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Editorial Office:
Journal of Reality Therapy
203 Lake Hall
Boston-Bouve College
Northeastern University
360 Huntington Ave.
Boston, Mass. 02115
Telephone: 617-437-2485 or 3276

William Glasser, M.D.
President and Founder
Institute for Reality Therapy
Suite 202, 7301 Medical Center Drive
Canoga Park, California 91307
818-888-0688

Administrator
Linda Harshman
Inst. for Reality Therapy
Suite 202, 7301 Medical Center Drive
Canoga Park, California 91307
818-888-0688

Board of Directors
Institute for Reality Therapy
Canada: Rick Puteran, (90) 322 11th Street Brandon, Manitoba, Canada R7A 4J8 204-725-4018 or 204-725-0841
Northeast: Peter Appel, (90) 101 Cooper Rd. Dover, DE 19901 302-674-8581 or 302-422-8011
Southeast: William Abbott, (90) Rte 1, Box 175 Free Union, VA 22940 804-823-2215
Midwest: Robert Wubbolding (91) P.O. Box 4621 Cincinnati, OH 45246 513-851-7523
Mid-America: Jeanette McDaniel, (89) 3334 Summit Ridge Dr. Springfield, MO 65804 417-877-3564
Sunbelt: Arlin V. Peterson (91) 4204 70 St. Lubbock, TX 79413 806-797-1804
Northwest: Kathy Curtiss (91) 821 Dock St. Box 2-11 Tacoma, WA 98402 206-272-6501
West: Robert Hoglund, (89) 2250 McClintock, Suite 1 Tempe, Arizona, 85282 602-968-3563
Mountain States: Tom Smith, (89) 1260 Spinnaker Trail Monument, CO 80132 719-488-2707
Others: Doug Naylor, 117 E. 8th St., #610 Long Beach, California, 90813 213-435-7951

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Journal of Reality Therapy

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Editor's Comment

This issue is the single largest issue in the history of the Journal. The decision was made based on the quality and number of submitted articles. The issue was broken into two sections. The first section includes articles based on an educational theme. The articles by McDonald, Sullo, Hart-Hester/Heuchert/Whittier & Dempster/Raff all deal with the application of RT/CT and the elementary school and earlier level. The articles by Parish and Carver/Carver apply the principles to a college student population. The article by Bratter/Cameron/Radda provides a thoughtful and important keynote for this section.

The second section includes some creative examinations of the principles of RT/CT. The Johnson article provides an interesting comparison between Skinner & Glasser. The Dennis article examines both physiologically and philosophically the concept of faith as an additional need. The Wubbolding articles include a description of the use of metaphors as well as the conclusion of his series on suicide. Finally, the Kelly-Garnett submission is an important and unique application of RT/CT to a group receiving increased attention in today's society.

My congratulations to the contributors. I encourage others to follow the excellent examples contained herein and submit articles for ensuing issues.

MENTORING: EXTENDING THE PSYCHOTHERAPEUTIC AND PEDAGOGICAL RELATIONSHIP WITH ADOLESCENTS*

Thomas Edward Bratter
Alexander Cameron
Henry T. Radda

All three authors are at The John Dewey Academy in Great Barrington, Mass.

*Revised from Keynote address: 4th Conference of the European Federation of Therapeutic Communities; Dublin, Ireland (1987)

During the last two decades of the twentieth century, the nuclear family has ceased to be a positive or potent parenting force for a significant number of children and adolescents. As Wallerstein (1989) writes, family stability has been destroyed by divorce, drugs, burn-out and other factors. At no time in the history of civilization has the social neglect by the family emancipated so many adolescents who have accountability to no one except themselves. During the turbulent and troubled 1960's children ran away. They congregated in the East Village (New York) or on the streets of Haight-Asbury (California). They sought refuge in communes. They were mesmerized by Timothy Leary's invitation to "Tune in, turn on, and drop out." These adolescents viewed society as sterile and hypocritical. They opted out. What they wanted was freedom, authenticity, peace, and love. Many of these misguided mutations of the 1960's, who have continued their alternative life styles, currently are parents.

Today children are described in frightening terms - i.e., "latch key kids" or even worse, "throwaway children." Today, there are more psychotherapists, more residential treatment, and/or educational programs than ever before.

The John Dewey Academy, a residential college preparatory therapeutic high school, described by Bratter, Bratter & Radda (1986) has a unique mandate and mission. The John Dewey Academy tries to create a curative educational and psychological environment to enable a select few to reclaim their lives from disaster and, in so doing, gain self-respect. The goal of The John Dewey Academy is to place its graduates in colleges of quality which will maximize future education, professional and social options. Graduation from a college of quality, furthermore, permits individuals permanently to seal their pathetic and painful adolescent performances and misdeeds.

Helping adolescents to help themselves begin to use, rather than continue to abuse, their superior skills requires extending the traditional role for both the therapist and teacher to include mentorship. Mentorship addresses the developmental deprivations which cripple children.

Psycho-Social Characteristics of Adolescents Who Attend The John Dewey Academy

Students who attend The John Dewey Academy have similar psycho-
social-educational characteristics. They possess superior innate, intuitive intelligence though frequently neither standardized test scores nor academic performance confirm their potential. These adolescents have abused these talents rather than used them. By creating constant crises with their impulsive behavior, they require a structured residential setting to control and curtail their self-destructive acts. These immature individuals have acted-out against an environment which they perceive to be hostile, hurtful or hateful. Salinger (1951) immortalizes the dilemma of intellectually talented but alienated adolescents. Holden's former teacher, Mr. Antolini, tenderly attempts not only to describe for Caulfield his perception of the nihilistic problem but also to inspire the youth to find the solution:

I don't want to scare you . . . but I can very clearly see you dying nobly, one way or another, for some highly unworthy cause . . . I think that one of these days . . . you're going to have to find out where you want to go . . .

And I hate to tell you . . . but I think that once you have a fair idea where you want to go, your first move will be to apply yourself in school. You'll have to. You're a student — whether the idea appeals to you or not. You're in love with knowledge . . . you're going to start getting closer and closer — that is, if you want to, and if you look for it and wait for it — to the kind of information that will be very, very dear to your heart. Among other things, you'll find that you're not the first person who was ever confused and frightened and even sickened by human behavior. You're by no means alone on that score, you'll be excited and stimulated to know. Many, many men have been just as troubled morally and spiritually as you are right now. Happily, some of them kept records of their troubles. You'll learn from them — if you want to. Just as someday, if you have something to offer, someone will learn something from you. It's a beautiful reciprocal arrangement. And it isn't education. It's history. It's poetry.

Something else an academic education will do for you. If you go along with it any considerable distance, it'll begin to give you an idea what size mind you have. What it'll fit and, maybe, what it won't. After a while, you'll have an idea what kind of thoughts your particular size mind should be wearing. For one thing, it may save you an extraordinary amount of time trying on ideas that don't suit you, aren't becoming to you. You'll begin to know your true measurements and dress your mind accordingly (p. 243-246).

Some have used drugs (including alcohol) to medicate themselves which temporarily relieves painful feelings of failure and rejection. Others have been promiscuous to neutralize loneliness. These adolescents are motivated by emotions which they cannot identify. Reality, rationality and the future have little relevance. These individuals remain action-oriented in an attempt to ameliorate agonizing feelings of depression. These adoles-

cents have become imprisoned by their choices in a no exit, no win cesspool where failure begets failure. Glasser (1972) describes the devastating impact of the failure identity on adolescents:

Lacking a success identity, many young people turn against their parents first because they know their parents care about them even though they are not involved. After their parents, they turn against society, and in failing in school, taking drugs, and engaging in promiscuous and uncommitted sex, they turn against themselves . . .

A child with a failure identity, that is, one who lacks a concept of himself as a loved and worthwhile individual, will not work for any long-term goals . . . Long-term goals seem foreign to a person just trying to feel comfortable today and tomorrow. Even if the child gains a successful independent role, if he does not, sometime between the ages of twelve and twenty, achieve some reasonable goals that will support his role, he will slowly lose his successful identity. Many parents have been unable to help their child make this important transition from a successful personal role to working toward goals that further confirm his successful role.

Consequently, such students have been diagnosed as unmotivated and unwilling to change. These adolescents are viewed by mental health specialists and educators as being untreatable, uneducable, untameable, unreliable, and uncivilized. They have been branded by the pejorative psychiatric-psychological and educational establishments as suffering from insidious Attention Deficit Disorders (ADD), character disorders, psychopathy, etc. Sadly, Glasser (1972) is more accurate in his assessment of the cause of adolescent academic failure when he succinctly writes:

To defend themselves against the pain of failure, they quickly removed themselves mentally and, as they grew older, physically from what was to them the source of their pain, the school.

The school did not offer what the students wanted. They wanted to be accepted and treated as human, not as a group of children who had to learn reading and arithmetic quickly or be cast out of the system. They rebelled at this traditional school treatment by not listening, by acting up, and by refusing to learn. Following an age-old tradition, they were labeled failures and made aware of the label. In turn, they rejected school, taunted the staff, and occasionally vented their frustration by vandalizing the school. The more the school tried to tighten up and show them who was boss, the more they reacted. The school became obsessed with discipline. Teaching became secondary to a constant but failing effort to keep control.

Due to their aggressive, angry and sometimes self-annihilative acts, these adolescents are not loved and not wanted. They feel helpless and hopeless.

Listening to their personal accounts and reading their case histories, any clinician will be awed by the escapades and exploits of these
adolescents. Behaviorally, they have emancipated themselves from parental restraint. They have achieved freedom with little accountability. Socially, they are sophisticated. When it is in their best interests, these adolescents can relate to and interact with adults in charming and cunning ways. They can be seductive. They appear several years older than their chronological age. They are physically attractive.

When these adolescents watch television, they prefer cartoons and situation comedies that provide a relief from the real life acts they perform daily. At night, when they retreat to the security and sanctity of their rooms, their bed companions are stuffed animals that never threaten, abuse and/or betray them. At night in the anonymity of their rooms, furthermore, these adolescents revert to the frightened and fragile children they are. In the morning, their pillows are wet from the tears of knowing that they have lost their innocence before understanding the concept. They no longer dare to dream they can succeed or achieve greatness. While it is possible to relate to them as if they are adolescents and even adults, emotionally they remain children.

During their formative years, some have suffered from parental acts of accidental deprivation or deliberate depravity. During their childhoods, their trusted companions were dolls, robot toys, stuffed animals, television sets, imaginary playmates, day care center workers, and/or maids. Their parents have been absentee because either they worked or they pursued social prominence. The net result is the same. As children, these adolescents were deprived of adequate emotional nourishment and affirmation, so their self-esteem has been impaired. Parental neglect indelibly etches into their psyches an intrinsic sense of worthlessness. These adolescents tend to have compartmentalized and inadequate personalities, so they oscillate between an idealized Good Self and a worthless Bad Self, as described by Kernberg (1975). When these adolescents view themselves as perfect/strong, they believe they owe nothing to anyone whom they portray as bad. When, in contrast, they view themselves as worthless/bad, they feel depressed because they think they deserve nothing.

These adolescents ward off painful feelings of deprivation and rejection with a voracious sense of entitlement accompanied by a rage which creates a vacuum, so that no one realistically can satisfy their perpetually escalating demands. People become dehumanized objects to gratify their needs and to enhance their self-esteem. They defend themselves by projecting an aura of hostility and hatred that insulates them from intimacy. They become angry quickly so they can assume an aggressive posture to protect themselves from being hurt. Whether they are victims or perpetrators is irrelevant, because the pain of rejection — hence a sense of worthlessness — is demoralizing and debilitating. These adolescents have been bruised, battered, and bloodied. They are hemorrhaging internally, but conceal the wounds from others viewed as enemies who possess the power to inflict more suffering. They project a facade of grandiosity to hide their feelings of inferiority and inadequacy.

These adolescents are impaired by the benign neglect of parents which paralyzes and devastates them. They cannot recall when their parents were involved with them. Parents may be too overwhelmed, confused, and/or intrusive to provide the necessary nourishment and psychological structure these adolescents desperately need. Consequently, they feel they have been unjustly cheated and punished. These adolescents feel, furthermore, they have been abandoned and betrayed by their parents. They experience the transiency of the moment by seeking instantaneous gratification while ignoring the realistic future consequences of their decisions and actions. Not surprisingly, they cannot tolerate frustration and disappointment. Predictably, they exist in the present and refuse to ponder their futures. In so doing, these students jeopardize future educational and professional options. They believe they will magically remain young forever, will not grow old, and never will die. They are clones who have been programmed by the same computer. “Attack before being attacked,” “Reject before being rejected,” “Devour before being devoured,” “Betray before being betrayed.” The fight-flight syndrome is reenacted daily.

*From Psychoanalyst to Psychotherapist to Parent: The Evolution of the Mentor Role*

While perhaps appearing logical and humanistic, involvement between the psychotherapist and the client challenges orthodox psychoanalysis. Freud proposed stringent treatment guidelines which demanded the analyst remain detached and aloof in an effort to be a benign observer which duplicates the behavior of these adolescents’ parents. Freud proposed the analyst refrain from any personal involvement and self-disclosure because any emotional reaction would interfere with and, hence, contaminate psychoanalysis. Freud (1910) discussed transference-countertransference which repressively dominated treatment for almost half a century. Orr’s (1954) comprehensive review of the analytic literature discovered only ten treatises on counter-transference. Szasz (1965), while defining the analyst’s role, states, “You need not show that you are humane, that you care for him [the patient] ... Your sole responsibility to the patient is to analyze him.” Ferenczi (1919/1927) suggested that the rigid analytic posture advocated by Freud “is not the right attitude for the doctor ... because it would retard the appearance of transference” (p. 188). Sullivan (1924/1962), in his work with schizophrenics, abandoned the traditional detached role of the psychoanalyst by virtue of his active questioning and rigorous listening. Glasser (1965) repudiates Freud when he suggests that:

The therapist must be able to become emotionally involved with each patient and his problems and even suffer with him ... He [the therapist] must be willing to discuss some of his own struggles so that the patient can see that acting responsibly is possible though sometimes difficult. He [the therapist] must have the strength to become involved, to have his values tested by the patient, and to withstand intense criticism by the person he is trying to help. (p. 22-23)

There is the need for an amalgam which extends the pioneering work of Ferenczi, Sullivan and Glasser.

The concept of “mentor” originates in Greek mythology. Homer (1581, 1942) immortalized Mentor, a sagacious person and trusted friend of...
Ulysses, who agreed to serve as the guardian, tutor, advisor and protector of Ulysses’ son Telemachus. Mentor, by acting as a substitute father, helped Telemachus not only survive, but also achieve manhood, permitting Ulysses to embark on a decade-long odyssey. In so doing, Mentor may have been the first to serve “parens parentis.”

Mentoring was most developed during the Middle Ages with the introduction of the concept of apprenticeship, where an experienced craftsman taught the novice. More recently, Alcoholics Anonymous recognized the critical concept of “sponsorship” where the Twelfth Step Worker imparts his or her “spiritual awakening” to newer members. Anonymous (1952) writes:

When a man or woman has a spiritual awakening, the most important meaning of it is that he has now become able to do, feel, and believe that which he could not do before on his unaided strength and resources alone. He has been granted a gift which amounts to a new state of consciousness and being. He has been set on a path which tells him he is really going somewhere, that life is not a dead end, not something to be endured or mastered. In a very real sense, he has been transformed because he has laid hold of a source of strength which, in one way or another, he had hitherto denied himself. He finds himself in possession of a degree of honesty, tolerance, unselfishness, peace of mind, and love of which he had thought himself quite incapable. What he has received is a free gift. (pp. 106-107)

Alcoholics Anonymous rightfully perceives the essence of recovery to be sponsorship, which internalizes the ideals of the program in both the helper and the helpee.

The Mentor: Implications for Treatment (the three “P’s” of Mentoring: Parent, Psychotherapist, Professor)

Until the infantile psycho-traumatic wounds can be healed, these adolescents are too consumed by rage and fear to trust anyone to permit access to their tortured and twisted souls. They need help therapeutically to extricate themselves from symbiotic, introjected parents so they not only can search for, but also connect with idealized parental surrogates. Adolescents experience a sense of desperation, of insecurity, and a frustration which causes them to seek the authoritative adult source of wisdom, a Supreme Being for security and the definition of their mission. Wolfe (1935) recognized this need and cogently summarized this pervasive search when he wrote:

The deepest search in life . . . the thing in one way or another was central to all living man’s search to find a father, not merely the father of his flesh, not merely the lost father of his youth, but the image of strength and wisdom external to his need and superior to his hunger, to which the belief and power of his own life could be united. (p. 39)

Unavoidably, the mentor is thrust into a parental role regardless of chronological age. The mentor invariably will be subjected to numerous tests. The most crucial test for the mentor will be to prove to the satisfaction of these adolescents personal accessibility and indestructible caring on a twenty-four hours a day, seven days a week, fifty-two weeks a year basis. Should the mentor falter or fail these tests, the individual may be dismissed by these adolescents as similar to those who have abandoned and abused them before. Not until the mentor personally can compensate for the deprivation, cruelty and injustice these children have endured will adolescents begin to trust. Undeniably, establishing this kind of paternal alliance for the mentor can be a draining, discouraging and depressing venture since these damaged adolescents continually increase their demands. Their narcissism is insatiable. What begins as a barely audible whisper of “Please give me something because I feel so unworthy” quickly escalates into a roaring demand, “GIVE ME MORE because I demand it!”

