

Modality: Reality Therapy

Brief introduction to fifteen answers* (Revised after EWOC meeting in Vienna, Feb. 2008)

Reality therapy (RT) is relatively less known in the European psychotherapeutic circles; therefore, it is not unusual that even experts on western European psychotherapeutic scene, are not familiar with it. Being aware of the fact, I would first like to introduce the author of RT and the efforts of the European RT institutes and associations who are trying to bring into line the training of RT modality and education to the EAP standards.

About the Author of Reality Therapy – Willam Glasser, M.D.

Dr. William Glasser is an internationally recognized psychiatrist who is best known as the author of Reality Therapy, a method of psychotherapy he created in 1965 and that is now taught all over the world.

Born in 1925 in Cleveland, Dr. Glasser attended medical school at Case Western Reserve University in Cleveland, and took his psychiatric training at the Veterans Administration Hospital in West Los Angeles and UCLA (1954-57). He became Board Certified in 1961 and was in private practice from 1957 to 1986.

Dr. Glasser's path has been one of a continuing progression from private practice to lecturing and writing -- ultimately culminating in publication of over twenty books. After writing *The Mental Health or Mental Illness* (Glasser, 1961), *The Reality Therapy a New Approach to Psychiatry* (Glasser, 1965), and *Positive Addiction* (Glasser, 1972) he started to develop a theory of the internal control of behavior and greatly expanded the understanding of motivation, behavior and therapy resulting in additional works: *Stations of the Mind* (Glasser, 1980), *Taking Effective Control of Your Life* (Glasser 1984) *Choice Theory* (Glasser, 1998), *Reality Therapy in Action* (Glasser, 2000). Leading to his most recent works *Warning: Psychiatry Can Be Hazardous to Your Mental Health* (Glasser, 2003), and a booklet *Defining Mental Health as a Public Health Problem* (Glasser, 2005) - primarily offering a new resource for mental health professionals focused on helping people improve their mental health and happiness.

Dr. Glasser's approach is non-traditional. He suggests that a vast array of mental disorders and emotional distress (including many of the disorders described in the DSM IV) are caused by our human needs being severely frustrated, threatened or violated in some way, and in particular the need for **love and belonging**. He contends that the distress of such perceived loneliness, emptiness and sense of powerlessness cannot be tolerated or suppressed indefinitely by human beings, and given time, may express itself as a mental, emotional and/or physical symptom or disorder. Many such symptoms or mental disorders are described in the DSM IV.

By 1980, he had begun to form the idea that led to Choice Theory: why so many people are unhappy in their relationships. Unlike all other living creatures, only human beings are genetically driven by the need for power. We try to satisfy that need by using what he calls, 'external control psychology' (the belief that we can control other people's behaviour against their will) – literally trying to force people to do what we want them to do. This struggle has led to the symptoms described in the DSM-IV. Dr. Glasser teaches that if we can't figure out how to learn to satisfy our power need by respecting each other, our days on earth are numbered. He offers 'Choice Theory' to replace 'external control' and has dedicated the remainder of his life to teaching and supporting this idea.

In 1967, he founded The Institute for Reality Therapy. Since then, thousands of people worldwide have taken intensive training to gain knowledge on how to apply his ideas in their professional life. They have discovered that by using choice theory, their personal relationships have improved as well.

Reality therapy has a fortunate theoretical ground in profound Choice Theory; it provides possibility to use some of its principles not only in psychotherapy and clinical counselling but also in many other supporting professions and everyday life situations. We believe that this feature of *reality therapy and choice theory* is rather an advantage than disadvantage.

Dr. Glasser maintains a very active schedule and is a much sought-after speaker nationally and internationally. Some of his many accomplishments are as follows: listed in Who's Who in America since the 1970s; in 1990 awarded an honorary degree of Doctor of Humane Letters, Honoris Causa from the University of San Francisco; in 2003 presented with the ACA Professional Development Award recognizing the significant contributions made to the field of counselling; in 2004, presented with the "A Legend in Counselling Award" by the ACA; in January, 2005, presented with the prestigious Master Therapist designation by the American Psychotherapy Association; and finally, in 2005, presented with the Life Achievement Award by the International Center for the Study of Psychiatry and Psychology for his enormous influence as a psychotherapist and author.

Matching the Reality Therapy Training and Education to the EAP Standards

Systematic training of Reality Therapy (RT) in Europe began in former Yugoslavia in 1984; a year after that in Ireland, too. In 1988, Yugoslav RT Association was set up; however, after the disintegration of the country, Association for RT in Slovenia and Croatia was founded in 1992. The same period saw the organization of RT in Ireland and the UK. In 2004, Bosnia and Herzegovina joined in. Finland joined in 2006

After EAP had been set up, RT Association –Slovenia (RTAS) and its members played an important role in establishing NUO and NAO in Slovenia. The author of this text, along with the president of NUO/NAO Slovenia, Janko Bohak, took active part in it attended the assembly meeting of EAP in Rome in 1997, where they gave their support to the foundation European Certificate of Psychotherapy.

European RT national organizations set up **European Association for Reality Therapy (EART)** on November 24th 1999. EART currently comprises 6 European countries and therefore, we are applying for the recognition of EART as EWO.

