Frequently Asked Questions and Not So Brief Answers: Part II

Robert E. Wubbolding, John Brickell

The first author is director of the Center for Reality Therapy in Cincinnati, Ohio and Director of Training for the William Glasser Institute. The second author is the Director of the Centre for Reality Therapy in the United Kingdom

ABSTRACT:

This article presents detailed answers for two questions ofren asked of teachers and practitioners of choice theory and reality therapy: What is the role of the past in the practice of reality therapy; Does choice theory and reality therapy give adequate attention to the outside world? The answers presume a working knowledge of choice theory and reality therapy, as well as previous study, reading or training in the principles of reality therapy

In a previous discussion (Wubbolding & Brickell, 2007), we provided responses for frequently asked questions such as, "What is the difference between choice theory and reality therapy?", "What is the WDEP system?", "What is the suitcase of behavior?", "Does reality therapy deal with feelings and emotions?", "How does reality therapy differ from cognitive therapy?" and "What is the meaning of the phrase, 'current reality'?"

In the current article, we present answers for two controversial questions often presented as objections to the theory and practice of reality therapy. Accurate answers to these objections are crucial to a comprehensive understanding and practice of reality therapy as well as useful for colleagues who sometimes find reality therapy a rigid and incomplete system. In our view, some objections are, in fact, based on a caricature, i.e., an inaccurate picture of reality therapy. On the other hand, some objections are rooted in misunderstandings or a narrow interpretation of the principles of reality therapy. For instance, in discussing whether reality therapy deals with emotions, Wubbolding & Brickell (2000) state, "It is quite justifiable to discuss each aspect of total behavior, not merely actions or thinking. Feelings are seen as important but they are analogous to the lights on the dashboard on the car" (p. 64). Feelings and emotions indicate a healthy or unhealthy life direction. When the lights ignite, they convey a message to the driver. Two more relevant questions are presented and addressed below.

Question #1

What is the role of the past in the practice of reality therapy? This question emerges regularly during training sessions and often ignites extensive discussion. The past obviously has an enormous influence on almost every facet of our lives. It impacts our attitudes, values, beliefs, tastes, aspirations, behavior, health and wellbeing, and much more. However, we emphasize the use of the word influence, rather than the words determine or cause. As Glasser contends (1965): "We are the sum total of our past experiences, but we don't need to be a victim of them unless we choose to be". Although this statement needs a lot of unpacking, it nevertheless provides a major stance regarding the reality therapy approach to dealing with the past that can be applied to many client/life issues. However, there are exceptions such as cases of trauma and abuse that may require specialist intervention by a qualified professional (as discussed further in this article), and a few other issues that may necessitate a review of past behaviors or life events (again discussed further in this article).

Also, for the purposes of clarity, it is important to note that we ask about the past; as in "tell me about what happened the last time you spoke to your son" or "is that the tone of voice you've always used when speaking to young people?" Or even, "Is what you've been doing helping?" But these questions refer to the *recent past,* that we perceive to be connected to the present situation or to unsatisfying relationships. Reality therapists believe that such questions about the *more recent past* reveal patterns of total behavior or other relevant information. These questions heighten clients' awareness of their more recent behavior, so that they can evaluate future alternative choices resulting in a better today and tomorrow.

Participants in training sessions who have had exposure to other methods are often troubled by a hurried explanation of the "D" question: "What are you *doing*?" The conventional and accurate answer emphasizes precision in that the *what* implies the suggestion that therapists facilitate a discussion of precise facts, i.e., what is happening in the client's life. Discussion of *doing* includes a description of actions, thinking, and feelings. Wubbolding (2008) states, "Feelings of anger, shame, resentment and guilt send a message that a client is not headed in the right direction. On the other hand, feelings of joy, altruism, comfort and compassion often indicate that the client is headed in a healthy direction" (p. 385). *Are* implies that the discussion should stay focused on current behaviors. Instructors often state, "The past is over, there is nothing that can be done about it. Let's talk only about your present life direction, current behaviors and choices." Glasser (1980a) states, "Always the emphasis is on the present-

—what you are doing now and what you plan to do in the future. This does not deny that problems may be rooted in the past" (p. 49). He also states, "Focus on the present and avoid discussing the past because all human problems are caused by present unsatisfying relationships" (2005a). Wubbolding (2000a) elaborates on this principle: "Past successes provide useful data as a basis for future effective choices, but *endless* discussion of past misery is less fruitful. Rehashing past, out-of-control behaviors serves only to increase clients' perception of the importance of problems over which they have no current control." During the first certification week held in Kuwait in May 1998, Saddiqa N. M. Hussain put it succinctly: 'The past is a springboard, not a hammock. You don't drown by falling in the water. You drown by staying in it.' " (p. 107). *You* implies focusing on the client's controllable behavior, not on external uncontrollable people, things, events in general, their environment, or their outside world. *Doing* means the conversation should center on actions and thinking, i.e., the behavior over which we have the most direct control without denying feelings and emotions.

While discussion of present behavior as the focus of interaction is an accurate reality therapy principle, it is incomplete and requires close scrutiny. A more expansive view of the principle involves the following considerations.