An integral part of the rites of initiation will be for the mentor to acknowledge being hurt by these demanding adolescents and in so doing, confirm vulnerability. When appropriate, the mentor needs to permit adolescents to identify with the painful past and relate to them in intensely personal terms they can understand, to model appropriate behavior and attitude. Self-disclosure can solidify a curative relationship by increasing intimacy and insight. The mentor needs to revisit the personal, painful past to dredge up forgotten fears, frustrations, and failures so adolescents can learn that suffering is a universal experience.

When these adolescents begin to feel more secure and stronger, they will be motivated to begin to discuss their personal problems. The mentor must be prepared to pursue these adolescents who wish to avoid and deny psychological pain at any cost. They deliberately will obfuscate reality. The mentor needs to confront these distortions and denials. These frightened and fragile adolescents trust no one (including themselves, their families, and friends), so their desperate and dishonest attempts to distort should surprise no one. The issue of trust is exacerbated for adopted children or children who have been abandoned by at least one parent when family stability has been wrecked by a divorce. By refusing to concede defeat and continually pursuing, the mentor implicitly communicates, “I am willing to pursue you even if it means getting hurt because I sense you are a worthwhile person. I care enough that I am willing to invest by giving of myself.”

Jackie, 18, feels unwanted and worthless. She was adopted. Her parents divorced when she was a child. She was sexually assaulted by her uncle. Her father placed her in an institution because he feared Jackie’s marihuana use would escalate into an addiction. She went from the hospital to a residential school. She impulsively ran away when several of her friends were expelled. She then was given the option to live with her mother, but rejected that. She then was referred to The John Dewey Academy where she wants no relationship with her family because she feels they have expelled her. Jackie waited until the
precise time when she knew one of the staff needed an energizing vacation and was suffering from the impending death of his father. She asked this staff member to care for her though she knew he simply was too preoccupied and drained to do so. Jackie felt a sense of relief when he refused. Once again, she had reached out and was rejected. I continually taunted her by stating when the blessed day comes for her to ask me, I will be ready and will respond affirmatively.

All adolescents need assistance to improve their cognitive and abstract skills which is generally the purview of traditional education. The mentor needs to expand the pedagogical relationship. Before any significant learning can occur, however, it is the responsibility of the mentor to inspire and stimulate students to believe they not only are capable of learning, but also that learning is essential to continued growth. The mentor needs to create the conditions which are conducive to self-discovery and self-actualization, which are prerequisites to helping adolescents form unique and positive personal identities. Implicit in this crucial developmental process is a type of sharing which encompasses psychology and philosophy. The mentor becomes the guardian of morality and the facilitator of the formation of values. This type of pragmatic education relates to problem solving, acquisition of values, and learning how to think for oneself. The mentor stimulates inquiry by sharing personal spirituality, personality, and commitment to scholarship with the ultimate objective to value truth and reality.

The quintessential humanistic and existential act of giving by the mentor has been defined by Fromm (1956):

What does one person give to another? He gives of himself, of the most precious he has, he gives of his life. This does not necessarily mean that he sacrifices his life for the other — but that he gives him of that which is alive in him; he gives him of his joy, of his interest, of his understanding, of his knowledge, of his humor, of his sadness — all of the expressions and manifestations of that which is alive in him. In thus giving of his life, he enriches the other person, he enhances the other person’s sense of aliveness. He does not give in order to receive; giving in itself is exquisite joy. But in giving he cannot help bringing something to life in the other person; and this which is brought to life reflects back to him; in truly giving, he cannot help receiving that which is given back to him. . . . In the act of giving something is born, and both persons involved are grateful for the life that is born for both of them. (p. 24-25)

The “Persona” of the Mentor

Most assuredly, not every adult can, or should, work with these demanding and damaged adolescents who are reluctant to trust anyone. Indeed, it takes a “special person” who has special personal attributes. Buber (1971) ascribes specific personal qualities to the master teacher which are fundamental for the mentor-psychotherapist, i.e. intelligence, commitment, sincerity, passion, integrity. Buber recognized that this teacher’s gift to education was to extend beyond being just a professional. The student lived with the teacher and learned by observation and interaction. The student learned from the teacher’s direct teaching and through osmosis. The student learned from the instructor’s spirit.

The mentor needs to possess a special commitment to want to reach these adolescents, who will lash out to defend themselves by becoming hostile, part of the mentor’s arsenal includes a toughness to bore through the defenses to confront malignant, dysfunctional attitudes and behavior. The mentor must be resilient and able to respond to disappointment and defeat with an indefatigable optimism that inevitably these adolescents can and will succeed. For this, it is necessary to maintain high expectations for improved behavior, accept no excuses for mediocrity, and never quit. Undeniably, it is difficult to continue to demand the best when there is perpetual failure. It is crucial for the mentor to be unyielding and committed to success, when everyone else concedes disaster and defeat, by maintaining high expectations for improvement.

The mentor needs to be tender, as Radda (1988) reports, to appreciate the massive hurt that these adolescents have suffered and be sufficiently sensitive to nurture them so they can become whole through amelioration of incapacitating feelings of depression and demoralization. The mentor must be able to inspire these adolescents to dare to dream, to invest in themselves, and to make the necessary commitment to succeed at tasks they consider important. The mentor needs to be convinced sincerely that these adolescents possess the potential to transcend their self-destructive pasts if given one final chance to extricate themselves from failure by justifying their existence.

It takes a “special person” who not only is prepared to function “above and beyond the course of duty,” but also has sufficient courage, imagination, and confidence to be innovative to help these adolescents begin to help themselves. The mentor’s mandate is to create a nurturing, but confrontive, relationship that provides strength and hope, which are catalysts for the constructive-reconstructive, habilitative-rehabilitative process. Without this special investment and contribution by the mentor, frighteningly, these adolescents, in all probability, will continue to abuse and waste their potentials. The mentor needs to accept the awesome responsibility of recognizing that his or her contribution, in fact, may be the catalyst to help these adolescents begin to help themselves. Finally, the mentor needs to possess the inner conviction and confidence not to be devastated when an adolescent fails to respond because, sadly, no one can save everyone. The mentor needs to have the resilience and strength to rebound from a devastating defeat to connect with another lonely and lost adolescent.

Conclusion, Mentoring: The Crucial Ingredient of the Curative Relationship.

It takes a new breed who care sufficiently to become involved with tortured, troubled, and troublesome adolescents. Before these adolescents will contemplate change, they will test before they trust; they will resist before they respect; they will alienate before they will admire, they will
denounce before they depend. The mentor's mission literally is to strive to create a proactive parenting role which will restore a sense of security and self-worth before these adolescents acquire sufficient strength and stability, before they can individuate and separate. The mentor helps these adolescents define who they are and what goals they wish to achieve before liberating them. For some, who are special, as these adolescents struggle to become autonomous, the mentor can renegotiate the relationship ultimately to be a friendship of equality which validates this unique quasi-therapeutic, quasi-educational process for both.

Similar to the protective relationship when parents must provide food, clothing, shelter, and safety for the infant; mentoring is an equally potent, though time-limited, force which often makes the difference between a life of failure or achievement, irresponsibility or responsibility, loneliness or love for the adolescent.

The mentor knows there can be no finer gift or reward than to know whatever he or she contributed to these adolescents in their desperate time of need can create the conditions to help them achieve greatness.

Bibliography

THE EFFECTS OF TEACHING REALITY THERAPY TECHNIQUES TO ELEMENTARY STUDENTS TO HELP CHANGE BEHAVIORS

Susan Hart-Hester
Charles Heuchert
Kathleen Whittier

The first author is Educational Technologist with the Bureau of Planning and Policy for the Mississippi State Dept. of Education; the second author is Assoc. Professor of Education at the University of Virginia and is Past President of the Council for Exceptional Children; the third author is Asst. Professor of Education at the State University of New York, Champlain, N.Y.

One purpose of education is to “help students become independent human beings, relying on their own resources” (Green & Brydon, 1977, p. 110). Presently, educators most often assist youngsters in developing a sense of responsibility and self-control (Boud, 1981) via approaches that are based on the premise that behavior is controlled by external events. In contrast, reality therapy (Glasser, 1965) is based on the theory that all behavior is internally motivated, is chosen, and that people will allow themselves to be controlled by external events only as long as that behavior is fulfilling a particular need or want. Thus, through reality therapy, youngsters are taught to develop a sense of self-direction and independence by taking responsibility for their chosen behaviors. The Glasserian model attempts to “re-educate” youngsters by helping them identify their wants, needs and goals, establish realistic behavior to attain them, and to assess their behaviors’ effectiveness in helping them attain those goals (Ignas & Corsini, 1979). As educators grapple with legal ramifications (Martin, 1979) as well as ambiguities and limitations in behavioral techniques such as the lack of generalizability and durability (Harris & Ersner-Hershfield, 1978; Lovas, 1982), and inappropriate modeling of behaviors (Altman & Talkington, 1971), reality therapy is viewed as an attractive behavioral intervention.

The effects of reality therapy have primarily been assessed through anecdotal records, self-reports, and case study accounts. There are few empirical studies in the literature that have evaluated the effects of reality therapy in the classroom (Atwell, 1982; Gang, 1975; Poppen, Thompson, Cates, & Gang, 1975). Although reality therapy has been shown to increase on-task behavior in both elementary and high school classrooms, no studies have attempted to monitor the impact of reality therapy in the two most common instructional situations: teacher-directed and independent seatwork (Sirotnik, 1983). Because time on-task is a proven variable in student achievement (Gambrell, Wilson, & Gantt, 1981), empirical research is needed to evaluate the ability of reality therapy to increase a student’s time-on-task across teacher-directed activities and independent seatwork assignments. Such issues prompted this investigation.

With the average regular classroom population between twenty-six and thirty students, the teacher has limited time for individual attention.
According to Johnston (1984), “Most students spend two-thirds of their time working independently in the classroom”, i.e., without teacher-direction (p. 338). Thus, it is imperative that students develop the necessary skills to work independently and effectively. Reality therapy claims to promote such self-regulated learners; this has implications for educators attempting to address problems posed by the effects of large teacher-pupil ratios.

The purpose of the present study was to examine the effects of reality therapy on the on-task behavior of participating students across two instructional settings (teacher-directed and independent seatwork). The following three questions were investigated:

1) Will reality therapy increase the on-task behaviors of targeted students?
2) Is there a difference between settings (teacher-directed and independent seatwork) in the frequency of targeted behaviors?
3) Is there a decrease in targeted behaviors after a one week absence of treatment?

Methodology

Subjects

The subjects (age 9 to 11) chosen for this study were youngsters exhibiting behavioral problems (e.g., out of seat, talking out, aggressiveness, non-compliance) in a regular fourth grade classroom. The classroom was in a public elementary school (grades K-5) located in a metropolitan city. The school serves approximately 400 students representing families from the lower to middle socio-economic scale. Participating students were all within a classroom housing 20 students (10 males and 10 females).

Subjects (N = 4) were identified through anecdotal reports from the school principal and classroom teacher, as well as from independent observations conducted by the principal investigator. Names of potential target students exhibiting behavioral problems in the classroom (e.g., out of seat, talking out, hitting peers, refusal to work) were listed independently by both the principal and the classroom teacher. Then, two observers, unaware of the potential subjects, observed in the classroom and identified subjects who exhibited the most frequent off-tasks and disruptive behaviors. These subjects (who were not officially identified as special needs youngsters) appeared on each of the principal and teachers’ lists. The four subjects who appeared on both lists were then selected to participate in the study.

Instrumentation

An observational instrument developed through a pilot study conducted by Heuchert, Pearl, and Hart-Hester (1986) was used to obtain measures of subject behaviors. Eight major categories were represented in the observational instrument: 1) on-task, 2) off-task, 3) positive interaction with peer, 4) negative interaction with peer, 5) positive interaction by student with teacher, 6) negative interaction by student with teacher, 7) positive interaction by teacher with student, 8) negative interaction by teacher with student. Initial field testing of the instrument was conducted for one month with refinement of categories and interobserver data collected during that time. The percentage of agreement ranged from 60 to 88 at the end of the test month. Additional testing was conducted prior to its use within this study. The average agreement was 79% and the range was 70 to 85.

Setting

Definitions for both the teacher-directed and independent seatwork settings evolved through initial classroom observation of the instructional format by the principal investigator and a review of related research (Berliner, 1983; Blaney, 1983; Doyle, 1981). The types of activities that constituted the two conditions were as follows:

A) Teacher-Directed: The classroom setting was coded teacher-directed (T) when the teacher was providing group or individual instruction directly to students.

B) Independent Seatwork: The classroom setting was coded independent seatwork (S) when the students were assigned independent activities/work and were not being directly instructed by the teacher. Both observational classroom settings involved reading and language activities from 8:30 to 10:00 a.m.

Training Procedures

Targeted subjects met with an educational psychologist, formally trained in reality therapy, for 30 to 45 minute sessions during the noon hour. The meeting format varied somewhat from day to day, but generally the procedure was as follows:

- When students initially entered the group, they were asked to review their year in school and to evaluate their experience. Subjects described what they perceived as their typical daily behavior in the classroom and school.

- The therapist introduced the concept that behavior is chosen and that these choices influence the direction their life is taking.

- Students were asked what they wanted to have happen in school, what they wanted to get out of school (“Learn to read better”, “Make friends”, “Make good grades”, “Not getting hollered at”, “More free time”, “Get my work done on time”), and then students were asked to evaluate if what they wanted is what they were getting.

- When they believed that there was a discrepancy between what they wanted to happen and what was happening, the student was helped to find new behaviors that were more need-satisfying, thereby reducing the discrepancy. A plan of action was developed by the student incorporating the new behaviors which the student believed he or she had a reasonable chance of fulfilling.

- The student’s commitment to the plan was necessary. The plan was written and signed by the student and the therapist. The student and therapist evaluated the success of the plan on a daily basis.

- The plan was shared with the classroom teacher. Every day before the therapist met with the students, a check was made with the teacher to determine the subjects’ level of compliance with the plan. The teacher was asked not to change any procedures in the classroom; however, she was
asked to make verbal reports on each student's negative and positive behaviors (restriction from activities, admonished for talking out, incomplete assignments, or listens more carefully to directions, completes assignments, has more friends, etc.).

In the daily sessions, the therapist sought to create a supportive environment by being friendly and by being a supportive listener. The therapist neither criticized nor punished the student but rather focused on the students’ making effective choices to take control of their lives. The therapist accepted no excuses when the student failed to complete the plan or demonstrated irresponsible behavior. The plan represented an attempt on the subject’s part to change present inappropriate behavior, and was developed on an ongoing basis, i.e., if the youngster failed to fulfill the plan, a new strategy was developed that the subject could successfully complete.

**Data Collection Procedures**

Data were collected by two observers (doctoral students in the field of education). Observers were trained in the use of the observational instrument prior to the beginning of the study and received a copy of the scoring directions and definitions during the initial training phase.

Using an audiotape, researchers observed the target youngsters for five seconds, then recorded behavioral information during the next five seconds. A systematic rotation of subjects was cued by the audiotape. Five minute samples were recorded for each subject on a daily basis. The collection procedure kept one observer “blind” to the treatment schedule. The experimental design used a multiple baseline across subjects (Kazdin, 1982).

**Discussion**

The data indicate a pronounced increase in the percentage of time on-task for each targeted student. Although these increases evidenced during treatment were marked, an additional comment should be made relative to these findings. There is a clear distinction between the measurement of on-task behavior as defined and the assessment of an appropriate study strategy (Anderson, Brubaker, Alleman-Brooks, & Duffy, 1985). For example, if a child was observed in independent seatwork to be writing definitions of words listed on the board, then the youngster was marked on-task. However, review of this same student's worksheet might reveal a failure to follow directions or an inability to decipher keywords necessary to locate correct definitions. Obviously, the ability to stay on-task and the actual comprehension of material are two different variables.

Reality therapy emphasizes the improvement of the youngster's sense of responsibility toward the schooling process, therefore one would expect the increased attention to task to additionally improve academic performance (Gambrell, Wilson, & Gantt, 1981). However, anecdotal reports and review of classroom worksheets did provide evidence of this improvement for Subject 2, although the academic performances of Subject 1, 3 and 4 did not indicate similar advances. While this study evidenced the ability of reality therapy to increase on-task behavior, future emphasis might address the need to monitor the impact of increased focus on academic performance.

The data from this study indicated the development of differential patterns of on-task behavior for subjects in teacher-directed and independent seatwork formats. Although on-task levels increased over both instructional formats with the implementation of reality therapy, on-task behavior was higher in the independent seatwork setting (with the exception of Subject 3). Future reality therapy research should address the influence of extraneous variables such as the type of activities conducted in the different settings, on the ability of reality therapy to improve student behavior.

In addition to the ability to improve student behavior, the ability of reality therapy to maintain positive effects over time was evidenced by all targeted subjects. The level of on-task behavior was higher than baseline rates in both instructional formats.

The results were surprisingly positive despite the fact that an “outsider” acted as the facilitator during the reality therapy sessions. It is believed that the effectiveness of reality techniques would have been increased had the classroom teacher rather than a school-based individual been a part of the intervention. In the present study, no additional interaction between the classroom teacher and targeted students was provided. Future research should attempt to assess the impact of the classroom teacher upon the effectiveness of reality techniques.

**Summary**

Results from this study indicated that reality therapy was effective in increasing the on-task behaviors of targeted subjects. All subjects evidenced increases during both teacher-directed and independent seatwork instructional formats, although Subjects 1, 2, and 4 showed greater change during the independent seatwork sessions. This finding substantiates recent research which documented behaviors of youngsters in teacher controlled and independent settings and found a lower level of on-task behavior during the teacher controlled format.