In order to comply with EAP standards for psychotherapy EART, having received the consent by WGI, complemented the original American program. In the William Glasser Institute and its branch institutes all over the world Reality Therapy is taught in two phases: a five-part sequential course of study leading to Reality Therapy Certification (Phase One) and continuing professional special training for WGI faculty (Phase Two). In Europe the EART has added to Phase Two an integral specialized training for psychotherapists. Both phases last at least five years after university studies are completed.

Owing to this fact and on the basis of RT modality as well as some perceivable accomplishments of long standing practices European Certificate for Psychotherapy (ECP) has been given to 9 people in Slovenia, 8 in Croatia and 1 in Bosnia and Herzegovina. (via GAP). ECP was obtained by 10 psychologists, 6 social workers, 1 psychiatrist and 1 medical doctor; they all use Reality Therapy.

The newly founded Slovene institute at Sigmund Freud University in Vienna, which has organized its first lectures in 2006/07, has already included RT modality into its course.

* These answers relate to: CRITERIA FOR SCIENTIFIC VALIDATION ESTABLISHED BY THE EAP.

Any method or modality in psychotherapy must be recognized by the EAP (European Association for Psychotherapy) as scientifically validated in order for the method or modality to be accepted as an EWO (European Wide Organization).

Answer to QUESTION 1

Please provide evidence that the Reality Therapy has clearly defined areas of enquiry, application, research and practice

The theoretical basis for Reality Therapy is **Choice Theory**. It attempts to explain both the psychological and physiological behaviour of man. In Choice Theory these two aspects of behaviour are combined and called **total behaviour**. Dr. Glasser suggests that the key to understanding ourselves as human beings, and to developing strategies for helping those in difficulty, is to examine individual behaviour. Choice Theory has a specific understanding of behaviour. It sees all behaviour as “Total Behaviour”, that is it is made up of four components which are present at all times. These components are Doing (Actions), Thinking (Cognition), Feeling and Physiology. These components make up a behavioural system, constantly interacting with each other. If one component changes, the others change too. There are two components easier to access and to be controlled by willpower. These are the Doing and the Thinking component. Feeling and physiology, although equally important, are not so amenable to change by direct decision.

Telling a depressed person to “cheer up!” is not likely to achieve the desired results! However, if the client undertakes new behaviours which satisfies his or her needs, then the possibility of moving out of depression is enhanced, as it is if the client is willing to take action to help them restructure the cognitions that hold the depressed mood in place. The therapeutic power of choosing new thoughts (cognitive restructuring) in the process of moving from negative emotions is well demonstrated in the Cognitive-Behavioural therapies. Reality Therapy / Choice Theory looks to the “Doing” component of Total Behaviour as the preferred area of intervention. If the client chooses to do something different which satisfies his or her needs, then that change should have an impact on all aspects of the person’s life, including the thinking, feeling and physiological aspects of the client’s Total Behaviour. This is holistic understanding of human being in Choice Theory that avoids mind – body duality.

The Choice Theory is based on meta-theory that describes the behaviour teleologically (natural teleology) as varied by the organism in order to control its own inputs. According to this almost all important behaviour is chosen, and we are driven (probably genetically) to satisfy five basic needs: *survival, love and belonging, power, freedom and fun*. These needs are developed phylogenetically. All the choices are an ongoing attempt to act on the real world (as we perceive it) so that it coincides with a small, simulated world that we built in our memory called **quality world**.

The concept of the ‘Quality World’ is a central idea in Choice Theory psychology. This is Dr. Glasser’s name (construct) for all the experiences that a human being finds need-satisfying in his or her life, from birth or possibly even before. Quality world is developed ontogenetically. Each of the five basic needs expresses itself in the development of one or (almost always) many more specific pictures of how that need might be satisfied. Each person’s Quality World has in it people, things, experiences, ideas, beliefs, etc., which either have proven from experience to bring some degree of happiness to the individual, or which the individual believes would bring such happiness. Our lives are driven by these quality world pictures, and all our behavioural choices are our best attempt to realise one or more quality world pictures. With Carl Rogers we believe that “Man’s behaviour is exquisitely rational, moving with subtle and ordered complexity toward the goals his organism is **endeavouring to achieve**” (On Becoming a Person; 1961) Reality Therapists also understand Rogers when he states in the same paragraph, of “the natural and internal balancing of one need against another, and the

discoveries of behaviours which follow the vector most closely approximating the satisfaction of all needs.”

The quality world is the core of our lives. We are continually in the process of modifying it so that it reflects what we want now. When we cannot satisfy our basic needs, we are frustrated; when the frustration (the difference between perceived and quality world) lasts too long or/and is very strong we use blind, *creative behaviour* to overcome this difference.

In practice, the most important need is *love and belonging*, as closeness and connectedness with the people we care about is a requisite for satisfying all of the needs. Choice Theory is offered to replace *external control psychology*, the present belief of almost all the people in the world that we can control the behaviour of our fellow man even against his will. Unfortunately, this forcing, punishing psychology is destructive to relationships. When used in a relationship it will always destroy the ability of one or both to satisfy their basic needs and to find satisfaction and happiness in that relationship, and will result in people becoming disconnected from those with whom they want to be connected. Disconnectedness is the source of almost all human problems, such as what is called mental illness, drug addiction, violence, crime, school failure, spousal and child abuse, to mention a few.

In RT we **enquire** the present satisfaction of the basic client’s needs, how realistic our pictures in the quality world are, what ineffective ways he or she uses to satisfy these wants in the social context as well as teach them, via demonstration and practice, how to reconnect with people and meet the basic needs. In reality therapy we enquire how to provide the conditions that will help clients develop the psychological strength to evaluate their present total behaviour that does not satisfy basic needs and choose better ways.

