). It is imperative the facilitator have the ability to empathize.

Since it is most likely the applicants have not experienced the group employment interview process, (occasionally a repeat applicant will be present) the facilitator explains to the group the following benefits of this new procedure.
1. It affords the applicants an opportunity to see the quality of people with whom they are competing.
2. It gives the panel an opportunity to observe each applicant in a group environment.
3. It offers the panel an opportunity to observe all the applicants in a stressful situation in the company of their peers and potential supervisors.
4. It demonstrates that there is no discrimination based upon sex, race, religion, handicap, or for any other reason.
5. The group process emphasizes the importance of appearance, ability to relate to others, performance behaviors in role play, and total behaviors that demonstrate the degree and level of professional expertise.
6. It expedites the interview. Normally it would take an hour or two per person totaling 13 to 20 hours. Group interviews start at 8:00 am and last four to five hours for a decision to be made.
7. For those applicants who are selected, it is the beginning of their orientation and in-service-training program.

Next, the facilitator distributes a copy of the agenda to each of the applicants. The panel has already been given a copy. The agenda is read aloud and each applicant is afforded the opportunity to ask questions. The agenda contains the information of the interview and explains how the role play will be conducted and how it plays a part in the total interview. The agenda explains how the final decision will be made and by whom.

The facilitator then asks the panel member present, who has the immediate responsibility for the position in question, to give the applicants the following information:
1. The position for which the applicants have applied.
2. The number of hours that are required for the position.
3. The salary and the fringe benefits.
When this is completed, the applicants are asked if they wish to continue with the interview. Only once has the author had an applicant withdraw at this juncture. The applicant merely stated he did not wish to continue because of the role play.

The facilitator explains what everyone’s job is and what it is not. The facilitator explains that the job of the facilitator is to conduct the group interview and to lead the discussion being observed by the panel. It is explained that the applicants will be asked to introduce themselves in turn and to explain what they want in a job. Then, each applicant will have the opportunity to explain what they have done and what they are doing to get what they want, including education and employment experiences. The facilitator explains that the applicants will be provided with all the information they need to do their job. It is explained that the facilitator’s job is not to decide who shall be selected for the position. That recommendation is the responsibility of the panel.

The facilitator explains that each member of the panel’s job is to observe, evaluate and make a recommendation of whom they think is best qualified for the position. Their job is not to facilitate the interviews, but to ask questions when the facilitator provides that opportunity. The applicants are asked to respond to the questions, take part in the role play, and to ask questions if they need more information.

At this time the facilitator asks if there are any further questions. After attending to questions, the applicants are asked to state their names and to share what they want in a job. The process starts by asking who would like to start the process. This continues until all applicants have had the opportunity to participate. At the request of the facilitator, the next step begins with each of the applicants stating their name a second time and sharing what they have done and/or are presently doing to get what they want, including education, experience and any special training they have.

When this is completed, the facilitator asks if anyone needs any more information. When all questions have been addressed, the applicants are informed that it is time for the role play segment of the interview. The facilitator is seated at some position around the table between applicants, or moves the chair back some distance from the table. The stage is set for the role play by informing the applicants who the facilitator will be playing and some of the circumstances of the case. The role played by the facilitator will be based upon a client related to the position that is being sought by the applicants. The applicants are told that participation in the role play is voluntary, but it’s a good way for the panel to observe how the applicants relate to what their job will require. The role play demonstrates how each applicant handles the situation in the environment of the position they are seeking.

The facilitator informs the applicants that everyone in the room understands the applicants are in a pressure situation and those present have been in similar situations. All efforts are made to help the applicants relax. From the moment the applicants entered the room until now, the facilitator has been working hard to establish a warm relationship with each of the applicants. It is not an easy process, but as Myers and Jackson (2002) observed, to establish a relationship entails investing a great deal of your time, energy and concern into the process.