Overall, reality therapy poses an effective alternative to methods that emphasize change through external controls. The ability to stay on task during independent instructional settings is seen as a crucial component for success in the classroom as students are required to spend greater portions of their classtime completing independent seatwork assignments.

*Specific study data are available from the corresponding author — Charles Heuchert, 405 Emmet, Ruffner Hall, U. of Virginia. Charlottesville, VA. 22903-2495.*

**References**


Managing Students in Primary Schools
A Successful Australian Experience

Margaret Dempster
David Raff

The first author is principal of Gowrie Primary School and a fellow of the Australian College of Education; the second author is Assistant Principal of Gowrie Primary School, in Australia.

Effective student management in schools is one of the prime concerns of teachers and parents as the end of the twentieth century approaches. Experience at Gowrie Primary School in the Australian Capital Territory, which caters to children from the time they commence their formal schooling at the age of five until they enter high school at the age of about twelve, suggests that there is a more effective approach to this problem. The policy in operation, based on the principles of reality therapy and control theory, has been found to be highly satisfactory and successful for students and staff, acceptable to parents, and suitable for adaptation for use in the home.

The school opened six years ago in a suburb which could be classified as middle class although there are some environmentally and/or emotionally deprived children. There are a significant number of single parent and blended families in the area. In the majority of homes either the single parent or both parents are in paid employment. At the time Gowrie opened, every student had moved during the previous twelve months, and some had already been enrolled at a number of schools.

Developing the Program

The school opened with a statement outlining an approach to student management which encompassed many of the tenets of reality therapy, although at that time we were not familiar with the work of William Glasser.

At the beginning of the 1984 school year, a full day in-service program introduced all staff to the Schools Without Failure concepts and the Ten Steps to Discipline. Following further discussion in staff rap sessions, the school board formally adopted a student management policy based on the teachings of Dr. Glasser. Since that time there has been continuing discussion and reading which has further developed our knowledge and understanding of the concepts of both reality therapy and control theory. Each year staff new to the school and to Glasser theory are trained to maintain whole school involvement in the program. Relief staff recruited to fill-in during teacher absence are also given some training.

During 1988 staff of the school had their first direct contact with a person trained in reality therapy and control theory when Barbara Garner visited the school and presented a full day in-service program for all teaching and secretarial staff. It was soon evident that the knowledge and
understanding of all staff members had been greatly strengthened and deepened by this training.

The principal and assistant principal expect to complete requirements for certification in reality therapy and control theory early this year. Several other staff members have also completed their basic intensive week. This increased level of personal development has led to further refinement of the processes used in the student management policy.

Vital Ingredients in A Glasser Based Program in a Primary School.

After five years experience we believe that there are a number of interrelated ingredients all of which are necessary if maximum benefit is to be gained from a program based on the teachings of Dr. Glasser.

1. Teachers need to understand the concept of basic needs and that all behavior attempts to satisfy those needs. This understanding enables them not only to evaluate their own actions, but to better understand and deal with the students whose behavior is disruptive.

2. It is essential that teachers constantly monitor and evaluate their own behavior and strategies and refine or change them when they are not working. Teachers must constantly model the type of behavior they expect from their pupils. This particularly involves the use of trust and respect and the acceptance and expectation of responsibility.

3. Teachers need to get close to their students by showing a high level of interest and friendship as a factor in the building of self esteem.

4. The concepts outlined in Schools Without Failure need to be accepted, understood and implemented on a whole school basis in order to develop a success identity in each child.

5. Teachers should avoid the use of punishment and understand the positive benefits that flow from the effective use of consequences.

6. Teachers should stop doing things to children and only occasionally do things for them. They should learn to do things with them and give them opportunities to do things alone.

7. Class meetings (rap sessions) are essential if communication, trust, fun and a sense of control are to be natural elements in the classroom. A well balanced program should include open-ended, problem solving and evaluative meetings.

8. Learning teams should be included in the policy as they provide a learning environment in which children are able to meet all their psychological needs. Children working in teams are usually highly motivated and consistently produce work of high quality.

9. Much of the Ten Steps to Discipline is embodied in the above points. The remaining steps must form part of the policy so they can be used should there still be a need after implementing points 1 to 8.

10. All staff should be well versed in the philosophy and procedures and use them at all times. Although there is room for flexibility there should be no deviation from the underlying principles in the implementation. Ongoing staff training is essential if the program is to be maintained as an efficient and effective procedure. It is highly desirable that at least some staff members are given the opportunity to complete intensive training. It is not easy for this to happen in Australia at the present time as teachers have to undertake the training at their own expense in vacation periods and at times when qualified instructors are available from America.

Knowledge and skills gained by teachers during intensive training have significant benefits for children and the school. First, their increased ability to take effective control of their lives indirectly benefits all with whom they come in contact. Second, counselling of children with significant difficulties becomes more efficient, effective and productive. Third, there is more understanding of the strategies being employed in the student management program. Fourth, the modelling of newly acquired and refined skills and understandings has a significant impact on teachers with whom they work.

11. The senior executive of the staff, including the principal, should be involved in the processes, be seen to be playing their administrative role by both teachers and children, and be supportive of and provide encouragement to staff as they implement the program.

12. Parents should be informed of the policy, given every opportunity to fully understand it and be shown how they can use a similar approach in the home. When necessary they should be informed of the actions taken by the school and their support enlisted.

What’s In It For Children?

Five years of experience has clearly demonstrated that even young children can quite easily grasp the concept of choice. This basic understanding quickly leads to the acceptance of responsibility for one’s own behavior by all but a very small minority of children. Even those who continue to disrupt the class, do so less often and can talk about their choices and their responsibilities. They accept the consequences of their actions usually without making excuses once they have these understandings. When the whole school operates consistently, children soon learn that they are not able to manipulate a situation to suit themselves at the expense of others. Teachers have observed a steady increase in the level of responsibility shown by the children. This outcome relates to their understanding of the element of choice in all behavior and to their involvement in school organization and learning through class discussions and learning teams. Children have learned that they have the power to affect what goes on at school, and they realize that teachers are interested in them, not only as students but also as individuals with a wide range of interests and experiences. They know that teachers will work hard to help them and that teachers will never give up when working with them to solve problems they may have on occasions.
As a direct result of teachers implementing step 3 of the Ten Steps to Discipline Program, i.e. moving closer to all children but especially those experiencing difficulty, there has been a consistent decline in the number of children being excluded from the classroom to the school's time out area.

Children who have come into direct contact with our program through disruptive and aggressive behavior in the classroom or the playground readily acknowledge that their behavior did not help them, can articulate the alternate behaviors they could have chosen, and make highly satisfactory, positive plans about doing better in the future.

Considering the marked impact the concepts of control theory have had on the lives of many adults who have studied them, it could be expected that children who have learned them at an early age will be in a markedly better position to withstand the pressures of modern society and make better choices about the direction their lives should take. Acceptance of the control theory notion that all behavior is chosen and is determined by our attempts to satisfy basic needs has come readily to the children at Gowrie.

In close ongoing counselling situations with children aged nine and ten, it has become quite clear that even children with just average intelligence can learn and utilize the concepts. One nine year old taught the concept of the five basic needs to another nine year old with whom we started counselling some little time later. It seems that the first one, who was beginning to modify his behavior, perceived the need for help in the other and passed on the knowledge which had apparently helped him. The second child was then able to outline how he was meeting each of his psychological needs.

It is clear that these children understand that they have “pictures in their heads” and that sometimes they need to modify some of their pictures to achieve more positive outcomes in their lives. They appreciate that by making plans these changes can sometimes be effected, especially if there is a high level of commitment to the need to change.

There is also an indication that these children understand the four components of behavior, and that, having recognized their feelings, they do have the ability to control what they do and what they think.

The next step for us is to teach all these concepts, not just those of choice and responsibility, to children throughout the school in addition to those who are in an ongoing counselling situation.

What’s In It For Teachers?

Teachers have been involved in three evaluations of the program during the five years of its operation, and on each occasion have been highly complimentary, especially in relation to the degree of support classroom teachers receive from the executive of the school. The high level of consistency is also valued as are the regular rap sessions at staff meetings which enable all staff members to have their say in relation to the development of policy and procedures.

An important outcome for teachers is the reduction of stress that flows from the proper implementation of the program. No longer do teachers need to put on a show to try to frighten children into good behavior. The consistent procedures and the time spent in getting to know the children ensures that when the time comes to apply consequences for poor behavioral choices, there is a large fund of goodwill that can be drawn upon. Any disciplinary action takes place in an environment of calmness and there is always an expectation conveyed to the child that no matter what the problem is, we can always work it out.

Conclusion

Experience has shown that an effective and efficient student management policy can be developed in Primary Schools using the principles of reality therapy and control theory. Such a policy will assist students to become responsible persons who can satisfy their needs in a positive way and provide them with a basis for taking effective control of their lives. It will also provide teachers with strategies for ensuring that their classrooms are fun places to be and where a great deal of learning takes place in a friendly and supportive atmosphere.

In Pursuit of Happiness

by

E. Perry Good

An important and useful book for practitioners filled with ideas to facilitate development and involvement. Written by a Senior Faculty member of The Institute for Reality Therapy. Available from New View Publications, Chapel Hill, N.C.
USING CONTROL THEORY IN EARLY CHILDHOOD EDUCATION

Robert A. Sullo.

The author is a school psychologist at the Plymouth-Carver Regional School System in Plymouth, Mass.

Advocates of reality therapy and control theory believe that a control theory approach to education is desirable. The question which still remains unanswered is: When do we formally introduce a control theory model into the educational setting and operate our schools with this framework as a governing principle? Perhaps because reality therapy is so cognitively and rationally oriented, many suggest that legitimate control theory principles cannot be fully infused into a school until students reach adolescence. Consequently, many schools which operate from a control theory perspective serve students in the junior high and high school years.

Secondary school systems, frustrated by years of unsuccessful or only marginally successful attempts to educate their students using the more common stimulus-response orientation found in most American public schools, are increasingly receptive to at least giving control theory concepts a try to see if such an approach can help create more effective schools. Alternative schools in particular, dealing with many of the most troubled and difficult of our students, are increasingly willing to integrate control theory into their programs in an attempt to reach students whose needs have been chronically unaddressed and whose educational progress has been disastrous.

Glasser, (1986), states in Chapter I that his comments are specifically aimed at an audience concerned with secondary school students. Glasser’s explanation is that elementary schools, largely made up of self-contained classrooms, are much more conducive environments in which children can meet their need for love and belonging and states “in elementary schools... young students are mostly concerned with satisfying their needs for love and belonging” (p.10).

While I have no disagreement with the critical need to weave control theory principles into the fabric of our secondary schools, the purpose of this article is to suggest that we more systematically incorporate control theory principles into our educational system from the very moment a child enters a formal educational setting, be it first grade, kindergarten, or preschool. There are several reasons why I advocate the earliest possible utilization of control theory in educational settings. First, control theory makes sense regardless of an individual’s age. The three month old infant is just as much a control system as the high school student. Second, I see a trend, confirmed by my own experience as a parent of an elementary school age child, towards fewer and fewer self-contained classrooms where love and belonging needs are so routinely met. My daughter had three different teachers for various academic subjects beginning in the first grade and her case is no longer that unusual. Third, first grade classrooms, and even kindergartens, once havens for young children, are becoming increasingly competitive, more academically demanding, and it is no longer appropriate to assume that they are the psychologically needs satisfying environments they once were. There used to be a joke about how you couldn’t “flunk sandbox,” a reference to the accepting, nurturing quality of kindergarten and first grade. More and more of our young children are now introduced to failure at a very young age.

It’s time we more effectively addressed the issue of making early childhood educational experiences psychologically needs satisfying once again. Finally, I strongly believe that control theory teaches responsibility. Currently, stimulus-response psychology, which unintentionally promotes irresponsibility by suggesting that we are controlled by external forces, dominates teacher preparation programs. It is not until most of our students reach adolescence and we realize that a stimulus-response approach simply doesn’t work that many systems turn in desperation to the implementation of control theory principles in the schools. It is my contention that we could create a less disruptive, more productive environment which encourages the development of responsibility in our students if we adopted a control theory orientation in the classroom from the beginning of a child’s educational journey.

Before discussing reality therapy and control theory specifically, it is imperative to address the issue of developmental appropriateness. While I am a strong believer in the process of reality therapy and the principles of control theory, I am just as committed to the notion that no process or therapy will work unless it is developmentally appropriate. It is, therefore, necessary to integrate an understanding of child development with the principles of control theory in order to employ reality therapy in work with young children. I have seen reality therapy used successfully with children as young as two years old, but it will only work if the child’s developmental level is taken into consideration and the process applied accordingly. To ask children to assume more responsibility than is developmentally possible is irresponsible; it will also lead to frustration because it simply will not work. On the other hand, a reality therapy approach within a developmentally appropriate context can help children learn to carry out their genetic instructions in a responsible fashion.

The remainder of this article will address two issues which I believe are central to the use of control theory in preschool and elementary schools: creating a needs satisfying environment; and using effective discipline to foster the development of responsibility among students.

In order to promote optimum growth, teachers need to cultivate an environment which encourages children to satisfy their basic psychological needs on a regular basis. As Glasser (1984) details, all of our behavior is an attempt to satisfy these needs, and an environment in which these needs are chronically met fosters healthy development. Discipline problems will decrease in such a setting since children’s needs will be met within teacher selected activities. There will be less reason, therefore, for children to engage in “inappropriate,” “disruptive” behavior to satisfy their needs.
It is not enough to create an environment in which children are able to satisfy their basic psychological needs. In Part IV of In Pursuit of Happiness (1987), Good emphasizes the importance of balance among the basic needs. As educators choose potential activities, I suggest that they first ask themselves this question: What need or needs will be satisfied by this activity? Generally speaking, nearly every activity currently employed satisfies one (or more) need. The key to building a more successful program, then, is not abandoning what is being used, but in making sure that the activities chosen are diverse enough to address each of the basic needs on a daily basis and in a balanced way.

Even though programs which are loaded with need-satisfying activities may be seriously out of balance and, consequently, be less successful than they could be. An analysis of the activities utilized in many early childhood education centers will reveal, I suspect, an overemphasis on activities which address the need for love and belonging and the need for fun, and a failure to adequately address the need for power and the need for freedom. My own sense is that the need most overlooked is the need for power. Perhaps this is because young children are so adept at having fun and receiving love that we choose too many activities which target these needs. Such inherently needs satisfying activities will be successful and will make us, as educators, feel competent when we see children responding so positively to the activities we have chosen. While I think we need to more adequately address the child's need for freedom, this need seems to be met to a certain degree in most early childhood education programs. Many programs begin their day with some type of free play where children are allowed to choose from a number of developmentally appropriate activities. The need which seems to be most clearly neglected is the need for power.

Remember that young children have the same needs as adolescents and adults, but do not have access to the same repertoire of organized behaviors to satisfy their needs, especially the need for power. If you have some difficulty accepting the notion that young children have a strong need for power, watch a typical two year old child for a short period of time. The "No!" and "Me do it myself!" and "No like that one!" that you hear are all declarations that very young children are motivated by their genetic instruction related to power. Even younger children are driven to satisfy their needs. You may never again witness the same level of determination and focused motivation as you will see when you observe a five month old struggling for an out-of-reach toy or a nine month old struggling to pull himself up in the crib, or a thirteen month old fall again and again as she learns to take her first independent steps around the room. All of these struggles are undertaken to establish competence, to gain recognition, to satisfy the inborn need for power.

With concepts like these in mind, we need to create environments in which children have the opportunity to satisfy all of their basic needs in a balanced way by engaging in teacher selected activities. Programs which fail to adequately address the young child's needs for freedom and power will necessarily encounter more discipline problems as children seek to carry out their genetic instructions by engaging in "bad," "inappropriate" behavior outside the scope of activities provided in the curriculum.

Despite our best efforts and a carefully selected variety of activities which address all four basic needs in a balanced way, we can expect problems and inappropriate behavior. (Better programs have fewer discipline problems, but I don't know of any programs that have no problems.) How we handle misbehavior is critical and brings us to the issue of punishment versus discipline.

Punishment is a tool used in stimulus-response psychology to decrease a behavior which is judged to be inappropriate. Stimulus-response theory is flawed because it is based on the belief that we are motivated by external forces. Control theory advances the notion that we are internally motivated by our genetic instructions. Stimulus-response theory essentially misses the mark. Children do not obey us because of the punishment we use (external motivation). Children respond positively because it is often more needs satisfying to comply than to continue the misbehavior (internal motivation).

One of the great myths in modern psychology is that stimulus-response psychology works, and the myth has been perpetuated because we have confused correlation with causality. Children misbehave. We punish. Behavior improves. A correlation undoubtedly exists. The stimulus-response advocates have convinced us, however, that the punishment caused the improved behavior and that, simply, is not true. The behavior improved because children, even young ones, are motivated by internal needs, and compliance is frequently more need satisfying than continued defiance.

If punishment is ineffective and children are going to do what they want to do anyway, should we accept irresponsible, disruptive behavior and sit back passively while children make poor behavioral choices? Absolutely not. Discipline is both essential and effective. Unlike punishment, discipline works because it involves natural consequences (all behaviors have consequences) and it teaches responsibility.