As most of the psychotherapeutic modalities (including very famous and established ones) regarding basic propositions of Choice Theory and Reality Therapy have not strong validating evidence in the frame of experimental methodology. The same is with the basic propositions of Choice Theory. However, Glasser has always believed and experienced that our behaviour is purposeful and our motivation intrinsic and his encounter with W. Powers’ Perceptual Control Theory (the model strongly supported by research and experiments) gave him the scientific explanation how the purposeful behaviour works.

Dr.Glasser first developed RT mainly on the basis of his clinical practice and not so much through a methodologically 'pure' scientific **research**; later he has construed the Choice theory. He has created a 'Diagram of Brain as a Control System' to transmit the ideas of the choice theory and reality therapy in the shape of the model the science prefer. However, as psychiatrist and psychologist he continues to develop the theory in the sense of hypothetic-deductive theory (Marx, 1963): Initial experiences > postulate formation > deduction from postulates > leads up to empiric facts > verification of correspondence among facts and postulates > correction of postulates, etc. Quality of the Choice theory and RT is thus subject to constant growth and verification.

The choice theory is not only internally consistent and open to constant growth. It is also a kind of a model of human behavior and man’s relationship with his environment and himself, which can be understood by anyone and verified by scientists. Observed behavior is not a deduction from past patterns of behavior but from the way of present co-operation between individual subsystems within a system and the outer world. Perhaps it does not suit all the requirements of the model in physical science but this has probably not been the Glasser's intention in any case.

Besides, here is also ‘subject – object’ problem. “We can no longer look at a fact as something revealed by itself. We need to recognize it as something perceived, evaluated, observed, analysed and dependent on some system which is very similar to the observed system. In a research process, we can no longer avoid the psychological characteristics of the researchers themselves. We need to set at least a minimum requirement for a model if it is to be generally accepted as well as applied to his creator.” (J. Musek, 1982)

Most of Glasser’s assumptions in the field of human relationships and helping people are confirmed by different models of behaviour – especially the models pursuing the ideas of the cybernetics of the ‘second order’ and some discoveries of the neuroscience like those of ‘mirror cells’ (Bauer, 2005) responsible for compassion and empathy. This is a great commendation to the Choice Theory that represents a basis for the psychotherapeutic method of RT.

Contemporary RT is based on circular causality and belongs to the therapies based on systemic-evolutionary approach to human behaviour. The discoveries of cybernetic and systemic theories about how living organisms control the environment have revealed to Glasser why reality therapy is so efficient. Since the invention of RT has derived from his psychiatric practice he has retained and developed some constructs that make Choice Theory understandable not only to therapists but to clients as well (basic needs, quality world, perceptual filters, comparing place, frustration and creativity, total behaviour, feedback loop). Glasser has never declared which specific theoretical approach the Choice Theory belongs to, retaining thus the possibility to change his postulates whenever empiric facts do not support them (according to hypothetically deductive kind of theory described earlier).

We can say that basic postulates of the Choice Theory are conceptually proved (conceptual method) and they have strong indirect evidence in the researches of systemic theories.

For the evidence of the efficacy of RT we use research procedures already developed, such as, pre and post test, control groups, meta-analysis reviewing etc.

Reality Therapy has been used in virtually every kind of setting from private practice to mental hospitals and prisons. In private practice it is usually used as a short term approach but in institutions it is used as long as clients are required to be in the program. The method is applied to individual, small groups and family therapy alike.

Reality Therapy is **applicable** to a wide range of problems, from suffering because of disturbed relations, psychosomatic difficulties to psychiatric disorders.

Answer to QUESTION 2

Please provide evidence that the modality has demonstrated its claim to knowledge and competence within its field tradition of diagnosis / assessment and of treatment / intervention

Our claim to knowledge in diagnosing and assessing presenting problems is evidenced by Dr Glasser's writings as they have developed his theories over the past forty years, and the writings of those who have followed him, e.g. contributors to the International Journal of Reality Therapy. Beside many awards listed at the beginning of this paper (The Brief introduction to fifteen answers) Dr. Glasser has received – he is also the Board member of American Psychotherapy Association.

Central to that knowledge is Choice Theory, our understanding of human psychology, which is the model of human behaviour and personality that informs our assessments and our choice of therapeutic interventions. Reality Therapy/Choice Theory is taught in many universities and colleges around the world. Our claim of competence in our treatment is evidenced by our comprehensive training programmes, which, when Faculty Training and the Post Certification Programme are included, we believe matches the standards of the EAP for the award of the ECP. The model is most widely used in Addiction Treatment centres around the world. Competence is also evidenced in the research findings on the effectiveness of RT/CT

The training for the reality therapist matches the EAP quantitative, qualitative and ethical standards. Besides education prerequisites the training consists of theory, supervised practice, personal psychotherapeutic experience and experiences in a mental health settings or equivalent.

Altogether specialized training without previous university studies last at least 5 years or 2070 hours. The instructors, supervisors and practitioners who offer personal psychotherapy are all members of William Glasser Institute, and holders of the ECP.