1. As with any theory and methodology including choice theory and reality therapy, a blind and rigid adherence to the principles takes their real life use into a realm in which clients and students become secondary, if not irrelevant. Rather than a puristic and unthinking view of theory and practice, it is more useful to expand the principles and apply them to the specific needs of clients and students.

2. Many agencies require a social history of clients. In fact, one of the best predictors of future behavior is past performance. When asked by someone for a loan of $1,000, any sensible reality therapist would seek a history of the loan seeker. Does the loan seeker have a history of failure to repay loans? Or is the request based on a solid credit record? A reality therapist hiring an associate would want to know if the applicant has a history of child abuse, or prison time for dishonest behavior. Teachers who boast, "I don't read the records or the previous teachers' comments" make a serious mistake. They not only show disdain for other professionals' measured judgments, they also can make themselves unaware of such health issues as students' asthma, epilepsy, diabetes or serious allergies as well as delinquent or possibly dangerous tendencies. Knowledge and preparedness need not lead to the self-fulfilling prophecy.

3. It has always been a point of some instructors to teach that discussion of past successful behaviors could provide encouragement, evidence of possible future improvement and a prelude to evaluation and planning. Clients come to believe, "If I did something successful in the past, I can do it again and even improve on it."

4. Clearly, a discussion of past behaviors is useful if they impinge on the present. A history of irresponsible behavior such as criminal actions, violent choices, and others relate to the present. Reality therapists can ask, "Do you want to continue the same behavior that has brought you to this current crisis?" On the other hand, exceptions to problems and past appropriate choices can serve as evidence for future effective need satisfaction.

5. Even though the action component of an experience is past, the emotional and cognitive effects can continue to be present. An adult who was abused as a child sometimes experiences emotional turmoil for many years. The past experience also lingers in the cognitive memory and is reflected in such self-talk statements as, "I can't relate to people of the opposite sex." A soldier experiencing the tragedy and horror of combat sometimes experiences the emotional and cognitive after-effects for decades. Thus, even though the action component of the experience resides in the past, still the experience is quite present. Consequently, dealing with post traumatic stress requires more than the simplistic implied injunction, "Improve your relationships and your PTSD will vanish."

   Indeed, the effective and ethical treatment of past trauma, including abuse and PTSD necessitates specialized training and qualification that is not inherent in the reality therapy certification program. However, the necessity to *repeatedly* relive past traumas is not a requirement for successful treatment. The advent of relatively recent psycho-neurological techniques (Griffin & Tyrrell, 2003; Morter, 1998; Shapiro, 2004; Smith & Sumida, 2003; Williams 2002;) minimize, and in many cases, neutralize the psycho-physiological impact of past traumas and memories, has demonstrated that effective trauma treatment can be remarkably short-term and does not necessitate repeatedly revisiting past traumatic events.

   Additionally, Ellsworth (2007) states, "....when using reality therapy a counselor does not have clients relive the abuse and trauma. Two exceptions of reviewing the past exist when, (1) a client has not told the story before and been supported, or (2) a client wants to verbalize the story in order to deal with shame issues" (p.16).

   Sometimes a discussionof past behavior enables the counselor to gain the client's confidence and improve the therapeutic relationship. The artful use of reality therapy also provides a tool for leading clients to better human relationships.

6. At times, clients *insist* on discussing their past. Even if the therapist sees such a discussion as unnecessary, it can be useful in establishing and maintaining a relationship with the client. The skilled reality therapist leads clients to a better place but needs to start with clients where they are. Counselors facilitate the counseling relationship when they assist clients with *their* agenda, not with the therapist's agenda. Moreover, with some clients, the goals are limited to helping them feel good. Many older people wish to discuss "the good old days"; they have pleasant memories, and have humorous tales to tell, and the best therapist is often the person who listens to their stories and appreciates them. This "reminiscence therapy" allows the person to once again be the center of attention, satisfy a need for belonging, focus on successful behaviors rather than on current limitations, and enjoy the encounter with a counselor or a friend.

Consequently, the skillful reality therapist strikes a balance between an unending discussion of past experiences and dismissing them as non-therapeutic. It is of little use to imply that the endless repetition of past experiences, especially past misery, is the epitome of counseling. Clients, in fact, feel disempowered if they come to the belief that resolution of current pain somehow results from the rehashing of past unhappy experiences. On the other hand, dismissing or minimizing the past as completely irrelevant and meaningless can demean the important life experiences of clients. Moreover, past action-experiences, e.g., trauma, often have long-lasting cognitive and emotional consequences. The past is not only prelude. The past is present.

Emphasizing the present without diminishing the importance of past experiences sends a subtle message to clients, a meta-communication that there is hope, that life can be better, and that "proper planning produces proud performance" (Wubbolding, 2006).

Question #2

Does choice theory and reality therapy give adequate attention to the external world? What role does clients' and students' life environment play in theory and practice?