An example may help clarify the crucial difference between punishment and discipline. Time out is a punishment frequently used with young children in many early childhood centers. Essentially, the misbehaving child is cut off from all reinforcers for a prescribed period of time before being allowed to rejoin the group and have access, once again, to reinforcers. If a child is sent to a time out area for five minutes, what has been learned? If we are lucky, the child has learned nothing. (If we are less fortunate, a child may learn how to be more devious so he won't be caught the next time.) Once the "sentence" has been served, the child rejoins the group, no wiser, a bit more angry, and with self esteem slightly more compromised.

Discipline is a teaching strategy used when inappropriate behavior is chosen by a child. A frequently used reality therapy alternative to time out is a planning center. Here, the misbehaving child is removed from the group but not cut off from all reinforcers. We're not trying to hurt the child, but trying, instead to say, "You can't be in the group when you choose to behave this way." In the planning center, responsibility is placed on the misbehaving child in a way which takes into account the child's developmental level. It is the child's responsibility to come up with a plan for acceptable

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behavior in order to rejoin the group. Of course, young children need substantial assistance in developing plans. (Remember, the behavior they chose was their best attempt to satisfy their needs, even if it was inappropriate behavior.) In the planning center, an involved, caring adult helps children learn more responsible ways to satisfy their needs. There is no attempt to punish, to interfere with the child's developing self esteem, to "show the child who's boss," all responses which promote further irresponsibility. There is only a genuine attempt to help children become competent, effective, and responsible. While most planning centers have been initiated in secondary schools, often as part of an in-school suspension model, the concept is equally applicable in early childhood education centers and provides a wonderful opportunity to teach youngsters to behave more responsibly.

Disciplining effectively is not easy. Unfortunately, using punishment is frequently very easy. It's easier to yell at a misbehaving child than to take the time to help him develop a plan for more appropriate behavior. It's especially attractive when young children seem to respond so well to occasional uses of punishment. The short term relief provided by use of punishment can be seductive. But before embracing the use of punishment, ask yourself these difficult questions: Is there a long term negative consequence to my use of punishment? Will punishing this child help him/her? Will it help me get what I want in the long run? Can I choose a more effective response to this misbehavior? One which will help the child grow cognitively and emotionally? One which will help the child become a better decision maker? One that will help the child become more responsible? One that will help me become more like the ideal teacher I would like to be? My guess is, as you answer these questions, that punishment will never again be as attractive as it has been and that you will become an advocate of the use of strong, firm discipline in your attempt to help children grow up responsibly.

Should you decide to implement any or all of the suggestions outlined here, early childhood education will still be a field which presents great challenges. The developmental stages of the children you encounter will demand that your professional expertise be used routinely. By integrating control theory into your program, however, you should notice a decrease in the number of discipline problems you face. More importantly, you will be able to use each incident of misbehavior as an opportunity for cognitive growth and responsible decision making by your students. Finally, you will provide them with wholesome, productive, enriching activities which will allow them to satisfy their basic psychological needs in a balanced way on a daily basis.

Conclusion

While the educational experiences we offer young children necessarily differ significantly from those appropriately offered to older students, a control theory orientation is valid regardless of developmental level. If addressing our needs in a balanced way is an avenue which we believe leads to increased happiness, it makes sense to begin to teach our very youngest students how to achieve greater balance in their lives. If we believe a need satisfying classroom is characterized by fewer discipline problems and more time can be spent on productive learning, it makes sense to formally create a need satisfying environment into our students' lives from the moment they enter a formal school program. If we believe that an effective discipline program, based upon sound control theory principles, helps people become more responsible, we ought to provide such a program to our very youngest students so that they can begin to learn that they control their lives and their success or failure is not the result of external forces over which they have no control. In short, educational programs and experiences grounded in the principles of control theory belong in our schools from the time our children begin their formal school careers.

References

needs, wants, physiology, feelings, acting and thinking. The teacher then puts a spot light behind him/her and darkens the room such that a shadow is projected in front for all the pupils to see.

Through class discussion, they review the needs. The teacher explains that this is what makes or drives the body so that it is labelled over the trunk of the body drawn on the board. They again discuss that the pictures of what we want (to meet our needs) are in the head and our total behavior is in the limbs.

The teacher discusses the idea that one arm represents feelings, another represents physiology, a leg represents acting and another represents thinking. The teacher talks about our behavior as being all of these - not just one aspect.

To demonstrate this notion further, he/she takes the children outside. Each child is instructed to do any of the following activities: jumping jacks, skip, tag, front rolls, leap frog . . . for approximately 5 to 10 minutes. The children are brought back to a group. Teachers may wish to talk to those pupils who found yesterday's lesson very difficult or they may want to select any student to ask questions such as:

"Janie, I saw you doing front rolls. What did you think as you were doing this?"
"I was thinking that I knew how to do a front roll."
"How did you feel?"
"I felt great because I did most of them really well."
"Did your heart beat increase? I notice that your face is red and you are breathing faster."
"Yes, my heart is thumping away and I'm hot and sweaty."
"What were you doing?"
"Teacher, you saw me. I was practicing my front roll for my gymnastics class."
"Janie, did all of this act as one, or did they move together when you actually did the front roll?"
"Yes, I stayed together."
"I noticed that you were watching your shadows. Did your shadow of your arm fall off or go by itself?"
"No." (laughter)
"Your leg shadow didn't fall?"
"No!" (laughter)
"Did you get what you wanted?"
"I sure did."
"Who controls your shadow?"
"I do."
After interviewing a number of pupils with similar questioning while the rest of the class listens, one can make some significant points. One is that each shadow moves as a total behavior. Their shadow is a way for them to see their total behavior. What gets them moving is their thinking and acting (represented by the legs). Physiology and feelings go along but it is through action and thinking that they begin to move in the right direction for them.

Returning to the classroom, the teacher has one student lie down on the floor on top of a sheet of unlined paper and the student's body is traced with a marker. The teacher then assigns homework. The homework involves each pupil and his/her parent(s)/guardian(s) in tracing his/her body and coloring it in with a grey colour such that it looks like a shadow and can be labelled. They are to be completed and returned to school to be placed on display and eventually to be returned to the home to be on display, for example, in the student's bedroom. The involvement of parents is an added plus in teaching control theory.

To recap, the class had difficulty grasping the abstract concept of total behavior. Shadows were used to teach this concept because developmentally, children need very concrete examples to understand such an abstract concept. The use of shadows is like mirroring themselves. A homework assignment was necessary to reinforce the concept as well as to get the parent(s)/guardian(s) involved. This is a necessary component in any teaching situation, especially one where correct language usage enables better communication for the child - inside and outside of the school. The educational system's mandate is to prepare society's young people to deal with present problems. It is these people who will be given the responsibility of dealing with future problems. Guide them well for the hopes of the future rests with them!

PROSPECTIVE MANAGERS LEARN ABOUT REALITY PERFORMANCE MANAGEMENT
Joan B. Carver
Belford Carver

The first author, a certified reality therapist, is Assistant Professor in the College of Basic Studies and the second author is Professor of Management in the College of Business at Southeastern Louisiana University, Hammond, Louisiana.

Can the "Both-Win" or "Reality Performance Management (RPM)" be added effectively to the learning repertoire of university business majors during their senior year? The authors were interested in experimenting with two sections of Management Information Systems (MIS), a senior level course, by injecting RPM as one of the organizational behavior styles generally discussed in this class.

THE STUDENT MIX
These students have been exposed to several management style theories as part of their education in the College of Business. These MIS classes are composed primarily of management, marketing, economic, and office administration majors, with a sprinkling from computer science, accounting, and other majors from time to time.

BOTH-WIN MANAGEMENT, by Karrass and Glasser (1980) has been used for about three years in this MIS course. However, until the spring 1988 semester, no attempt was made to measure any results from the lectures on management styles generally integrated into the information systems course.

THE EVALUATION INSTRUMENT
The evaluation instrument used was designed by Karrass and Glasser, and measured "How Well Do You Handle Problem Employees?" There were twelve questions with five alternatives from which the students picked one which best represented the management approach they would use to solve the employee problem presented. Typical problems would include employees who do sloppy work, come in late, take too much time on coffee breaks, and so on. When completed, students added up their circled numbers. A score between 12 and 25 indicated they were probably getting good results — they were using RPM methods. A score of 26 to 43 indicated their management approach would improve with RPM. A score of 44 to 60 showed that RPM would be extremely useful to them in handling problem employees.

THE METHOD AND RESULTS
The RPM evaluation instrument was given as a pre- and post-test during the latter part of the spring semester, 1988. Sixty-seven (67) students in two different sections initially took the pre-test, along with a case study in which they were to solve the "employee problem" presented. The authors
then team-taught in five class periods, basic reality therapy concepts and reality performance management, and did a role play demonstrating the steps of reality therapy. Then, the students did some group role playing as the authors observed and assisted them.

During the final class meeting, the post-test was administered to see if there were any changes in scores. Additionally, a copy of their response to the case was returned to see if they would make any changes in solving the employee problem. They were also asked to indicate which management style they thought best fitted them. (Some gave multiple answers which did not indicate the one most nearly fitting.) Twenty (20), or 30 percent of the 67, indicated they classified themselves as RPM. Other classifications included Blake and Mouton’s Managerial Grid and Jung’s Type I, II, III, IV Theory. Since a few other theories may have been included in their junior level organizational behavior course, an “other” category was on the list. Styles are reviewed quickly in the MIS course plus the introduction of RPM.

Eleven of the 20 students, who classified themselves as RPM style managers, did appear (in the opinion of the authors) to write their case solution reflecting the RPM method. Two of these 11 had pre- and post-test scores in the high range of 25/24 and 24/24. Two had post-test scores of 21 and 20. An additional two did not take the post-test. The remaining five — who solved the case using the RPM method — had scores outside the 12-25 RPM range.

Nine of these 20 students, who classified themselves as RPM types, did not write their case solution reflecting RPM. Interestingly, one had a pre- and post-test score of 24. Two others had a post-test of 24 and 25.

Four of the six students indicating a change in their case also classified themselves as RPM. Two respondents did not classify themselves as RPM; however, one had both pre- and post-test scores in the RPM range (12-25). The other had a pre-test score of 34 and a post-test of 19 — a change in score of 15, indicating a significant change towards RPM. All six of these solved their case using RPM concepts.

The 39 usable pre-test scores ranged from 22 to 41 with a mean of 29.4 and a standard deviation of 4.4. The median was 29 and the mode 24. The paired post-test scores ranged from 19 to 48 with a mean of 26.9 and a standard deviation of 5.4. The median was 26 and the mode 29.

The change from pre- to post-test ranged from 12 to -17. There were 5 who had no change, 8 who had positive or higher scores, and 26 who had negative or improved scores. The highest frequency of change was 8 whose scores were improved by 2 points. There were 21 different changes in scores. Using the t-test for measuring the difference between two means, we found the difference to be significant at the .01 level of significance.

The authors were anticipating that more of the 67 students would include more of a ‘‘both-win’’ approach in the solution of their case; however, only six (9%) students made any indication of change. We believe that the timing of the post-test, which was given during the last class meeting, had an adverse affect on the results; students were too eager to conclude the semester.

All six of the students making a change in their case indicated a concern for the employee, even in their first writing of the case. In making the changes, they added RPM methods to their suggestions for helping employees solve their problem.

STUDENT COMMENTS

A few of them said to the authors that this method was too time consuming. Most of them were in the age bracket of 21-23 (50 or 74.6%). This led us to believe that they are still too naive to realize that you just don’t immediately fire anybody that becomes a problem. Their inexperience seems to program them for a quick solution to employee problems — you just simply fire them. However, when asked, “If you were the problem employee, would you want to be fired?”, several of them quickly opted for the RPM method.

LIMITATIONS AND REPLICATION

Because of the lack of scores for some students which appear to be related to unclear directions, and the small sample, generalizations are extremely difficult to make. In addition, no effort was made to pair the students in the two sections, or to use a control group in the experiment. The timing of the final case re-evaluation and the giving of the post-test was a limiting factor.

In replicating the study, efforts should be made to pair students, using a control group in which no RPM instruction is given. The experiment should be done earlier in the semester. More complex statistical procedures could be used to evaluate the results.

CONCLUSION

The difference in the two means of the pre- and post-test was significant at the .01 level of significance. The authors were extremely pleased that with a very limited number of lectures on RPM so many post-test scores showed so much improvement. Twenty-six of the 39 had improved scores (from -1 to -17) which indicated their movement to more success in motivating problem employees to improve their attitude and performance.

References

According to William Glasser (1980), individuals will resist learning what they don't want to learn, but teaching becomes effective when people who hurt find they can learn a better way. Of course, this notion of teaching people better ways has been widely applied in counseling settings by counselors utilizing reality therapy techniques (see N. Glasser, 1980). Classroom applications of this notion have also been recently reported by Parish. Specifically, in two studies (Parish, in press a, in press b), college students were introduced to specific teachable concepts in a classroom setting that aided them in taking more efficient control of themselves and their actions. Subsequently, Parish (1988) presented the same basic concepts in two in-service sessions for practicing teachers. In all three classroom-related experiences, the subjects developed greater internal control, higher self-concepts, and perceived their interactions with others as more loving as a result of having been taught reality therapy-related ways to more effectively take control of their lives.

In the present study, many of the same methods and dependent variables were used as in the three previously mentioned studies by Parish (in press a; in press b; 1988.), but the present study was not conducted in a conventional classroom setting. Rather, students were introduced to these concepts over talkback radio (rather than in person) in order to determine if such effects as reported above can actually be found where direct human interaction is minimized. If this is found to be so, the implication could be that familiarization with these concepts by the masses via radio (and possibly television) could help individuals on a grand scale take more effective control of their lives.

**METHOD**

A total of 12 graduate students (10 females and 2 males) and 1 female undergraduate student, located at 12 different receiving stations across the state of Kansas, voluntarily participated in all three (3) phases of the present study. Nearly all of the graduate students were teachers, while the undergraduate student aspired to become a teacher.

**Phase 1.**

These students completed the following inventories in a counterbalanced fashion:
- The Personal Attribute Inventory, developed by Parish, Bryant and Shirazi (1976 a, 1976 b), to measure their self-concepts.
- The Love/Hate Scale, developed by Parish (in press c), to measure their perceived interpersonal behaviors.

Both of these instruments have been found to be highly reliable and valid, and were successfully used to detect changes in college students (see Parish, in press a, in press b), and teachers (see Parish, 1988.) who had been taught similar concepts.

**Phase 2.**

After the above mentioned inventories were completed, the students were presented with 12 semi-weekly 2½ hour class meetings. During these meetings instruction was provided to help them to (1) better understand themselves, and (2) take more efficient control of their lives. These meetings were all held via Telenet, the closed circuit talk back communications system, which operates much like two-way radio broadcasts or a large conference phone call. Except for the unusual media means of communication, and the required reading assignment of Dr. Glasser's book entitled *Control Theory*, this study basically sought to replicate the study by Parish (1988) in its independent variables and two of its dependent variables.

**Phase 3.**

At the end of the course, the students participating in the present study attended at least one general class session in order to (1) hand in their final exam, (2) demonstrate to all in attendance their reality therapy-related role-playing abilities and (3) complete the same inventories they had completed in Phase 1 of the present study.

**RESULTS**

Two t-tests were performed in order to compare pre- and post-course scores for self-concepts and perceived perceptions of others.

Regarding the students' self-concepts ($t = 2.24, df = 12, p < .05$), students' mean post-course scores ($X = 2.00$) were found to be significantly lower (i.e., more positive) than their pre-course scores ($X = 3.20$) on the Personal Attribute Inventory.

Similarly, students' perceived interactions with others ($t = 2.94, df = 12, p < .025$) were found to be significantly lower (i.e., more loving) on their post-course ratings ($X = .92$) as compared to their pre-course ratings ($X = 2.23$) on the Love/Hate Checklist.

That these changes generally occurred for members of the entire group, and not just a few of the students, is further attested to by the finding of significant Pearson correlations between the students' pre- and post-course scores on the Personal Attribute Inventory and the Love/Hate Checklist, which were $.64 (p < .025)$ and $.81 (p < .001), respectively.

**DISCUSSION**

In the present study students (who were mostly teachers during the regular school year) demonstrated enhanced self-concepts and increased perceptions of loving actions toward others after having been taught — via Telenet — how they could use various reality therapy-related strategies to help them to take more effective control of their lives. These findings are
comparable to those reported earlier by Parish (in press a, in press b, 1988) in regular classroom settings, and suggest that the introduction of these concepts and strategies over radio-type communication systems (and possibly TV, too) may, indeed, help many individuals in the audience to take control and develop similarly.

References


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FAITH: THE FIFTH PSYCHOLOGICAL NEED?
Brent G. Dennis

The author is certified in reality therapy and is Assistant Professor of Social Work at Bowling Green State University, Bowling Green, Ohio. He also maintains a private practice in Toledo, Ohio.

In reality therapy/control theory, our practice is based, to a considerable extent, on our understanding of the five basic needs (Glasser, 1981, 1984, 1986). The first is the need to survive and to reproduce. It is derived primarily from our "old brain." The four uniquely human needs: Belonging, Power, Fun, and Freedom are derived primarily from our cerebral cortex or "new brain." Most of what we choose to want reflects our attempts to meet these five needs. However, there is much that is new and exciting in the rapidly expanding field of brain science that compels us to consider whether there may, in fact, be another basic human need - the human need for faith.