(See more in the answer to Question 8)

Answer to QUESTION 3

Please provide evidence that the modality has a clear and self-consistent theory of the human being, of the therapeutic relationship and of health

On the basis of constructs and axioms of Glasser's choice theory one can answer the author's understanding of personality in general as well as the theory of illness (the origin and reasons for the psychopathological behaviour and the theory of cure (understanding of diagnostics and psychotherapy). (See also the answer to the question14)

PERSONALITY THEORY

Personality theory must answer four basic questions (Rychlak, 1981): (a) what is the essential structure of personality or what is the substitute for it? (b) On what basis does this structure act or behave? (c) Does this structure change over time, and if so, in what way? (d) How do we account for the variety of human behaviour among different individuals?

a) Structural construct of personality In the Choice Theory the personality is understood as a predominant mode of behaviour, either newly created by an individual or taken from his arsenal of already tested behaviours in order to bring the external world as perceived closer to the images of his quality world which have been empirically chosen to satisfy his genetic needs (innate drive).

Understanding human being as the controlling system which controls outside variables of the world it should have: (-) some previous, inherent 'directions' for what to control (like basic needs: food, oxygen and other physiological needs as well as basic psychological needs); (-) perceptual system to perceive external world; (-) comparative system to compare the difference between the perceived world and specific want gathered in the quality world; (-) some way to correct the abovementioned disturbing differences by acting on the world outside through the system of total, flexible and creative behaviour. This structure meets the requirements to explain human attitude to its environment in the circular causation and purposive behaviour.

By our nature as members of the human race, individuals and groups of individuals seek to fulfil five **basic needs**. These five genetically encoded needs are: (a) *Survival*, self-preservation, health, physical sub-needs such as nourishment, oxygen, etc. (b) *Love*, belonging, or involvement with people. This motivator ranges from intense intimacy to transient acquaintanceship. Glasser believes that the need to love and to belong is the most important need because we need people to satisfy the other needs. As the need for love and belonging is also genetic, its fulfilment also ensures quality relationships with other people. (Dr Glasser's sometimes defines personality parenthetically as a dominant mode of behaviour in establishing relationships with other people). (c) *Power*, accomplishment, self-worth, achievement, inner control, self-esteem, etc. is distinctively human need. (d) *Fun* or joy (also learning new skills, cognizing new things); lifelong need characteristic only for human beings (e) *Freedom*, independence or autonomy.

We are descendants of our ancestors who were **strong** enough to avoid being extinct; who **cooperate** with other fellow human beings in such a way that even the worst living conditions couldn't prevent them from ensuring themselves the essentials for their living; who were those our ancestors in Altamira, who were, in their free time, able to **have fun** levelling at drawn animals, which later made them successful hunters; who were able to 'freely' test and try out different possibilities of satisfying their needs in their specific environment. It is very likely that our human race has, though a range of different variants of descendants and selection due to the chances of their survival in different living conditions, retained some instructions in its transmissible gene – cooperate, be strong, don't let others prevent you from trying to find new solutions, learn new skills through having fun. Glasser does not list the needs hierarchically as A. Maslow does. They relate to survival and are as important for a human being as the survival itself.

Thence the risk of life to appease the need for freedom, love, worth and even joy. Moreover, the fact of much greater importance is that for this reason we cannot manipulate (control) another man's behaviour since we never know for sure which need he is trying to fulfil at the particular moment. We are facing a paradox according to which people may lose their lives trying to fulfil the needs evolved from their effort to survive.

“These five sources of human behaviour are not specific. On the contrary, they are general. Nor are they limited to a single culture. The diversity of people studying the choice theory and reality therapy manifests the universality of the 5 needs as well as the wide appeal of the theory and practice.” (Wubbolding, 2000)

We interact with our environment and find that some parts of the world satisfy our basic needs and others do not. Consequently, we take this information and build inside of our minds a file of wants, specific ‘pictures’ of people, beliefs, activities, events, situations, etc. That conglomerate of everything what feels good Glasser calls *Quality world*.

He wrote (Glasser, 1998): “Throughout our lives, we will be in closer contact with this world than with anything else we know. Many of us know what’s in to the minutes detail, but very few of us know that it, itself, exists...If we knew it existed and understood the vital role it plays in our lives, we would be able to get along much better with each other than most of us do now.” Quality worlds are unique to each person and dynamic. They change in the course of time.

In efforts to control external variables to match our wants in the quality world we have to perceive outside world. *Perceptual system* consists of sensory system and two additional ‘filters’: *knowledge filter* and *valuing filter*. Our senses can offer reduced picture of the reality. Nevertheless, we store, through our experiences a huge number of perceptions in the perceived, ‘*all-we-know-world*’.

“When we compare a desired perception or want with a current perception of what we have, we generate behaviour if the two are not aligned. Thus the output and input loop is complete. We apply behaviour to the world around us for the purpose of gaining a specific perceptual input. This loop continues to function as long as we are alive.” (Wubbolding, 2000)

To fulfil quality world wants (in the given circumstances) we generate *total and creative behaviour*. It is always purposeful and therefore – teleological. We call it total because it is composed of four components (actions, thinking, feeling and physiology) consistently running though we are more aware of one than another in different situations. It also means that mental and physical are inseparable.

Total behaviour is best seen as analogous to the car. The actions and thinking components represent front wheels of the car. We can control them by the steering wheel. The physiology and emotions represent back wheels. The back wheels come after the front wheels. Choosing our actions and our thinking we indirectly define also our emotional and physiological health.