The answer to the first question is "yes" and "no". From the early days of reality therapy, behavior has been viewed as chosen. In describing the helper's role, Glasser (1965) implied that even mental patients have the power of choice. "Our job is to help the patient help himself to fulfill his needs right now" (p. 46). More recently, Wubbolding (2000b) states that behavior as a choice is emphasized in Glasser's significant work, *Control Theory* (1985). Because of the central place of choice in the theory Glasser changed the name of the theory to "choice theory" (1998, 2005b).

Because of the centrality of free choice in choice theory and reality therapy, some have concluded that the external world is irrelevant or easily managed if we would only learn choice theory, attend a focus group or read a book on this topic. Murdock (2004) states, "Reality therapy does not seem to take these phenomena into account. Glasser would probably say that going along with the crowd is more a result of a failure to wake up and make choices than to any magical power of social forces" (p. 273). While not agreeing with this criticism, Wubbolding (2008) cautions users of reality therapy, "Dismissing the influence of other factors gives the counselor tunnel vision and may result in therapy being less successful than it would have been with a wider view" (p. 390).

Consequently, the following considerations provide an alternative perspective on choice theory and reality therapy.

1. Originally, even before the use of the term "control theory", the justifying theory for reality therapy was called "behavior, the control of perception" (Glasser, 1980b). The interaction between behavior and the external world determined perceptions. Consequently, the external world and its responses exert an enormous influence on how people see the world, what they want, and how they perceive their needs will be met. It is entirely true, however, that *in practice* some reality therapy practitioners too casually dismiss the influence of the outer world.
2. The external or outer world consists in family, friends, neighborhood, school, country, and culture. A person growing up in Seoul, Korea or Johannesburg, South Africa has a worldview very different from a person in suburban Chicago or El Paso. These individuals see their choices from quite different perspectives.
3. The impact of the external world might even be harmful. A person raised in an abusive family, a neighborhood saturated with crime and gangs or, on the other hand, in a nurturing family with a mother and father in the home experiences a wide variety of memories, feelings, self-talk as well as radically different viewpoints regarding their choices.

Therefore, implementing choice theory and reality therapy is an artful process that takes into consideration the worldview of clients and students as well as empowering them by opening choices and presenting alternatives.

SUMMARY

The advanced use of choice theory and reality therapy allows the helper to discuss the past when necessary, acknowledge students' and clients' outer world, listen to their pain, give their "real world" its proper due and help them acknowledge that no matter how serious their limitations, they still retain the power of *at least* some choice.

REFERENCES

Ellsworth, L. (2007). *Choosing To Heal; Using Reality Therapy in the Treatment of Sexually Abused Children.* NY: Routledge.

Glasser, W. (1965). *Reality therapy.* NY: Harper Collins.

Glasser, W. (1980a). *Reality therapy.* In N. Glasser (Ed.), What are you doing? NY: Harper Collins.

Glasser, W. (1980b). *Stations of the mind.* NY: Harper Collins.

Glasser, W. (1985). *Control theory.* NY: Harper Collins.

Glasser, W. (1998). *Choice theory.* NY: Harper Collins.

Glasser, W. (2005a). *How the brain works* (Chart). Chatsworth, CA: The William Glasser Institute.

Glasser, W. (2005b). *Defining mental health as a public health issue.* Chatsworth, CA: The William Glasser Institute.

Griffin, J. and Tyrrell I. (2003). *Humans Givens; A New Approach to Emotional Health & Clear Thinking.* Chalvington, East Sussex, United Kingdom: Human Givens Publishing Ltd.1

Morter, M.T. (1998). *The Healing Field.* Rogers, Arkansas: B.E.S.T. Research Inc

Murdock, N. (2004). *Theories of counseling & psychotherapy: a case approach.* Upper Saddle River, NJ: Merrill/Prentice Hall.

Shariro, F. (2004) *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress and Trauma.* NY: Basic Books.

Smith, D. and Sumida, L. (2003). *The Extraordinary Within.* Vancouver, Canada: Excelanation Ltd

Williams, R. (2002). *The Missing Peace In Your Life.* Memphis, Tennessee: Myrddin Corp.

Wubbolding, R. (2000a). *Reality therapy for the 21st Century.* Philadelphia, PA: Brunner Routledge.

Wubbolding, R. (2000b). Reality Therapy. In A. Horne (Ed.), *Family counseling and therapy* (3rd ed., pp. 420-453). Itasca, IL: Peacock.

Wubbolding, R. (2006). *Reality therapy training manual.* Cincinnati, OH: Center for Reality Therapy.

Wubbolding, R. (2008). Reality therapy. In. J. Frew & M. Speigler (Eds.), *Contemporary psychotherapies for a diverse world.* (pp. 360-396). Boston, MA: Houghton Mifflin.

Wubbolding, R., & Brickell, J. (2000). Misconceptions About Reality Therapy. *International Journal of Reality Therapy, 19*(2), 64-65.

Wubbolding, R., & Brickell, J. (2007). Frequently Asked Questions and Brief Answers: Part I. *International Journal of Reality Therapy, 27*(1), 29-30.

Questions or comments may be addressed to the first author at wubsrt@fuse.net