Glasser (1984), in a discussion of the five basic needs, states:

"There may be other needs, but these are the ones I find in my head, and most of the people I talk to find the same ones. Many of these same people also claim a need for a belief in a higher power, and, certainly, many people have died and will continue to die for their religious beliefs."

Building on Glasser's ideas, we see that a characteristic of human beings is our intrinsic urge to understand and to explain the world, even the cosmos, our place in it, and our relationship to the Creator. Some of the research suggests that we humans may be genetically programmed to believe in something outside of, and spiritually larger than ourselves. Faith is, in fact, the fifth learned psychological need; it could not be otherwise. Faith is considered as the overarching human psychological need that affects how we choose to meet our other four learned needs of: Belonging, Power, Fun, and Freedom.

In 1639, Rene' Descartes in his Discourse on Method concluded, "Cogito, ergo sum," or "I think, therefore I am." Even then, Descartes seemed to equate a human's knowledge of one's own experience with the capacity of the "mind" to "think." Today, we humans continue to be a thinking and a believing species. Indeed, much of the energy of our cultural system is expended in efforts to understand our human existence. Religion, philosophy, science, and superstition are some of these pursuits. It is interesting to note that science, the dominant means in our present-day culture of exploring, explaining, and changing our world, is contributing so substantially to our understanding of our need for faith. Let's take a brief look at the structure of the human brain; then, we'll consider some of the major events in the scientific study of the human brain.
A Brief Look at the Structure of the Human Brain

In each of our skulls is a three-pound mass of jelly-like substance, that on the surface, looks like crinkled putty. Much of what we see on the surface of the brain is the "new brain," that wrinkled, convoluted mass that forms the two hemispheres or the "gray matter". The color is due to the density of blood vessels which give the cortex its grayish color. The "old brain" is a complex of structures which lie below the new brain and above the spinal cord. In each of our brains is an elaborate network of between 10 billion and 100 billion neurons. Each neuron is as complex as a small computer, and with several thousand wispy dendrites, connects across chemical and electrical synapses to as many as 10,000 other neurons. There may be as many as one quadrillion synapses in each human brain. Information travels across these synapses in less than one-thousandth of a second. Figure 1, shows the major parts of the brain that are important for our discussion.1

As we move on, that question will be central to our discussion.

Some Benchmarks in Brain Science

There are several excellent accounts of the history of brain science research (Blakeslee, 1980; Collins, 1985; Gazzaniga, 1985; Hooper & Teresi, 1986; Ornstein & Thompson, 1984; Restak 1984; Russell, 1979; Springer & Deutsch, 1985). Much of what follows in this section is from these sources.

The tragic case of Phineas Gage.

In 1848 Phineas Gage was twenty-five years old. He was respected and well-liked as an energetic and capable foreman of a railroad crew in rural Vermont. In the late afternoon of September 13th, Gage was inspecting a blasting hole when the charge exploded prematurely. The three and one-half foot long, 13 pound tamping rod shot from the hole like a missile and struck Gage below the left eye, tore through the frontal lobe, and exited near the midline of the skull slightly above the hairline.

To everyones' amazement, Gage survived! Within three months, he was ready to return to work, but something had changed. His physician, John Harlow, described the change in Gage as follows:

... fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting but little deference for his fellows, impatient of advice when it conflicts with his desires, at times . . . obstinate, yet . . . vacillating, devising many plans of future operations, which are no sooner arranged than they are abandoned in turn for others . . . His mind is radically changed, so decidedly that his friends and acquaintances said that he was "no longer Gage." (Collins, 1985, p. 14)

We now know that the damage to Gage's frontal lobes interrupted his ability to integrate information from the environment and to make balanced decisions. Also, with the frontal lobes partially disconnected from the rest of his brain, Gage's limbic system, or old midbrain, was free to fire its messages of emotion uncensored. When the control made possible by the
frontal-limbic connections was weakened, Gage's behavior became erratic and unpredictable.

Gage lived a sad life for twelve and one half years after the accident. Unable to hold a job, at one point Gage joined up with P.T. Barnum and exhibited himself as a side show medical curiosity. Out of this human tragedy came the first documented opportunity to study the effects of severe brain trauma on the "mind." The connection between the brain and the mind was reestablished from the Cartesian Dualism of the 17th Century. The recognition of this delicate balance between the physical brain, and thought, emotion, and mind, influenced the study of the human brain from then on.

Theprefrontal lobotomies of Antonio Moniz.

The observations and writings about Phineas Gage by John Harlow and others sparked the interests of neuroscientists. In the 1930s, other researchers began to experiment on the effects of surgical lesions to the frontal lobe fibers on each side of the brain in chimpanzees (Chimp brains are structurally very similar to human brains). In 1935, the Portuguese neurologist, Antonio Egas Moniz attended a conference in London where Yale physiologist C. F. Jacobsen presented the results of his frontal lobe surgery on two violent chimps named Becky and Lucy. Following the surgery, the previously agitated and violent chimps were calm and, in fact, seemed not to care even when they were teased.

Moniz wondered if the same procedure could be used to control violent patients in his care. As there was very little regulatory control on experimental surgery in the 1930s, Moniz decided to use the procedure on humans. The operations were performed and the previously violent human patients, like the chimps, were calm and docile following the surgery. They were relatively unconcerned about events around them and expressed little affect. The results were hailed as "successful." Between 1935 and 1955, over 70,000 lobotomies were performed in the United States and Great Britain. Moniz won a Nobel Prize for his work. But, all was not well.

As time passed, it became apparent that the operation produced a number of side effects. The patients were apathetic, showed impaired judgment, and were often more irritable. They had little ability to concentrate or to think clearly and they seemed to have lost any sense of meaning in their lives. The profile of irreversible side effects became known as "frontal lobe syndrome." The cost was too high, and the procedure was stopped almost as abruptly as it had been started. Again, the importance of the intact brain was demonstrated, albeit in another set of unfortunate circumstances.

Roger Sperry and the split brain.

In the midst of all the controversy over lobotomies, Roger Sperry and his associates at the California Institute of Technology were trying to find a treatment for severe, life-threatening, uncontrollable epilepsy. Working with cats and monkeys, they wondered what would happen if the brain were cut in half - right down the middle? Sperry's team found that if the corpus callosum was cut in animals, and the brain was essentially cut in half (in terms of the hemispheres as the brain is still attached at the brain stem) that intellectual functioning was not impaired. They wondered, would the same be true in humans? Reasoning that persons with severe epilepsy would have fewer seizures if their brains were split, the operations were performed and the results were as expected. Initially, patients experienced fatigue and short-term memory loss, but all demonstrated a marked reduction in epileptic seizures. They seemed to experience no impairment in either intellectual or emotional functioning.

It was also of great importance that now, with both animal and human split brain subjects, the researchers were able to investigate an idea that had been speculated for decades. It had been noted in hundreds of human clinical cases that damage or injury to the left side of the brain produced symptoms that were different from those that appeared if the right side of the brain were damaged. With split brain subjects, it was not possible to determine the differences in how the two sides of the brain function.

Sperry and his associates verified that the left hemisphere controls the right side of the body. Language, speech, and mathematical abilities are
concentrated in the left hemisphere. Though language and speech are concentrated in the left hemisphere, the right hemisphere has some limited ability to recognize language. Note, however, that only the left hemisphere can produce speech. Kinsbourne (1981, p. 92) has suggested that "happiness" and positive feelings may also be concentrated in the left hemisphere.

By contrast, the right side of the brain controls the left side of the body. The nonverbal processes of spatial relationships, mechanical and artistic abilities, visual gestalt, and intuitive sense are concentrated in the right hemisphere. Both hemispheres have the ability to recognize the form or shape of solid objects by touch - stereognosis. Also, because some emotionally depressed persons have abnormal brain waves in the right hemisphere, Kinsbourne (1981, p. 92) calls this the "sad hemisphere."

The importance of Sperry's research is twofold. First, it verified that by severing the corpus callosum, severe, life-threatening epilepsy could be effectively treated. Second, and central to our discussion, was the discovery that the two hemispheres of the human brain do, in fact, tend to specialize in terms of their functioning. Though the two hemispheres tend to specialize, the intact human brain works as an integrated unit. Otherwise, we would not be able to, "...appreciate the moral of a story, the meaning of a metaphor, words describing emotion, and the punch lines of jokes" (Gardner, 1982, pp. 91-93).

Wilder Penfield and the stimulated brain.

During the course of his career, the Canadian neurosurgeon, Wilder Penfield performed hundreds of brain surgeries. Some 1,132 of these surgeries were on patients to treat their epilepsy. Rather than cutting the corpus callosum, Penfield operated on a particular part of the brain thought to cause seizures in the specific patient. As the brain feels no pain, such surgeries were often performed under local anesthesia. This allowed patients to communicate with Penfield and to guide him as he tried to locate a particular area of their brain which caused the seizures or other physical problems.

By stimulating the brain with very mild electrical currents, Penfield found that he could induce epileptic seizures in his patients. He also found, in the exploratory process of locating the problematic area for seizure dysfunction, that stimulating other areas of the brains in his patients produced specific, repeatable results. Penfield began to map out and to record what happened when particular parts of the brain were stimulated.

In response to stimulation of certain parts of their brains, Penfield's patients reported vivid "flashbacks" to memories of their pasts. The patients also reported familiar odors, scenes from their personal histories, and hearing music and voices. The "voices" are particularly interesting for our discussion. When the posterior part of the right temporal lobe was stimulated, Penfield's patients consistently reported hearing voices. The voices often were not recognized by the patient. The voices were often admonitory, critical, and directive. In other words, unlike the other sensory experiences reported from the stimulation of their brains, the patients typically did not recognize the "voices," and the voices often told them what to do. This is an important finding, which we will come back to later when we discuss the work of Julian Jaynes.

The multiple intelligences of Howard Gardner.

The work discussed so far has all involved physical insult or surgical procedures to the brain. Howard Gardner studied the human brain without surgery or probing with electrodes. Drawing from a large number of previously unrelated sources: studies of prodigies, gifted individuals, brain-damaged persons, idiots savants, normal children, and normal adults, Gardner proposed his Theory of Multiple Intelligences (1983). Gardner identified seven intelligences: Linguistic, Logical-Mathematical, Spatial, Musical, Bodily-Kinesthetic, and two types of Personal Intelligences: Interpersonal, and Intrapersonal.

An interesting point for our discussion is Gardner's thesis that the seven intelligences are organized in a modular format in our brains. According to Gardner, specific areas of our brains house specific intellectual capabilities. These seven capacities can all act independently, and can interact to varying degrees in our accumulation of knowledge and our development of skills and abilities. Gardner's work lends more support to the idea that the physical structure and organization of our brains actually determine how we perceive, think, and believe.

Michael Gazzaniga and the Left Brain Interpreter

Gazzaniga (1988) proposes a modular organization of human mental functioning. He argues that the human brain is organized into dozens, maybe hundreds of discrete, separate, specific subsystems in the mind. Each of these modules is capable of both integrated and independent functioning. In other words, the module may work together or independently. Gazzaniga's notion of modularity is similar to Gardner's work noted above.

Building on the split-brain research of his mentor, Roger Sperry, Gazzaniga designed a series of clever experiments which demonstrate that when the left half-brain does not know what the right half-brain is doing, it makes up a story to explain the discrepancy! As we shall see, herein lies our capacity for belief.

Gazzaniga's experiments involve instructing a split-brain patient (a patient who has had the corpus callosum severed surgically) to look at the focal point in the center of the visual field. Two images, each representing an item to be named or identified, are flashed simultaneously to the patient. The image presented to the left visual field is projected to the right brain, which has only limited capacity to understand language. Similarly, the image presented to the right visual field is projected to the left brain which is dominant for language and speech. A choice-bar of objects or symbols representing the answers for each problem is in full view of the patient. This procedure is represented in figure 4.

This type of research is made possible by the way the visual system is organized in the human brain. As the left hemisphere controls the right side
of the body and vice versa, so also, a picture or word presented to the right visual field is projected to the left hemisphere and vice versa. In the normal, intact human brain, information presented to either hemisphere is quickly named or identified because that information is instantaneously communicated across the hemispheres via the corpus callosum.

In the split-brain patient, a picture presented to the right visual field and projected by the visual system to the left hemisphere is quickly named, as in the normal person, because the dominant left brain is the seat of language and speech. However, when a picture is presented to the left visual field and is projected to the right hemisphere, the patient is unable to verbally identify it! Because the corpus callosum is severed, the information projected by the visual system to the right brain is isolated there. As the right brain cannot generate speech, when the patient is questioned as to what was seen in the left visual field, the patient reports not to have seen anything. And this is correct. The left brain, which generates speech, didn't see anything as a consequence of the severed corpus callosum. The only way the right brain can indicate that it knows something about the picture it saw is to point to the appropriate or matching picture from the row of cards in full view. Herein lies Gazzaniga's important discovery.

In a series of classic experiments (1985, 1988), Gazzaniga instructed the split-brain patient to focus on a point in the center of the visual field. Two pictures, each of which represented a problem to be solved, were flashed simultaneously to the patient. One picture, a snow scene, was presented in the left visual field. The other picture, a chicken claw, was shown in the right visual field. A series of cards representing the answers for each problem was in full view of the patient. The procedure is represented in Figure 4.
From the choice of responses, the patient correctly points to a picture of a shovel with the left hand, and a picture of a chicken with the right hand. Now comes the incredible part. When the patient was asked why he chose these item responses, he replied (actually his left hemisphere replied), "Oh, that's simple. The chicken claw goes with the chicken, and you need a shovel to clean out the chicken shed" (1988, p. 13). This demonstrates the phenomenon of the "left brain interpreter." Upon observing the left hand pointing to the shovel, and having no knowledge from the right brain as to why, the left brain generated an explanation on the basis of the knowledge it had!

There are two important points here. The first is that Gazzaniga's research supports the idea that the human brain is organized in modules and that these modules can operate independently of each other. The second is that the left hemisphere is capable of constructing hypotheses and generating theories to explain any discrepancies it perceives. Gazzaniga has repeated these experiments hundreds of times with split-brain patients with similar results. There is also a technique called the Wada Test, which allows one half of the brain to be anesthetized or put to sleep, while the other half remains awake (Gazzaniga, 1985, pp 81-85). Gazzaniga has used the Wada Test with whole brain patients with the same results.

Clearly, the left brain interpreter is a uniquely human characteristic. As a result of Gazzaniga's work, we now have some solid scientific rationale for the universal characteristic of human societies to construct belief systems. Indeed, we may be on the verge of understanding the interaction between the way our brains are structurally organized and the way we formulate our belief systems, religious and otherwise.

The Bicameral Mind of Julian Jaynes

Julian Jaynes traversed the diverse disciplines of archeology, literature, philosophy, and psychology in his attempt to determine how learning, thinking, and belief systems have developed in humans. Jaynes was puzzled. He knew that both hemispheres of the brain have the capacity to understand language, but only the left hemisphere can produce speech. Jaynes wondered why the speech function in most persons is concentrated in the left hemisphere when most other functions are distributed bilaterally.

Briefly stated, Jaynes believes that about the time language was being acquired by the left hemisphere (language developed in humans from about 100,000 B.C. to 10,000 B.C.) that the right temporal lobe was pre-empted for the issuance of god-like commands. These commands were communicated from the right, "executive/god" temporal lobe to the left, "follower/man" temporal lobe across the small anterior commissure which, in humans, joins the right and left temporal lobes like a private corpus callosum (1977, pp. 102-105). Jaynes concludes that, "The language of men was involved with only one hemisphere in order to leave the other free for the language of gods" (103-4). In other words, when ancient humans were confronted with a decision, "... the speech of the gods was directly organized in what corresponds to Wernicke's area on the right hemisphere and 'spoken' or 'heard' over the anterior commissures to or by the auditory areas of the left temporal lobe" (p. 105).

Jaynes believes that bicameral, or two-chambered brain, humans functioned on a day to day basis in response to the directions of hallucinated voices from the right hemisphere which were carried out by the left hemisphere. He draws much support for his theories from the work of Wilder Penfield noted above. Jaynes observed from Penfield's work:

"The important thing about almost all these stimulation-caused experiences is their otherness, their opposition from the self, rather than the self's own actions or own words ... In almost all instances, the subject was passive and being acted upon, exactly as a bicameral man was acted upon by his voices." (pp. 111-113)

Figure 5. The voices of the gods.
Jaynes suggests then, that the brain of the bicameral human was like two different persons. While both hemispheres could listen and understand, only the left could speak. Furthermore, auditory hallucinations were used, "... because that is the most efficient method of getting complicated cortical processing from one side of the brain to the other" (p. 105). About these auditory hallucinations communicated across the anterior commissure, Jaynes says, "Here then, I suggest, is the tiny bridge across which came the directions which built our civilizations and founded the world's religions, where gods spoke to men and were obeyed because they were human volition" (104-105). This relationship of the voices of the gods to bicameral humans is shown in Figure 5.

Through his studies of archeological evidence such as cave paintings and burial sites; early written language; and literature such as the Iliad and the Odyssey; the Old and New Testaments; and cataclysmic historical events; Jaynes observed that humans became too numerous and societies became too complex for the relatively simply functioning bicameral mind to cope with effectively. Due to such complexity, the bicameral mind broke down between 2000 B.C. and 1000 B.C., and, "Man had become conscious of himself and his world" (p. 216).