The ‘blind’ **creativity** of human behaviour in the choice theory which results in inventions, art, etc. on the positive side and mental symptoms, suicides, illness etc. on the negative side, got its confirmation in W. Ashby’s concept of ‘ultra-stability’ and W. Powers concept of the reorganization system. (This system helps deal with a ‘little-man-in-the-head’ problem.)

“Ashby’s ultra-stability exists when a system is capable not only of feedback control of behaviour affected perceptions, but of altering the properties of the control systems, including how they perceive and act, as a means of satisfying the highest goal of all: survival”... (W. Powers, 1973)

b) Motivational construct or: on what basis does this structure act or behave? There are genetic basic needs developed through phylogeny and the possibility of satisfying these needs in the present through ontogenetic development of individual ‘quality world’ with specific

wants (pictures) and the possibility of choosing all the important behaviours. While the needs and wants are the foundational motivational sources of behaviour, they do not directly produce behaviours. The proximate source of all choices lies in a gap, a difference, a discrepancy between "a want and a got." When we perceive an unsatisfied want, we then choose to take action, think thoughts, generate emotions, and produce physiological processes. All his life long, a person is demonstrating a behaviour that has the purpose of satisfying all basic needs even when this behaviour seems inefficient to an unbiased observer.

c) **Time perspective construct** or: does this structure change over time, and if so, in what way? A human being develops his quality world (wishes or pictures) along with his biological development, experience and creativity. Constantly choosing different ways he or she behaves he or she is discovering how efficient his or her behaviour is with regard to the adjustment of the 'external' world to his or her quality world. A new-born child 'chooses' the behaviour he knows – screaming – in order to satisfy his needs to survive, asking mostly for food and warmth. As he grows, he discovers new behaviours and develops new pictures in his quality world available to satisfy his needs – laughter, walking, speech etc. Still new experiences further expand his range of behaviours and quality world. However, the behaviours are not necessarily the most efficient for an unbiased observer neither are wants always acceptable for other people.

Beginning shortly after birth and continuing throughout our lives, we are keeping a close track of anything we do and make us feel good. This knowledge is stored in our inner 'quality world'. The quality world represents the desired, purely personal inner world of 'pictures' that satisfies the five basic needs of an individual. Unique to each person they can be unmistakably clear, blurred, prioritised realistically attainable or beyond reach, sometimes in conflict with others' wants, but they are always personal. Thus we do not satisfy our needs directly. An individual will strive, his whole life long to change the real world in which he lives into a world which resembles his personal quality world the most, using his actions, thoughts, emotions and physiological processes.

Counsellors and psychotherapists implementing reality therapy, often begin by helping clients identify and clarify their wants. This is done artfully, sometimes indirectly and always in a manner demonstrating empathy, respect, and a desire to assist clients in their life journeys.

d) **Individual-differences construct** or: How do we account for the variety of human behaviour among different individuals? Apart from biological diversities and diverse environments in which individuals live, various ways of personality development are decisively affected by individual choices of behaviour chosen by individuals given diverse biological characteristics set in diverse circumstances. Individuals thus develop specific *quality worlds*, which again influence the difference between individuals. At that point, choice theory coincides with A. Adler's opinion that the question 'how do genetics and the environment define what shall become of a person' should be changed into 'how has a person used genetics and environment in order to become what he is now'. (A. Adler, 1999)

Answer to QUESTION 4

Please provide evidence that the modality has methods specific to the approach which generate developments in the theory of psychotherapy demonstrate new aspects in the understanding of human nature and lead to ways of treatment / intervention

Congruent with the Choice Theory the reality therapist nowadays uses these strategies and methods according to its author:

- Focus on the present and avoid discussing the past because almost all human problems are caused by unsatisfying present relationships.
- Avoid discussing symptoms and complaints as much as possible since these are the ways that client choose to deal with the frustrations caused by unsatisfying relationships.
- Understand the concept of total behaviour, which means focus on what clients can do directly – act and think. Spend less time on what they cannot do directly; that is, change their feelings and physiology. Feelings and physiology can be changed, but only if there is a change in the acting and thinking.
- Avoid criticizing, blaming and/or complaining and help clients to do the same. By doing this, they learn to avoid these extremely harmful *external control* behaviours that destroy relationships and radically diminish the possibilities to satisfy the basic needs.
- Remain non-judgmental and non-coercive, but encourage people to judge all they are doing by the Choice Theory axiom: *Is what I am doing getting me closer to the people I need?* If the choice of behaviours is not getting people closer, then the counsellor/psychotherapist works to help them find new behaviours that lead to a better connection.
- Teach clients that legitimate or not, excuses stand directly in the way of their making needed connections.
- Focus on specifics. Find out as soon as possible who the clients are disconnected from and work to help them choose reconnecting behaviours. If they are completely disconnected, focus on helping them find a new connection.
- Help them make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate their progress. Based on their experience, counsellors/psychotherapists may suggest plans, but should not give a message that there is only one plan. A plan is always open to revision or rejection by the client.
- Be patient and supportive but keep focusing on the source of the problem, disconnectedness. Clients who have been disconnected for a long time will find it difficult to reconnect. They are often so involved in the symptom they are choosing that they have lost sight of the fact that they need to reconnect.
- Help them to understand through teaching them Choice Theory and demonstrating warm, trusting client-therapist relationship that whatever their complaint, accepting the Choice Theory convictions and reconnecting is the best possible solution to their problem.