The applicants are informed that they will not be expected to “cure” the client, there will not be time for that. They are asked to simply relax and be themselves. They are also told that there are no right or wrong answers to this exercise. How each of them relates to the client will be observed. They are given the opportunity to ask questions for more information prior to the beginning of the role play. When all questions have been addressed, the facilitator informs the applicants that each person will have three minutes to relate to the client and asks for a volunteer to keep time. Upon the establishment of the timer, the facilitator asks who would be willing to start the role play. At the end of the time, the timer calls time and the facilitator says, “Thank you, very good, who is next?” When the timer is left, he relinquishes the timing to another volunteer and does his/her role play. Upon the completion of the role play, the facilitator thanks them and then goes around the table at random asking what applicants did that they liked? Each is asked to self-evaluate his/her role play as average quality, high quality, or low quality. Those applicants rating themselves less than high quality are asked what they might do to raise the quality of their work to high quality. When that question is answered, the panel is asked if they have any questions of the applicants regarding the role play or anything else. Sometimes a question is asked that is best answered by another short role play. In that case, the facilitator designs another scenario for a short role play.

When all the members of the panel have finished their questions, the applicants are asked if they have need of further information. When this is completed, the applicants are asked to retire to the waiting area and the panel will then arrive at a decision. The panel will strive for consensus, but if unable, the majority rules.

Sometimes the panel will need to see the top two, three or even four applicants for more information. The applicants are advised that it will be from five to fifteen minutes before they will be informed of any decision. They are informed that the recommendation will then be sent to the Administrator of the Court and if he/she concurs, and the reference checks have been positive, the position will be offered to the person recommended. If there is a problem, the next highest applicant will be selected.

Before the panel arrives at a decision, there is quite often considerable negotiation and compromise in order to agree on a choice. Once the recommendation is arrived at, the applicants are apprised of the decision and thanked for their participation. Each applicant is offered the opportunity to address the panel for feedback on their performance and what areas they might work on to improve their interviewing abilities. This is done by the panel only if the applicants ask for such feedback, and it is offered, never using any of the deadly habits as described by Glasser (2000). The majority of the applicants not selected ask for this feedback.
SUMMARY

When the applicants first entered the room, they were present because they wanted the job for which they had applied. Since they did not have a job, or did not have this job, there was a difference in what they had and what they wanted, hence a degree of frustration was present (an urge to behave.) We can safely say that their behavioral cars were traveling down the "getting an interview for the job I want road."

Upon entering the room with the panel members present and the facilitator explaining the process, they detoured onto the "what I have to do to get this job road." They began to use their organized behaviors, reorganize and tap into their creative systems.

As could be expected in a stressful situation where there are several of our basic needs going unmet, there is much anxietywhelming, nervousing, fidgeting and some sicking. The facilitator makes much effort to form a meaningful relationship with the applicants in an effort to help with the love and belonging need.

The group setting satisfies some of the basic needs during the course of the interview. We can observe this happening as members of the group begin to interact with each other and the facilitator. Power needs are satisfied by each applicant when their turn comes to explain their background and what they have been doing to get what they want in a job. They receive more recognition in the role play and each time they have the opportunity to ask questions for more information.

The applicants are given freedom to choose and to make decisions. First they chose to apply for the position, then as they enter the room, they may choose where they wish to sit. They are given the choice and they decide if they wish to participate in the role play. They are never told they have to participate in the role play. If they choose not to role play, they are still in the running for the position.

The need for love and belonging is satisfied within the group during the interview. In spite of being competitors (power) for a needs satisfying job, a certain camaraderie develops among the members of the group, much like that occurring during an intensive or certification week of training.

Humor is used spontaneously where appropriate, and is successful in providing fun for the applicants. In addition, the group interview experience is one of learning. Glasser (1998) has explained that fun is the genetic reward for learning.

The following are some comments that have been made by some of the applicants after participating in the group interviews:

"I'll be honest with you. At first, when I saw all these other people, I resented it. But, now that it's over, I really liked it. It's really a great idea and I learned a lot. It will help me with my next job interview."

CONCLUSION

1. The applicants wanted the job, experienced frustration, and used their organized behaviors in an attempt to get what they wanted. As we follow this total behavior through the loop, we see an example of negative feedback.

2. The applicants reorganize and create new behaviors to satisfy their needs when they do not get the job that they were seeking. It helps them to be in more effective control. Their total behaviors become more need satisfying and they move through the loop with positive feedback.

3. The comments by the applicants are testimonials that the group interview is a need(s) satisfying experience.

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