Though an in-depth discussion of consciousness is beyond the scope of this paper, a brief comparison of bicameral and conscious persons is necessary for clarity. Though their brains were structurally identical to ours, bicameral humans lived in an eternal now. The world would happen to them and their bicameral voices, with a good amount of consensual wisdom, functioned as social control and told them what to do. By contrast, conscious humans construct an analog of the real world, and by their use of language, logic, and sense of past, present, and future, reason out what to do situation by situation (Jaynes, pp. 55, 65, 85, 205).

Jaynes suggests there may be bicameral implications for modern humans, "... there might be some residual indication, no matter how small, of the ancient divine function of the right hemisphere" (p. 107). He means here that when certain parts of the right temporal lobe are stimulated, we still hear voices, and these voices, still unrecognizable, tell us what to do. However, for the vast majority of modern humans that do not hear voices as a part of our daily routine, with what have we replaced the lost voices of the gods?

Jaynes notes that we have created laws, ethics, philosophies, psychologies, sciences, and complex organizations to replace the direction and certainty once received from the gods. Furthermore, he states:

"We, at the end of the second millennium A.D., are still in a sense deep in this transition to a new mentality ... The most obvious and important carry-over from the previous mentality is thus our religious heritage in all its labyrinthine beauty and variety of forms ... For in spite of all that rationalist materialist science has implied since the Scientific Revolution, mankind as a whole has not, does not, and perhaps cannot relinquish his fascination with some human type of relationship to a greater and wholly other ... something that for modern religious people communicates in truths of feeling, rather than what can be verbalized by the left hemisphere ... " (pp. 317-318)

Clearly, for as far back as we can know anything about how humans lived, the "gods" have spoken to us and have been a part of our daily lives. In ancient times, we needed their "voices." For we modern humans, our disciplines, our sciences, and our "organized religions" attempt to fill in and to provide the absolutes no longer available from the lost voices of the gods. Jaynes has argued that it is the organization of the human brain, its structure and its physiology, that contributes to, even necessitates, the reality that we humans must believe in something outside of and spiritually larger than ourselves.

**Parsimony and Monotheism**

To round out the rationale for faith as a basic characteristic of human beings, we need to return briefly to the work of Michael Gazzaniga. Gazzaniga, as did Jaynes, studied the ancient histories of religious practices and makes an interesting observation (Gazzaniga, 1985, pp. 160-179). Gazzaniga observes that the ancient Egyptians had one supreme god -Ptah. The god most highly valued to the Mesopotamians was Anu. For the ancient Greeks, Zeus was the head god. Similarly, the one god of Moses, the creator of all things, is the basis of the Judeo-Christian tradition. These are important observations.

Gazzaniga argues that there is a property of the human brain that strives for order-in the midst of chaos, that searches for "first causes" both within ourselves and in relation to the surrounding environment.

My model is based on the assumption that something about the species (a property of our brains) inclines it to yield to a belief in a greater order than that perceived around it ... the human brain-based system ultimately strived for a form of monotheism, that being the most parsimonious view of creation" (pp. 168-169).

Concluding his thought provoking chapter titled, "On the Inevitability of Religious Beliefs," Gazzaniga states:

As a consequence of this analysis, it seems to me we have a rationale for explaining why religious beliefs are so easily accepted in the atomic age. Underlying the surface appearance of differences, beliefs all share a common form, and that form is and has been always totally acceptable to human thought. They all proposed a unified, orderly universe, governed by one superordinate, logical force." (p. 179)

One wonders if this human propensity to search for parsimony and first causes is what drives Steven Hawking? He is considered by many to be the greatest theoretical physicist since Einstein. Hawking's goal is no less than to combine the greatest intellectual achievements of the 20th. century,
relativity and quantum mechanics, into one grand unifying theory to explain the origin of the universe (Hawking, 1988). In this regard Gazzaniga notes:

Our species must have a belief. It guides, it controls, it dictates the rules of behavior. We all demonstrably develop one about ourselves. It is a short jump to imagine how we must also have one about extrapersonal events as well. Call it Christ, Muhammad, or quantum mechanics, these are all beliefs that allow for human action." (1985, p. 180)

The Teleological Question: So What?

As we are looking at issues relating to the design and purpose of the human brain, it is appropriate to ask, “What difference does it make?” “What are the implications for how we practice reality therapy and control theory?”

Few would argue that the work cited above has not demonstrated conclusively the inseparable connection between the physical state and structure of our brains and the myriad constellations of our mental processes. If we accept even this much, we embrace the concept that the state and condition of our brains influences our total behaviors, and its converse, that the total behaviors we choose affect the way our brains work. But, so far these ideas are compatible with, even part of, reality therapy and control theory.

When we embrace the ideas of Jaynes and Gazzaniga, however, the picture changes. Now we consider another aspect of the human condition; we all have an intrinsic need to explain the larger world and to understand our relationship to that world. Carl Jung observed that the individual needs to attend to the concerns of one’s psychic attitude so as not to be caught up in the views of the masses of society. “But it is possible to have an attitude to the external conditions of life only when there is a point of reference outside them” (Storr, 1983, p. 357). Jung believed that religion provides that viewpoint, and that it allows the individual to exercise one’s own judgment and power of decision as a counterbalance to the daily pressures of contemporary society. If we buy the idea that we humans need, actually must have, a belief system, then the issue become both personal and professional.

Personal choices.

If all that we’ve discussed above is true, then we as individual practitioners of reality therapy may need to come to grips with the place of faith in our own lives. We may need to wrestle with the issues of what we believe in, why we think things happen, and why things are the way they are. Bellah et al. (1985) found that about 95 percent of Americans, from 1950 to the present, when asked whether they, “believe in God or a universal spirit, said “Yes”, and that four out of ten attend church regularly (pp. 63, 324). With those kinds of numbers, the odds are that many of us, and our clients, find ourselves willing to acknowledge that we, as individuals, believe in something outside of and larger than ourselves. But, there are other personal questions about faith to be considered here.

Why do we have religious beliefs? Jaynes and Gazzaniga have argued that we believe because of the way our brains are designed. But, to a considerable degree, this begs the question. The ultimate teleological question may be, “Why are our brains built this way?” Herein lie the tough questions as to why we, as individuals, believe whatever it is that we do believe as a matter of first cause? In other words, why are our brains set up in this manner that make it inevitable that we construct religious beliefs? It’s here that we come to our conclusions, to a considerable degree, on faith. There is no intent at circular reasoning here, but Jaynes and Gazzaniga both admit, that though their works are as scientifically substantiated as they can be, their conclusions are, to a degree, speculative.

This brings the issues home to we practitioners of reality therapy. We must, in our own private worlds, choose the information to build and to support our beliefs and to construct our own pictures as to why we believe the way we do. We must decide whether our brains are organized so that we must construct belief systems due to a random variation or detour in the evolutionary process. Do we believe simply because of some quirks in our neuronal wiring? Do we believe because we are genetically programmed to do so? Is the way we have, as a species, differentially constructed belief systems over the millennia part of a genetically set, predetermined evolutionary pattern set by the Creator? These are personal decisions, and they must, ultimately, be made in the privacy of one’s personal world, or in concert with the Creator. The choice is ours.

What seems beyond dispute, however, is the fact that we humans always choose to believe in something. We may believe in ourselves, drugs, exploitative sexual relationships, gurus, positive thinking, negative thinking, Gaia, pyramid power, or God. Many of us in the reality therapy network have said, and Wubbolding (1988) has written, that reality therapy “...is a philosophy of life” (p. ix). For many, the line between one’s “philosophy of life” and one’s “faith” is a fine one. An important point here is that what we choose to believe affects the way we choose to live our lives on a daily basis. The atheist, the agnostic, and the deist likely all make their daily decisions depending on their pictures of cause and effect based on their feedback loops as determined by their choices of belief systems. Similarly, the person who believes that one’s life is a daily walk with the Creator likely makes daily choices accordingly. What I’m suggesting here is that, as practitioners of reality therapy, it is responsible behavior on our parts to clearly understand what we believe in, because as we all know, our belief systems drive our personal and professional decisions.

Faith as the overarching human need.

Jaynes and Gazzaniga admit that some of their ideas relating to religious beliefs are speculative. I, too, must confess that what follows in this section is also speculative and based on personal conclusions. Two points are relevant here. First, based on my reading, I find the case for faith as a built-in genetically predetermined need compelling. All of recorded human history documents that all human societies have constructed belief systems in something outside of and larger than themselves. Ernest Becker
(1975) has stated that man transcends death, "... by finding a meaning for his life, some kind of larger scheme into which he fits ..." Indeed, Becker concludes in regard to spirituality, "It is an expression of the will to live, the burning desire of the creature to count, to make a difference on the planet because he has lived, has emerged on it, and has worked, suffered, and died" (p. 3). Clearly, the case can be made that faith is the fifth learned psychological need. Of course, the case can also be disputed, but this is a matter of personal choice.

Second, based on my work with clients, and the personal journeys of my colleagues, friends, and myself, it seems clear that faith is more than a basic need - it is the overarching need that determines how we choose to meet all of our other needs! It is our faith, our determination of ultimate meaning and purpose, that is the preeminent systems concept. One is reminded of the Prophet’s response, when near the end of his discourse, he was asked to speak of religion. “Is not religion all deeds and all reflection? ... Who can separate his faith from his actions, or his belief from his occupations? ... Your daily life is your temple and your religion” (Gibran, 1923, pp. 77-78). I’m suggesting here that faith is the “big picture” that sets the value focus for our total behavior choices as we attempt to meet all of our needs. Again, this view can be debated. But, this also is a matter of personal choice.

Some observations on work with clients.

Several years ago, in addition to the standard psycho-social assessments, and the reality therapy assessment format I had adopted, I began to ask clients about their faiths and belief systems. This is nothing new. Religious care givers do this routinely. It was new for me, however, and I was more than a bit cautious. I made no big deal of assessing my clients’ belief systems. I simply asked the same questions about faith as I asked about Belonging, Power, Fun, and Freedom, and tied the information to their total behaviors. What surprised and amazed me was the clients’ willingness, even eagerness, to discuss and deal with their faiths as a routine part of the therapy process. It seemed that the more faith was included as a regular, or “routine” part of therapy, the more important it became.

It became apparent to me that faith was a neglected dimension in much of secular therapy. My experience was that attending to the issues of faith gave a broader perspective to the therapy process for both myself and my clients. Clients reported that they felt the therapy process was “complete.” Frank’s (1973) observation is particularly relevant:

The suffering of many persons who seek psychotherapy includes some degree of spiritual malaise or existential anxiety, so psychotherapy cannot avoid issues concerning the meaning of life and other questions usually considered the exclusive province of philosophy or religion. Successful psychotherapy, along with other changes in the patient’s values, often includes development of a more optimistic view concerning the meaning of existence.” (p. 79)

As a result of my study and experience, I now consider faith to be the overarching human need, and include it as such as a routine part of my clinical practice.

It should be noted that by faith, I do not mean a particular religious orientation. My concern is that clients, who choose to do so, pursue their faith development through one of the mainline religions (I do betray a personal bias here). Whether they study the Bible, the Koran, the Torah, the Bhagavad Gita, or other of the major religious texts is their choice.

It occurs to me that the ideas in this section may strike many as obvious. And certainly, the notion of faith as a fifth psychological need is not an idea that I can claim as original. As Lumpkin and Green (1986) write, “In addition to our basic needs for survival and procreation, our psychological needs we are picturing include: ... #5. Need for some power higher than ourself - God!” (p. 92).

Not so obvious perhaps is my observation that nowhere in all my years of formal education and training, including being certified in reality therapy, was the concept of faith discussed. If faith or religious beliefs were mentioned at all, it was to note that they should not be mentioned at all. Peck (1978) aptly notes:

In supervising other psychotherapists I rather routinely find that they pay too little, if any, attention to the ways in which their patients view the world ... But the fact of the matter is that everyone has an explicit or implicit set of ideas and beliefs as to the essential nature of the world ... So I say to those I supervise: ‘Find out your patients’ religions even if they say they don’t have any.” (p. 186)

The implication is that if we, as practitioners of reality therapy, buy the ideas of this discussion, we have two major tasks. First, we must clarify the issues of faith within our own systems concepts. Second, we can then deal with issues of faith with our clients in, as much as is realistically possible, a value free manner. The task is formidable, but so too are the opportunities for growth.

References

PROFESSIONAL ISSUES:
FOUR STAGES OF DECISION MAKING IN
SUICIDAL CLIENT RECOVERY

Robert E. Wubbolding

The author is Professor of Counseling at Xavier University, Cincinnati, Ohio.

In previous articles on professional issues, there was a discussion of the importance of handling suicidal threats in a professional and ethical manner as well as how to recognize suiciding behaviors. (Wubbolding, 1987, 1988a, 1988b).

The standard of practice should be adhered to, i.e., the reality therapist should know the appropriate counselor behaviors accepted by therapists in the community. The aim here is to present a schema for perceiving the suicidal issue as a developmental process rather than simply as a threat that must be assessed and confronted by a counselor. Recent writers have described suicidal behavior as a life style (Gernsbacher, 1984). Therefore, it is not an isolated decision, but a network of total behaviors.

Schneidman (1985) even speaks of “Parasuicide” or self-assaultive behavior, suicidal attempts, self-mutilization and inimical behaviors which diminish, punish, wound, and work against the self...”. It follows that this life style should be gradually replaced by more effective behaviors and a positive life style. Four stages of decision making have been observed in clients as they recover from the threat to kill themselves. Their resulting life styles are thus characterized by more effective behaviors.

Imminent Threat Stage

This stage has been discussed earlier in detail (Wubbolding, 1987). In summary, the reality therapist should ask at least 5 key questions in order to assess the lethality of the decision: “Are you thinking of killing yourself?” “Have you tried to kill yourself previously?” “Do you have a specific plan as to how you will kill yourself?” “Do you have the means available to kill yourself?” “Will you make a commitment not to kill yourself accidentally or intentionally for a specific amount of time?” This stage is the crisis phase of the process and must be dealt with before proceeding to the subsequent stages. In the Imminent Threat Stage the client is in the “I give up” or even the “Negative Symptom” stage of Ineffective Behaviors (Figure 1.)

Early Stage

In this stage, the imminent danger has passed and the counselor reinforces the desire to continue living. The client is in the “I’ll do it” phase of positive and responsible behaviors. (The right side of the chart of Fig. 1.) The counselor should help the client recount how his/her time is spent as well as the thinking and feeling behaviors. Special emphasis is given to precise circumstances of suicidal thoughts, while connecting them with doing behaviors. Thus, if the client chooses depressing and suiciding thoughts while listening to certain types of music the counselor helps...
him/her to evaluate the effectiveness of such choices and provides assistance in making alternative plans. It is appropriate at this stage to be directive and "teach" that listening to such music is leading the client in the wrong direction. Suicide should be described as possible choice, but as a negative choice. Clients should be discouraged from any activity that relates to suicidal ideation. They can be encouraged to read light material and "positive thinking" materials so that they can begin to develop the positive symptom thinking behavior. The author suggests that they read Changing Your Life for the Better (Wubbolding 1985). It is brief and easy to read. Other favorites are Master Key to Riches (Hill 1965), The Magic of Self-Direction (Schwartz 1965), as well as some sections from In Pursuit of Happiness (Good 1987).

At this stage they are beginning to feel better, but do not feel as positive and upbeat about life as they will feel as they progress further. Even though they follow through on plans, they don't feel as excited about their lives as they feel in subsequent stages. Their feeling behaviors are characterized by a lingering, but less intense fear of suicide and their thinking behaviors include self-doubt and shame at the past crises. Every aspect of their total behavior can be discussed, but the majority of the time is spent on positive short range plans, goals, and successful "doing behaviors."

And so, the counselor plays a directive role by suggesting that certain behaviors are helpful or harmful and by suggesting clear and linear plans.

**Solidification Stage**

In the third stage, clients build on the firm "I'll do it stage" and begin to feel less fear and guilt because of the past crises, as well as thinking less shameful thoughts. Their total positive symptom behaviors are more congruent. They can follow through on plans and feel more immediate need fulfillment, and their thinking behaviors fit more appropriately their doing. If they perform a behavior that they've procrastinated, there is a sense of reward with noticeably less apathy and less "What's the use?" thinking behaviors. Their reading makes more sense to them and they do it because it makes intrinsic sense, not merely because it was prescribed by the therapist. At this stage they are beginning to develop a storehouse of positive memories in their perceived worlds.

The counselor emphasizes discussion of "positive symptoms" such as what the client does that makes him/her a unique worthwhile human being, what gives him/her self-confidence, what others like about him/her, etc.

A useful technique during this stage is to help clients keep a time log or a diary which describes a segment of the day. They write the time and in three columns what they did, thought, felt at a given time. They are free to write negatives as well as positives. Because they are in an advanced stage,
they will have more effective behaviors than negative ones. The chart, (Figure I) is taught at this stage and they can see intellectually that they have formed positive symptoms and abandoned “I give up” and “negative symptoms”.

They now see themselves not as “suicidal patients”, but as eager to live, relieved that the crisis has passed; somewhat embarrassed but less guilty that they were suicidal; grateful, and eager to deal with other issues in their lives. They are developing an effective life style that is replacing the destructive one.

Growth Stage

The 4th stage is characterized by facing issues that are dealt with in all developmental counseling, i.e., the elements and decisions that people face as they grow to adulthood and beyond.

Wants and behaviors related to Belonging are discussed: What kind of intimate relationships do I want? What kind of spouse? How will I relate to my spouse in the future? What do I want in a relationship that is non-negotiable, that is welcomed, that is merely tolerable? What will I give to others in my relationships? What kind of friends do I want?