As Peter R. Breggin, M.D., Director of the International Center for the Study of Psychiatry and Psychology writes: "Dr. Glasser's therapy is based on inescapable truths: meaningful relationships are central to the good life, the choices we make will determine their quality, and we can create them only if we take responsibility for ourselves not controlling other people." (Glasser, 2000)

Answer to QUESTION 5

Please provide evidence that the modality includes processes of verbal exchanges, alongside an awareness of non-verbal sources of information and communication.

Reality Therapy is composed of two generic, inseparable, and overlapping components: a) environment and b) procedures, or specific Reality Therapy interventions.

a) Environment. Therapeutic change is rooted in the therapist/client relationship, and is based on the climate or atmosphere established by the counsellor. An environment characterized by trust, respect and hope for a better future is appropriately firm, fair, and friendly. Helpful therapist behaviours include behaviours common to many therapy methods. Several examples illustrate facilitative ways for gaining client trust and communicating hope: a) using attending behaviours... b) willingness to unwaveringly search for the positive past successes, i.e., the enthusiastic pursuit of something upon which to build communicates to clients a sense of hope and confidence. c) Suspending judgment: As in all therapy reality therapists avoid condemning and criticizing without agreeing with ineffective behaviour. d) Paradoxical techniques - existing long before Reality Therapy, reframing and other paradoxical techniques have long been a part of Reality Therapy. Seeing clients' behaviour as their best effort reflects an underlying principle of Reality Therapy. Even ineffective behaviours are clients' best solutions to their frustrations; e) Using humour, f) Listening for metaphors and themes, as well as other techniques... are practical tools for establishing and maintaining the foundation for change: the therapist/client relationship. The effectiveness of the therapist in focussing on the verbal and non-verbal communication of the client for enhancing the therapeutic alliance depends on counsellor' skill, a positive spirit of intent, inner congruence, and spontaneity (Wubbolding & Brickell, 1998). These qualities can be developed through study, practice, and supervision, and form a significant element of our training programme.

b) Procedures: Within the safety of the therapeutic relationship, the client is encouraged to tell his/her story. As the therapist listens, he/she draws on his/her knowledge of Choice Theory to choose the interventions that may best move the client more quickly towards a more effective and happy life. He/she encourages the client to understand the underlying needs and wants that are driving the client's behaviours, to examine the choices he/she is making in his/her efforts to meet those needs and wants, to self-evaluate the effectiveness of these choices and to plan for new choices that might bring him/her closer to the life he/she wants. During this process, the therapist is also teaching the client Choice theory, which invites the client to radically change the way he/she perceives the world, to move towards a new understanding of self and others which will enable them to lead a fuller and happier life beyond the therapeutic relationship.

All of this is in the context of a helping relationship, which draws on the therapist's skills and expertise in using and responding to verbal and non-verbal communication skills in a subtle, sensitive and complex manner.

Evidence that the modality includes processes of verbal and non-verbal sources of information might include the following: Dr. Glasser's demonstration videos; the three case study books ("What are you doing?", "Control Theory in the Practice of Reality Therapy", and "Counselling with Choice Theory") which demonstrate Reality Therapy in practice, and

the therapeutic skills development modules of our training programme, where the key training methodology is participant role-play, focussing on verbal and non-verbal communication skills in the therapeutic relationship.

Building on the environment, the counsellor/client relationship, the procedures provide a system from which to extract appropriate interventions. As Wubbolding states, ‘The skills used in establishing an environment conducive to change spill over to those used in the delivery of procedures, still there are clearly identifiable interventions that constitute the essence of reality therapy’... (Wubbolding, 2000)

Answer to QUESTION 6

Please provide evidence that the modality offers a clear rationale for treatment / intervention facilitating constructive change of the factors provoking or maintaining illness or suffering.

Basic Principles of Choice Theory:

We have to redefine our relations with others to improve our connectedness with people we need. When we realize that the events in the environment do not match with qualities in our quality world – most amenable to our control is our own behaviour, not the behaviour of our fellow man. The only behaviour we have a chance to control is our own. If the fellowmen is willing to suffer severe punishment or death, no one can make him do anything he doesn't want to (martyrs, unsuccessful upbringing of children, etc. are good proof).

All we can do to reach wanted behaviour of fellow man is to give him the information about our wants. How he deals with that information is his choice. This idea partially derives from Kantian noumenal and phenomenal realm and it is also close to the concept that behaviour is varied by the organism in order to control its own inputs. (The red traffic light for somebody who is familiar with traffic lights is the information that the traffic is running on the crossing road. How will he deal with this information if he is taking a wounded child to hospital in emergency? Will he stop or will he offend the traffic law by driving through the red light in not too dangerous a moment? In Choice Theory we would say, it depends of the prevalent quality in his 'Quality World'. If 'obeying the law' quality is more important for the driver than 'care for the child' quality, he will stop; if his 'care for the child' is more important, he will drive through. After receiving the information he is varying behaviour in order to control his own input.)

As stated above (Question 5), Choice Theory suggests that the need for love and belonging is the most important need driving human behaviour at all stages of life. When this need is satisfied in a person's life, than that life is a happier life. When that need is chronically frustrated, a whole range of serious problems, both psychological and physiological, can be expected.

The problem relationship is always part of our present life. It is not a past or future relationship; it is current one. We may either be living in an unsatisfying relationship or experiencing the absence of a relationship. We can be free of many things but probably we are never free to live happily without at least one satisfying personal relationship.

What happened in the past has everything to do with what we are today, but we can only satisfy our basic needs right now and plan to continue satisfying them in the future. Since we cannot change the past we better improve an important present relationship.

We are driven by five (hypothetically genetic) needs: survival, love and belonging, power, freedom and fun. These needs have to be satisfied. They can be delayed but no denied. Only we can decide when they are satisfied.

(See also the Question 7 for a brief summary of the Choice Theory position on human needs.)

According to the concept of 'Total Behaviour' we have more direct control over the acting component and a quite good one over thinking component; therefore, we can say these two components are chosen. Because of the holistic understanding of the 'Total Behaviour', which contains all four components, we could say that indirectly through how we choose to act and think we also choose our feelings and physiology.

Answer to QUESTION 7

Please provide evidence that the modality has clearly defined strategies enabling the clients to develop a new organization of experience and behaviour.

Key Concepts in the New Reality Therapy (Glasser, 2005a):

1. Reality Therapy Focuses on Present Relationships.

Reality Therapists work from the simple logic that since all of us live in the present we can only control our present behaviour. Therefore, all psychotherapy takes place in the present. No one can control anything that happened in the past and we can only conjecture about the future. The past, no matter how good or bad, is over unless we talk about it right now in which case the past becomes a present but ineffective focus. Helping clients to see how ineffective it is will move the therapy on to a more productive present. While the Reality therapist will listen empathically to the client's story of their past miseries, he/she will work to move in a proper moment to the present. This is a strategy that demands a high level of skill to deal with client resistance while maintaining the deep, genuine relationship required for successful therapy.

2. Reality Therapy focuses on the Basic Needs

Choice Theory posits that human beings are driven to meet five phylogenetically developed basic needs – survival, love, power, fun and freedom. The meeting of these needs is essential for human survival and development, and these needs are probably coded into our genetic makeup. It is difficult in a short document to present a detailed exposition of these ideas. I would suggest that for a more detailed explanation of these ideas that interested people read Dr. Glasser's work, especially "Control Theory" which is probably the clearest exposition of his position.

Choice Theory suggests that the need for love and belonging is the core need driving human behaviour at all stages of life. When this need is satisfied in a person's life, then that life is a happier life. When that need is chronically frustrated, a whole range of serious problems, both psychological and physiological, can be expected. This understanding is central to the Reality Therapist's approach to work with clients. The first therapeutic intervention, the key strategy, is to develop a real, empathic, congruent relationship with the client. If this relationship develops, and the client finds the relationship to be need-satisfying, then the possibility of further therapeutic intervention is significantly improved. Without this relationship, little more can be achieved. A key therapeutic intervention in most therapies is the awakening of hope in a despairing or distressed client. This fact also informs the relationship that the Reality Therapist seeks to develop with clients. We work to affirm the client at all times. We search for the positives that the client can build on, while acknowledging and accepting the pain and the frustrations in the client's life, and we help them imagine another, better way forward.

An important need to focus on and a need that motivates external control behaviour is the need for power. Clients will learn that we cannot get rid of that need, as like all five needs it is probably encoded in our genetic structure. However, we have choices as to how we set about meeting that need. External control behaviours themselves are learned during individual life. They are not encoded in our genetic structure. Many clients have unhappy lives because they attempt to control others in their efforts to meet their needs, a choice that invariably damages

relationships. Reality therapists use strategies to help their clients to understand what they are struggling with and how they can replace their struggle with choosing new caring behaviours. The nature of the therapist's relationship with the client is one strategy to achieve this. The therapist makes clear at all times that the client is in control, that the therapist will not attempt to put pressure on the client, to control him or her in any way. The therapist is not the "expert" who can tell the client how to live his or her life. Rather, the therapist is a fellow traveller, sharing whatever information he/she may have that might be helpful to the client on the road to a happier life. The therapist models a healthy, non-coercive relationship at all times

3. Reality Therapy helps the client connect with his/her Quality World

The concept of the Quality World is a central idea in Choice Theory psychology. This is Dr. Glasser's concept for all the experiences that a human being finds need-satisfying in his or her life, from birth or possibly even before. Each of the five basic needs expresses itself in the development of at least one or (almost always) many more specific pictures of how that need might be satisfied. Each person's Quality World has in it people, things, experiences, ideas, beliefs, etc., which either have proven from experience to bring some degree of happiness to the individual, or which the individual believes would bring such happiness. Our lives are driven by these quality world pictures, and all our behavioural choices are our best attempt to realise one or more quality world pictures. We are constantly adjusting and adapting our behaviours, and creating new ones as we struggle to act on our world so that we can match what we actually have in our lives with what we want. With Carl Rogers we believe that "Man's behaviour is exquisitely rational, moving with subtle and ordered complexity toward the goals his organism is endeavouring to achieve" (On Becoming a Person; 1961) Reality Therapists also understand Rogers when he writes in the same paragraph, of "the natural and internal balancing of one need against another, and the discovery of behaviours which follow the vector most closely approximating the satisfaction of all needs"

Therefore one of the key strategies in Reality Therapy is helping the client to connect in a new way with his/her 'quality world'. Exploring his or her quality world, helping to clarify what he or she wants at the deepest level of their being, helping them to prioritise those wants, to evaluate their potential for bringing true happiness, to confront conflicts within their quality world, and between the client's quality world and the wants and needs of those close to them – all of these are strategies that are used in the practice of Reality Therapy. How it is done depends on the style and creativity of the therapist, who may use simple discussion and reflection, or creative visualisation, art, dream-work, free writing, journaling, indeed any technique that will help the client to get in touch with those powerful inner motivators of his or her life.