Wants and behaviors related to Power are explored: What kind of career do I want? How much energy will I give to it? Do I want a promotion? How will I relate to people who are seen as authorities, at home, at work in society, etc.? How will I perceive the importance of money? How will I spend it, save it, try to get more of it?

Wants related to the need for fun or enjoyment are explored as well. How will I use my leisure time? How will I integrate fun into my career, my relationships, etc.? What kind of sense of humor will I embrace? What kind of jokes will I encourage and discourage in my family?

Wants and behaviors related to Freedom are not neglected, but they often overlap with those related to Belonging, Power, and Enjoyment. Nevertheless, how the person deals with inner impulses and external restraints can be explored under the rubric of Freedom or Independence. The client faces, evaluates and plans, for example, his/her own physical urges, irritations, anger, or rage, as well as how he/she will choose to deal with financial, societal, familial or cultural restraints. Pertinent to the Survival Need are wants and behaviors related to Exercise, Diet and Hygiene. While it can be assumed, for the most part, the hygienic wants and behaviors are fulfilled, much counseling is often required to help the client control food intake and exercise properly.

The above topics and questions described as relevant to the Growth Stage are intended to be illustrative rather than exhaustive. Nevertheless, they summarize the range of topics appropriate for this stage as well as present a direction for a therapist.

Permeating the 5 previous needs, for a growing number of clients, is the spiritual aspect of their lives. Concern for their ultimate destiny increases among those seeking therapy and in fact is a deterrent for many who consider suicide. A totally skilled counselor can help a client who is concerned about Belief or Faith. Nevertheless, this is a specialty in the field of counseling and not every therapist is equipped to deal in detail with such concerns. A basic ethical principle is to work within the boundaries of one’s limitations. If a therapist is not skilled in this specialty, the client should be referred to a person trained in Pastoral Counseling. [Ed. note: see Dennis article - this issue]

In summary, I have described the importance of applying reality therapy to Suiciding Behaviors in a thorough, direct, and ethical way. It is crucial that the practitioner of reality therapy be able to recognize the preliminary signs, know the myths, and handle the immediate threat. Useful, too, is knowledge and skill in integrating reality therapy into the developmental stages of recovery from the threat.

GROUP TREATMENT OF SEXUAL ABUSE
Marcy Kelly-Garnett

One in four females in the general population of the United States are victims of sexual abuse. The percentage dramatically rises to 99% when the sample is taken from female adolescents who are incarcerated in a state institution for felony offenders. If rehabilitation treatment is to successfully address all factors that relate to their offense pattern, then sexual abuse is a major area for intervention. The repercussions of untreated sexual abuse directly relate to common destructive behavioral choices by the victims, such as drug and alcohol use, prostitution, assaultiveness, fire setting, etc. stemming from the trauma inflicted on their ability to meet their basic psychological needs. An efficient and effective method of treatment for the high number of sexual abuse victims in an in-patient setting has proven to be group treatment. Open-ended, ongoing female sexual abuse groups have been found to be helpful facilitating disclosures; however the typical format focusing on the trauma does little to move the participants beyond the intellectual acceptance of the abuse and on to making healthy, less destructive choices in dealing with pain, sexuality, relationships, and a sense of self. The following group format was designed to address not only the past trauma but also current behavioral choices and future plans.

Group Composition and Structure

Group size is limited to five or six members in order to provide the opportunity for all members to interact maximally. This limit on group size is supported theoretically by Bareelson and Steiner (1964) and Slater (1958) who state that groups of five or six are the most personally satisfying to members. Larger group size encourages too much aggression, competition and inconsideration. Larger group size also allows less assertive members to avoid total involvement in treatment by remaining quiet and allowing the more verbal members to take control. Hare (1962) has concluded that "when there is a desire for intimate and highly developed relationships or a need for fine coordination there will be a tendency toward reduction in size."

The group is designed as a "closed" group as no new members are accepted once the group has begun. A closed group avoids distractions and disruptions, and facilitates rapid group cohesiveness. The sessions are held for three hours once a week for 10 to 12 weeks. The three hour time limit allows for more in-depth group work than does a shorter time limit. The added component of physical activity in the group enables the group to remain focused and energized for the longer time limit.

Ideally, the group should be held in a comfortable room devoid of distractions, with the chairs placed in a tight circle in order to encourage face-to-face dialogue. The chairs should be easily movable for flexibility during later role play meetings.

As this group format is designed as a more intense treatment intervention, group members will have already disclosed their abuse and volunteered for the more intense group. Ideally, group members should have had some group and individual treatment prior to volunteering for the more intense group. Weekly written feedback is provided to the participants and their individual counselors for on-going follow-up work.

Due to the intensity of the group, two or three group leaders are necessary in order to provide support and direction for the group members and to each other. It is also necessary that any group leader who has been sexually abused receive treatment for that abuse prior to attempting to facilitate this type of group. It is impossible for a therapist to lead a client toward resolution of sexual abuse if the therapist has been unable to resolve his/her own issues.

It is important for the group leaders to allow post-group time to process not only the group and individual dynamics, but also to process the group impact on each of the leaders. The role plays can be extremely emotionally powerful, especially if they touch upon personal issues. It is helpful to share the impact with other leaders.

Group Agendas

The sessions begin with an introductory session which commences with a basic low risk trust exercise, such as sharing of middle names. The state abuse reporting law is explained to all the group members. Sexual abuse is then defined, with the state sexual offense laws outlined in detail. This particular segment can be particularly impactful for the group members as it clarifies for them that what was done to them was against the law. It also enlightens them regarding questionable abuse situations, such as older boyfriends and acquaintance rape. The group members are then asked to share which sexual abuse offenses would relate to their own abuses. Many members of the group may become emotional during this phase as they realize the extent of the abuse inflicted upon them and that many of their offenders have escaped punishment by the law.

Some group members may have some resistance to sharing and working through sensitive treatment issues in a group situation. In order to address the rationale for group treatment of sexual abuse, the following exercise is presented dealing with this issue. The group members are each individually blindfolded and told to find an identified object within the group room area. All are turned around and sent off in search of the object. Usually no one is successful, unless they cheat and lift the blindfold. After five minutes, they return to their chairs and report back what the exercise was like for them. Group members' comments could include feelings of loneliness, frustration and failure, being hurt physically by bumping into things, confusion, and thinking they were abandoned. The group members are again blindfolded and told to find objects, but line up single file behind the group leader, holding on to each other. Other group leaders are inter-
spersed among them. They are then led on an obstacle course over chairs and under tables and led to where their missing objects are to be found. This exercise is done slowly, with the leader explaining each step of the way what is to be found ahead. When this exercise is debriefed, the focus is place on the group members' total behavioral experiences. The group members' comments could include feelings of support, not being physically hurt, thinking they were successful, and feelings of trust. The exercise is also a great deal of fun as the members laugh and squeal as they surmount the obstacles. The correlation is made between the individual blindfold search and attempting to resolve sexual abuse trauma by themselves with no guidance. The correlation is further made between the group blindfold search and the supportive, caring, learning environment of the sexual abuse treatment group which guides the members as a unit toward successful resolution.

The blindfold search exercises lead into an explanation of how treatment works and the common feelings and behaviors associated with sexual abuse treatment. It is explained that many abuse victims in treatment experience nightmares, depression, irritability, psychosomatic ailments, drug and alcohol abuse, running away, self-mutilations, episodes of property destruction, avoidance of treatment and regression in behavior as means of avoiding the pain of dealing with sexual abuse treatment. The members are encouraged to talk to each other, their counseling staff, or to the group leaders if they experience any of these behavioral choices. Explaining the common methods of avoiding treatment seems to curtail most of the acting out thus leading the members to experience their feelings more directly through nightmares, irritability and depression.

At this point in the group the concept of Symbols is introduced. As part of the following week's homework assignment, the group members are asked to fill out a form (see illustration) describing their Past total behavior during the abuse (How I was), their Present total behavior (How I am), and their Future total behavior (How I want to be). For each of these time segments, they are to develop a symbol that represents their total behavior at that time. They are then to draw the symbol on the form, including a description of what the symbol is doing, thinking and feeling.

An overview of the upcoming group agendas is presented, along with an explanation of two major treatment tools: re-enactments and re-doing. Re-enactments are recreations of the most significant sexual abuse trauma that group members have each experienced. Each group member plays the role of herself, using the total behavior of her Past Symbol, and chooses other group members to play the roles of offender, emotional support person, script recorder and prompter, and others significant in the situation being recalled. This method allows the group member to re-live the past trauma, stimulating blocked total behavior (thinking, feeling, action, and physical sensations) thereby enabling the trauma to be dealt with in the present. Re-enactments are especially effective when dealing with clients who have used repression or numbing to avoid past traumatic pain, choosing to act out that pain with less effective choices. Re-doings are recreations of the re-enactment situation with the group member playing the role of herself as her Future Symbol (Ideal Self) would handle the same situ-
ation. This allows abuse victims to experience the power of choice to which they have access so that they can move beyond the victim role in their present behavior toward more effective adult behavior. The group members are told that they have a choice as to whether they do their own trauma re-enactment/re-doing or not, but are encouraged to do so through an explanation of the benefits of this process as explained above.

A calendar of upcoming sessions is presented and each group member signs up for a date to work on her most significant trauma. Group contracts are filled out, with personal goals (such as: to understand how sexual abuse has affected me) developed by each participant and witnessed by all present. The group members are asked to bring a picture of themselves taken at about the time of the situation they have chosen as most traumatic.

Each of the sessions is terminated by a 30 minute segment of aerobic exercise, which allows participants to release physical and emotional stress generated by the intensity of the groups. When the aerobics section was skipped, less effective acting out behaviors were significantly higher.

The second session, and all following sessions, begin with each group member and leader sharing repercussions from the previous week’s session. Each participant then shares the Symbols form which she has completed, explaining in full each of the symbols chosen. Generally these forms are completed with a great deal of care and a surprising amount of personal insight; for example, a young woman who had a pattern of shifting her behavior to match her perceptions of other’s expectations of her chose an artist’s paint pallet being held by a figure behind a large, blank canvas as her Present Symbol. The person doing her re-enactment will remind the group of her past, present, and future symbols prior to her re-enactment.

The group member who has signed up to do her re-enactment/re-doing then divulges in full detail the trauma she has chosen to re-enact. As she divulges she passes around the picture of herself as a child. This allows both the “victim” and the group to put the abuse in realistic perspective as the picture reminds them of how young and vulnerable the child was at the time of the abuse as opposed to the more mature young woman in the group. She will then choose the re-enactment participants and designate their roles; recorder, offender, support person and others if needed. The recorder writes on a flip-chart the script of the role-play. This allows the recorder to prompt role-players as to their actions and statements during the re-enactment. This is necessary due to role-players having temporary blocks in memory related to the stress they feel during the re-enactment. The support person stays close by the “victim” during the re-enactment; verbally and physically encouraging and comforting. Therefore, as the “victim” re-experiences the early trauma, which was generally experienced as a lonely time, she is allowed to feel cared for and supported by others who are empathic. The role of the offender is carefully chosen as it is the most difficult and traumatic to play. The group members are given a choice of using a life-sized, stuffed dummy to portray their offender or having another group member actually portray their offender. The use of a dummy to portray the offender allows the likelihood of transference to diminish significantly. All have chosen to use the dummy. Anatomically correct male and female dolls are available for use. The dummy is manipulated by a group member who is chosen by the victim.” The “offender” will quote the words the “victim” remembers her actual offender using at the time of the abuse and will behave just as the “victim” remembers her actual offender behaving.

The room is set up to as closely resemble the trauma situation environment as possible. The “victim” directs this reconstruction of the environment which not only helps to create realism and therefore allow memories and the connected total behavior to resurface, but also gives the “victim” power over a situation that she has felt powerless over before this point. “Beds” and “doorways” are placed appropriately, the dummy is dressed as closely as possible to how the offender was dressed, and props are used to supplement the action. For example, one young woman was beaten by her father prior to the sexual abuse with a leather belt while she hid under a bed. A wool neck scarf was used by the “offender” to “beat” her harmlessly while another group member slapped a folded belt together to make a loud, realistic sound. This method successfully stimulated her repressed memories that her mother had done nothing after the abuse, even though the young woman had obvious large red welts all over her body.

Upon its completion, the re-enactment is debriefed. The “victim” describes her total behavior during the re-enactment, including what she was doing, thinking, feeling and how her body was feeling. She describes any new issues that emerged for her and her current total behavior. Each group member also shares her total behavior during the experience of the re-enactment. Without exception, the group members give the feedback that it was not her fault, that she was a child and that the offender was the one making the poor choices. A great deal of healthy anger and grieving is ventilated during this time.

Prior to the re-doing, the young woman doing her work that week will once again remind the group of her Future Symbol qualities. The group then brainstorm how she can re-do the trauma situation with the strength, skills and knowledge that she now possesses and with those qualities that she hopes to acquire as her ideal self. During the re-doing, if she slips back into Past or ineffective Present behavior, the group members will prompt her to be her symbol; for example, “Be the swan!” This serves as a gentle jog to the memory of the qualities she is hoping to act out. The re-doing is generally a time when the young women choose to be more assertive, confrontive and in control. Many choose to leave the area and call someone to protect them, such as their mother or the police. The re-doings end on a happy note, as the group members cheer and applaud the strength and behaviors shown. The group members once again debrief their total behavior experienced during the re-doing and currently.

The re-enactment/re-doing process is repeated each week until each group member has an opportunity to use a group session to complete her work.

At the end of the last session containing re-enactments/re-doings and at the end of the next two sessions, the group members are given homework
to be completed by the following session. An entire group session is devoted to each homework handout; sharing responses to questions in the homework and discussing additional responses generated by the group sharing. Homework handouts include “What Have You Enjoyed About Sex”, “Questions To Ask Yourself About A New Man”, and “What Are You Looking For In A Partner” (NiCarthy, 1982). The homework generates a realization of the commonality of sexual functioning problems, attraction to abusive relationships and “sexy” partners, patterns in family characteristics and the relationship to current choices in partners, and that new choices need to be made if they are to become involved with a partner that meets their needs in a healthy manner. Group members are referred to related reading, and counseling staff are alerted to issues that need follow-up treatment.

The final group is devoted to a feedback discussion and termination of the group. The group celebrates its completion by gathering together for a meal. This is experienced as a great deal of fun by all participants. Each member of the group and counseling team are asked what was gained from the group, what is left to do, what was helpful and what was not done that would have helped. All participants find the use of the Symbols valuable as it allows them to perceive the changes in their total behavior and the direction they wish to go in for further total behavior changes (goals). Also, all members found the re-enactments and use of the dummy to be powerful reminders of painful memories associated with current less effective behaviors. Although painful and difficult, all have been pleased with their own courage and the support that was felt throughout their role plays. The re-doings gave them a sense of personal power in current choices that had been previously unacknowledged. All participants would have valued even greater use of the Symbols during the group process.

As a final termination gesture and a reminder of the courageous work they have done and what is left to do, each participant is given a necklace and trinket that closely resembles their Future or Ideal Symbol. The emotional connection with these Symbols is very strong and the participants value these reminders long after the group is over. Overall, this method of testing, assessment or follow-up regarding long-term effects has been arranged at this time.

References

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THEORIES OF B. F. SKINNER AND WILLIAM GLASSER: RELEVANCE TO REALITY THERAPY
Elaine Johnson

The author is Associate Professor and head of the department of nursing at Roane State Community College and a graduate student at the University of Tennessee.

Skinner’s Behaviorism Theory

In the 1930s, Skinner performed experiments on rats and pigeons. He would enclose an animal in a sound-proof, opaque chamber and then condition it to perform repetitive acts by means of rewards. Through this type of experimentation, the central behavioristic theory of learning emerged. It holds that significant consequences of a given behavior influence the likelihood of its being repeated. If the consequences are positive, the chance of repetition increases, while if the consequences are negative, the probability of repetition declines. Skinner terms this concept operant conditioning (Schwartz & Lacey, 1982). Skinner’s theory is rooted in a set of beliefs about motivation and behavior. Those beliefs which consistently underlie his position are: (a) all organisms, including humans, are greatly influenced by their own behavior (Carpenter, 1974); (b) the determinants of behavior are in the environment (Carpenter, 1974); (c) all significant, voluntary human actions can be understood in terms of their past responses to reward and punishment (Schwartz & Lacey, 1982); (d) body and mind do not significantly influence behavior (Brown, 1976); (e) reinforcement is the primary process which strengthens motivation and learning (Hilgard & Bower, 1975); (f) there is no practical difference between learning and performance, each is defined to mean observable changes in behavior (Hilgard & Bower, 1975); and (g) knowledge is whatever the organism is capable of doing (Parrott, 1983).

Skinner’s use of specialized terminology, with widely varying application, makes his theory seem complex and difficult. Nonetheless, Skinner’s theory is grounded in four relatively simple concepts: positive reinforcement, negative reinforcement, punishment, and extinction.

Positive reinforcement is the conditioning of behavior by positive stimuli. Such conditioning can produce measurable changes in human behavior. For example, a company set a goal of responding to customer calls within 90 minutes and established an operant system of positive reinforcement by which to achieve it. As employees increased the number of calls answered, supervisors gave praise and recognition. Within one day performance levels increased from 30 percent to 90 percent and stayed at that level for at least three years (Mikulas, 1974).

In certain instances a process known as “shaping” may be indicated to initiate the conditioning process. This is done by reinforcing behavior that approximates the desired behavior until the exact desired behavior is performed. For example, when a rat is placed in an experimental chamber,
he may be rewarded with food as he gets closer to the lever. Eventually, the reward will appear only when the rat presses the lever (Carpenter, 1974).

Negative reinforcement is the conditioning of behavior by a negative stimulus such as a buzzer or an irritating voice. For example, a rat might press a bar to stop a buzzer or a teenager might clean up his room to stop a nagging lecture from a parent (Carpenter, 1974).

Punishment is the elimination of undesirable behavior through an aversive stimulus such as electric shock. For generations punishment was the major disciplinary tool of both parent and teacher. “Spanking” is a common form of punishment used to eliminate undesirable behavior in children. Research shows that punishment can suppress behavior, but only temporarily. Skinner believes that punishment does not motivate the individual to substitute an acceptable response and, therefore, contributes little or nothing to the building of a repertoire of desirable behaviors (Schwartz & Lacey, 1982).

Extinction is the elimination of behavior by discontinuing reinforcement of the behavior. The response of rats to the extinction process illustrates this concept. A rat which has been conditioned to press a lever for a reward of food will continue to press the lever. However, if the reward is discontinued, the frequency of lever-pressing will decline until the rat stops pressing the lever entirely (Schwartz & Lacey, 1982).

The goals of behaviorism theory are to increase the repertoire of desirable behavior and to eliminate undesirable behavior from the organism (Schwartz & Lacey, 1982). Skinner depicts the fulfillment of these goals in Walden II. In this fictional account of an utopian society, the inhabitants all become healthy, happy, and productive as a result of a successfully implemented system of operant conditioning (Skinner, 1948).

The theory of operant conditioning has yielded a set of empirical principles which have been applied in a variety of social settings. Many health centers and prisons use tokens to reward desirable behavior. The tokens can then be used to purchase desired items such as soft drinks and magazines. Counselors in stop-smoking centers use aversive conditioners such as electric shock to “extinguish” smoking behavior (Catania & Brigham, 1978).

Educators have derived widespread use of programmed instruction and behavioral objectives from Skinner’s theory of reinforcement (Hilgard & Bower, 1975). Skinner even goes so far as to suggest using the school system to condition gambling behavior in students. He suggests that this would allow the government successfully to obtain revenues through perpetual public lotteries rather than by means of taxation (Skinner, 1978).

Glasser’s Control Theory

Glasser derived his Control Theory from William T. Powers’ Behavior: The Control of Perception (Glasser, 1981). Glasser embraced Powers’ ideas as an enhancement of the implementation of the process of reality therapy. Glasser states, “I want to teach people how the control system works and use the concepts of Reality Therapy not only to teach better behavior but also to improve their perceptions and their internal world” (Glasser, 1981, p. 267). Moreover, he says about his book, Control Theory, “This book is my attempt to put these possibilities [as presented in Behavior: The Control of Perception] into practice, but it is a book of ideas, not research” (Glasser, 1984, Acknowledgments page).

Glasser’s beliefs contrast sharply with those of B. F. Skinner. Glasser holds that: (a) human behavior cannot be explained in terms of that of animals; (b) humans are born genetically coded with powerful internal forces; (c) behavior is an attempt to satisfy these forces and thus to control one’s life; (d) vital functions, such as hunger and thirst, influence behavior but are not the dominant forces that drive behavior in day-to-day living; (e) the more dominant forces are needs which arise in the conscious centers, i.e., love, power, freedom and fun; (f) humans can choose how externalities affect their behavior; (g) fun is a primary reinforcer of learning; (i) learning is satisfying needs in new ways; and (j) intelligence is gained by engaging the struggle to satisfy conflicting internal forces (Glasser, 1981, 1984).

Glasser defines control as “.... the way we must function to fulfill our needs” (Glasser, 1984, p. 43). He describes behavior as a composite of doing, thinking, feeling and physiology. He believes that when humans control the doing component, change in thoughts, feelings and physiology will follow (Glasser, 1984).

Glasser advocates using control theory as a way of gaining control of one’s life. He describes many areas of life in which it can be used successfully, e.g., personal health, relationships, conflict, and decision making (Glasser, 1984).

In control theory, individuals learn that they can choose what they do and that they are responsible for their actions. They learn to convert passive feeling words into active words. Phrases such as, “I am depressed”, are changed to, “I am depressing”. Thus, choice and responsibility are more readily adopted.

An awareness of basic needs is essential in control theory. This awareness enables individuals to gain control by focusing their efforts on seeking behaviors which will satisfy basic needs rather than specific predetermined wants. For example, a parent may express a strong desire for a family picnic. If family members refuse to participate, anger and frustration will ensue. If, instead, the parent were to concentrate on satisfying the basic needs for fun and for belonging, the parent would be free to select other activities such as going to a movie or playing cards with friends. In this manner, one can reduce effectively the differences between what is wanted and what is attained (Glasser, 1984).

Value systems are significant in control theory. Glasser implies that rigid values and labels can underlie a lack of control. For instance, a teenager who dresses unconventionally may be viewed by a teacher as weird, a “druggie”, a “no goodnik”. The relationship may be seriously impaired as intolerance is communicated and felt. Whereas, if the teacher sees the teen as different, original and creative, the good feelings that accompany respect and acceptance will be generated (Glasser, 1984).
The goal of control theory is to help individuals gain control over their lives. Individuals can gain effective control by achieving an awareness of basic needs and by reasessing and relaxing rigid value systems. Subsequently, they can increase the quantity and quality of behavioral options which will satisfy their needs. They become better able to identify and choose goals and behaviors more closely related to what they are able and sanctioned to do.

**Skinner's Theory and Reality Therapy**

Despite the fact that Glasser and Skinner differ widely in both philosophy and procedures, elements of Skinner's theory can be identified within the reality therapy process. By considering reality therapy in its relationship to the four basic concepts of operant conditioning, one is able to understand better how and where these elements exist and in what form.

A thread of positive reinforcement weaves its way throughout reality therapy, particularly in the forms of strokes and attention from the counselor. These “rewards” reinforce specific desired behavior and may motivate the client toward further behavioral improvement.

The phenomenon of negative reinforcement occurs in the component of reality therapy termed, “accept no excuses”. This happens when the client learns to engage in new behaviors in order to silence the objections of the persistent counselor.

The essence of Skinner's position on punishment is that there is no reward in punishment. Ergo, it can offer little or nothing in the way of advancing behavioral improvement. Glasser, however, objects to punishment on the grounds that it does not fulfill basic needs and may even further deplete the strength of the behavioral system (Glasser, 1981).

Skinner and Glasser each believe in allowing the person to experience natural consequences. Natural consequences may function as natural punishers, which suppress undesirable behaviors, or as negative reinforcers, which motivate behaviors which are more acceptable.

Extinction is practiced in reality therapy when the counselor helps the client learn to view undesirable behavior as unrewarding. Extinction also occurs when the counselor refuses to accept excuses for behaviors which do not lead to attainment of goals developed within the counseling process. Either of these actions can result in the termination of ineffective behavior.

**Control Theory and Reality Therapy**

Clearly, Glasser is not a proponent of Skinnerian psychology. He believes it overlooks internal motivation, is an exercise in power over weaker organisms, and that people have been harmed by its practice (Glasser, 1981, 1984).

Reality therapy is consistent philosophically with Glasser’s theory that a system of internal needs is the primary motivator of human behavior (Glasser, 1984). In reality therapy the responsibility for behavior is vested within the individual, not within the environment (Glasser, 1965).

In reality therapy, clients examine their behavior, set goals, and commit to action plans designed to achieve them. Clients who comprehend the concept of basic needs, as embodied in control theory, may be able to engage these steps more readily and with greater success (Glasser, 1965, 1984).

Control theory provides a conceptual framework within which reality therapy may be practiced more effectively. It is useful in teaching individuals to evaluate what they are thinking and feeling in light of what they are doing and to adopt more appropriate behavior, as indicated. It forms a structure within which to facilitate the counseling process and to achieve its objectives.

**Conclusion**

Control theory and Skinnerian psychology are both identifiable within reality therapy. The theories converge on the point that behavioral improvement produces a happier person and one who is able to function on a higher plane. Glasser and Skinner diverge, however, on the issue of whether a person is driven by forces that are from within or from without.

Strict Skinnerian thinking would lead to the conclusion that behaviorism theory is more significant than control theory in reality therapy. On the other hand, agreement with Glasser’s beliefs would support the position that control theory is more relevant to reality therapy as it is practiced. Thus, the pivotal point for one’s own conclusion is whether one accepts or rejects the existence and relevance of “inner man” (Skinner, 1971).

References


Definition and Importance of Metaphor

Lakoff and Johnson (1980) define a metaphor as "understanding and experiencing one kind of thing in terms of another." The term as used here includes similes, analogies, anecdotes, and other figures of speech. The definition of metaphor, then, is not to be taken in a restrictive way. Rather it is a broad term embracing many ideas.

Summarizing the importance of metaphors, Lakoff and Johnson state, "metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature." They illustrate the pervasiveness of metaphor by the example of "argument is war." When we describe an argument it is often stated in terms of warfare:

- Your claims are indefensible.
- He attacked every weak point in my argument.
- His criticisms were right on target.
- I've never won an argument with him.
- You disagree? Okay, Shoot!
- If you use that strategy, he'll wipe you out.
- He shot down all my arguments.
- We lost the argument.
- He gave ground.
- She took a new line of attack.

Use of Metaphor in Counseling

The use of metaphor in counseling and psychotherapy is a current trend. Weeks and L'Abate (1982) speak of the importance of metaphor in Paradoxical Techniques. They describe alluding to mountain climbing skills with a person who is experiencing anxiety at starting a new job. DeShazer (1986) described guidelines for using metaphorical (paradoxical) tasks in brief family therapy.

Barker (1985) enumerates specific purposes of metaphors as they apply to counseling. He indicates that they can be used to suggest solutions, to help people recognize themselves (an indirect way to help them evaluate their behavior), to plant seeds for increasing motivation, to decrease resistance, and to redefine problems.

Brain Theory and Metaphor

Not only are metaphors used in the practice of counseling, they are also useful in teaching the underlying theory and process to learners at any stage of their education. In explaining how the human brain functions, it has been customary to utilize the state of the art technology. Over the years the brain has been compared to a steam engine, telephone switchboard, and computer (Wubbolding, 1988).

In further developing control theory as a basis for reality therapy, Glasser (1984) has used an intricate series of metaphors. He speaks of a "Picture Album", "Scales", "Filters", and "Behavioral Car". It is clear that these analogies explain the phenomenon of human brain activity by comparing it to more easily understood concepts.

Metaphors For Teaching Control Theory/Reality Therapy

Described below are 16 metaphors useful in teaching control theory and reality therapy. In view of the fact that the more well known ones are explained in detail elsewhere, they are only alluded to here without a detailed explanation (Glasser, 1984, 1986). It is the purpose of this article to add further analogs and similes to those currently in use. These have been selected from a longer list used in the teaching of Intensive Weeks (Wubbolding, 1988). They are intended to illustrate some aspects of control theory, but, more especially, various elements in the delivery system of reality therapy.

Expectations of Workshop Participants

1. Raising Your Bodily Temperature 5° or 5%

When exploring Wants or Expectations of workshop participants, at the start of the training it is useful to explain that if, as a result of the experience, they could increase their effectiveness a mere 5% they would derive a benefit from the training which is quite noticeable. Analogously, if they were to raise their bodily temperature a mere 5° or 5° they would certainly notice it. A fever of 103° would prevent a person from functioning. Thus, a change of 5% is an enormous change. They will notice a change in their professional behavior if they persist in the use of even a few of the ideas taught in the workshop.
2. God in a box.

Reality therapy should be seen as a very effective way to help people. Yet it is not the only one. There are many ways to deal with human beings, and so reality therapists do not have a corner on the market of truth. We do not have “God in a Box.”

3. Legs of the Chair.

The needs are seen as legs of a chair. They need to be in balance. If one leg is significantly shorter or longer than the other legs the chair does not function as efficiently as it should. The aim of counseling is to help clients attain and maintain balance in their lives.

4. WII-FM.

Everyone seeks to fulfill his/her needs. The genetic instructions are the fundamental motivators of all human behavior. In other words, we all listen to WII-FM - “What’s In It For Me?”

5. Picture Album.

The inner world of wants or “all we want” world is a familiar component of the control system which is systematically explored in using reality therapy.


The counselor explores what clients want that they are getting and what they want that they are not getting. The phrase “out of balance” is used to emphasize the implicit desire to get the scale in balance by subsequent behavior.


Behavior consists of Doing, Thinking, Feeling, and Physiology as illustrated by the 4 wheels of the car. This is, of course, explained elsewhere in detail (Glasser, 1984, 1986).

8. Handle of the Suitcase.

Total Behavior can be seen as a suitcase with four levels. “Doing” is at the top. Attached to the “Doing” level is the handle, and just as the handle of the suitcase makes the suitcase easily transportable, so too, the “Doing” is the most easily maneuvered part of Total Behavior. When a person takes hold of the handle, the entire suitcase is lifted.

9. Loose Change in Pocket.

We are more aware of the “Feeling” and “Thinking” components of Total Behavior than of the “Doing” part as illustrated by many a public speaker who nervously jiggles the change in his pocket. Conversely, the audience is more aware of the “Doing” (jiggling) than the thoughts or feelings of the speaker.

10. Two Filters.

The perceptual system includes the lower level perception or recognizing the external world and the higher level perception or valuing the world in a positive, negative, or neutral manner.

11. Mirror Technique.

Effective reality therapists hold the mirror before the client and ask, “What are you doing and is it helping?” This procedure helps clients look at themselves in order to identify the element of Total Behavior known less to them (Doing) than it is known to others. This is then followed by an evaluation of the behavior. The mirror technique is a tool far more effective with many clients than merely telling them what they are doing and evaluating their behavior for them.

12. Lost Car Keys.

When many people misplace their car keys they look in the same place over and over again. The reason for this is that another behavior is not easily accessible. In other words, we repeat behaviors knowing they are not effective in getting us what we want. Thus, it is crucial to ask, “Is what I’m doing at the present time helping?”

13. Spinning Wheels.

Similar to the Lost Car Keys is the phenomenon of being stuck in snow and relentlessly depressing the accelerator of the car. In spite of the fact that it is not effective, the driver continues to spin the wheels even though this plan is not helpful and might even be counter productive.

14. SAMIC Planning.

The plan should be S - Simple, A - Attainable, M - Measureable, I - Immediate, C - Controlled by the planner, and not dependent on what others do first.

15. Chinese Bamboo Tree.

The client is taught that there might be a time lag between making plans and seeing the result. The Chinese farmer plants the seeds of the Moso tree and waters the ground for 5 years. There is no visible result from this effort. Then in the sixth year the tree grows 90 feet in six weeks. The client must often persevere patiently before seeing a result.

16. Radio Station WDEP.

When the Environment and Procedures were taught as 8 steps (Glasser, 1975) Alex Bassin, an instructor with the Institute for Reality Therapy, formulated a way to use and teach the first four steps: Involvement, Behavior, Evaluation, Planning. He suggested “IBEP” as a mnemonic useful in learning the delivery system for reality therapy. Now that the practice of reality therapy is seen in terms of process and environment, a different teaching analogy is necessary.

Both the process and environment can now be seen as a “cycle of counseling” (Wubbolding, 1988) appropriately entered at any place. Thus, Glasser (1975) asks the “mental patient”, “What’s your plan?” before asking any other questions. Consequently, the
procedures are not perceived or taught as steps to be followed in lock-step fashion. Therefore, Radio Station WDEP is a development of Bassin's ingenious idea. It is a way for trainees, parents, even elementary school students to both remember and implement control theory and reality therapy.

WDEP is a mnemonic useful in teaching the most important procedures used in reality therapy. Each of the call letters refers to a cluster of strategies: W-Wants; help the client explore his/her Wants, "the all we want world", or the "Picture Album". Related to this is exploration of the "All we know world" or "the perceived world" and identifying the out of balance scales. Included as part of the "W" is sharing wants, i.e., telling clients what the counselor wants from them such as to come to the appointment on time, give 24 hours notice for cancellation, and other wants unique to each setting. Furthermore, the "W" implies getting a commitment to counseling and increasing it if possible. (Wubbolding, 1988).

D = Direction and Doing: Discuss with the client where the Total Behavior is leading. Each element of Total Behavior can be discussed: Doing, Thinking, Feeling, and Physiology. Appropriate attention is given to each, but the emphasis is placed on the "Doing" aspect because the handle of the suitcase is attached to the Doing part, i.e., we have more direct control over the "Doing" than over the other elements of Total Behavior.

E = Evaluation: There are seven kinds of Evaluation summarized in this single letter; 1) the effectiveness of the client's overall direction; 2) the effectiveness of specific "doing" behaviors; 3) the realistic possibility of attaining wants; 4) the helpfulness of specific perceptions; 5) the degree of expected success from the present level of client commitment to counseling; 6) the likelihood of the success of the plan. Is it a good plan? Does it fulfill the characteristics of a SAMIC plan? 7) the self-evaluation of the counselor - did the counselor follow through, consult with another professional when necessary, and work within his/her limitations?

P = Planning: This procedure is the most well-known and the goal of the counseling session. The plan should have the characteristics as described above.

In summary, the use of metaphors can be useful in understanding, remembering and teaching control theory and reality therapy. Such analogies seem to utilize the previous knowledge of the workshop participant in order to add to it. Contained above are sixteen of approximately thirty-five used by the author in conducting Reality Therapy workshops.

Bibliography

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