4. Reality Therapy works with the Concept of Total Behaviour:

Choice Theory has a specific understanding of human behaviour. It sees all behaviour as "Total Behaviour", that is it is made up of four components which are present at all times. These components are Doing (Actions), Thinking, Feeling and Physiology. These components make up a behavioural system, constantly interacting with each other. If one component changes, the others change too. There are two components that offer some possibility of to control by willpower. These are the Doing and the Thinking component. Feeling and physiology, although equally important, are not so amenable to change by direct

decision. Telling a depressed person to “cheer up!” is not likely to achieve the desired results! However, if the client undertakes new behaviours which satisfies his or her needs, then the possibility of moving out of depression is enhanced, as it is if the client is willing to take action to help them restructure the cognitions that hold the depressed mood in place.

Very often, the client will focus a lot on the feeling component of their behaviour as he or she tells her story, and the Reality Therapist will engage fully and empathically with this need to be understood. In the Choice Theory concept of total behaviour, we understand that talking about feelings moves the client from the feeling to the thinking component of their experiences as they name and explore feelings in language. It also allows for the physiological component of the total behaviour to be ‘discharged’ (talking about the misery is first step toward solving the problem of misery), which is beneficial to the client. However, the therapist does not stay with the feelings as the key therapeutic intervention. Rather, Reality Therapy/Choice Theory looks to the “Doing” component of Total Behaviour as the preferred area of intervention. If the client chooses to do something different which satisfies his or her needs, then that change will have an impact on all aspects of the person’s life, including the thinking, feeling and physiological aspects of the client’s Total Behaviour.

Therefore a key strategy for the Reality Therapist is to help the client move away from the feeling component of their experiences in proper time so that they can begin to focus on the more controllable choices they are making in their struggle to achieve the life they want. The therapist encourages the client to connect the feeling behaviours with the doing and thinking component, as offering more potential for change. This is not easy, as clients often resist the move to personal responsibility, preferring to stay with the comfort of blaming others for their miseries (“if just others changed...”) The strategy includes the focus on present behaviours as opposed to staying with the past, as mentioned above.

A key moment in any Reality Therapy session is when the client makes a self-evaluation of his or her present behaviours. Unless the client self-evaluates that their current choices are not helpful to them, then they have no reason to engage with the difficult process of change. It is only when the client decides that what they are doing is not helping them get what they want that they will be ready to move to try other behavioural choices. In particular, the therapist will ask clients to evaluate if what they are choosing to do is helping their relationships, or is it helping them to escape from the control of others who use these behaviours on them. Even if the client’s evaluation is that what they are choosing is not effective, the counsellor will still be very careful not to put any pressure on clients to commit to or act on their evaluation. To do that would be external control. But to talk about the evaluation, offer suggestions, be supportive or to show appreciation for the potential success of the evaluation leading to his or her choice to change are all integral to effective therapy. Helping the client to reach a moment of significant self-evaluation is a key strategy in Reality Therapy. Sometimes, it happens very quickly, and the client is ready to move on quite speedily. At other times it is a long and painful process, as the client comes to terms with the complexity of the struggle for need satisfaction, which is dominating his or her life.

The most important part of the client’s behaviour for the Reality Therapist is the “Doing” component. This is most open to conscious control, and once the client is clear about the quality world picture that he or she wants to realise, and once he or she self-evaluates that what he or she is currently doing is not working effectively, then the therapist encourages the client to plan in a conscious way for the changes he or she wants. For the Reality Therapist, planning strategies include the need for plans to be “little and likely”. There is no “grand

plan” to “solve the problem”. Rather there are incremental changes taken on by the client to move them ever closer to the life they want. The therapist is constantly helping the client to evaluate the plan: is it realistic; is it dependent on others; is it within their present limit or personal strength and resources; etc. Finally, there is need for the client to commit to the plan as fully as he or she can, to take full ownership of the new choices.

Reality Therapy will also work on the client’s “Thinking” component of his or her total behaviour. The therapist will use reframing, paradoxical techniques, cognitive restructuring, metaphor and so on as in many other therapies. In particular, however, in the move towards long-term change and personal growth, the Reality Therapist will encourage the client to understand the concepts of Choice Theory; and, not just to understand them, but to make them part of how he or she chooses to live his or her life into the future, long after the need for therapy is over. This is a transformative process, through which the clients fundamentally reframe the way they understand themselves and others, and their way of being in the world. In reality therapy the client chooses the transformation of 'natural' deeply rooted subject-object understanding of relationship into the subject-subject connectedness. The awareness of possibility to choose makes client free and responsible toward self and because of the need to belong also toward others.

The therapist has undertaken this transformative journey himself or herself in his/her training in Reality Therapy. The therapist does not just “use” Choice Theory to help clients. He or she lives fully a life infused with the understanding that it brings, and this is what he or she wishes to share with the client. How well or how quickly Reality Therapists can persuade (never coerce) their clients to put Choice Theory to work in their lives depends on their skill and their experience.

Answer to QUESTION 8

Please provide evidence that the modality is open to dialogue with other psychotherapy modalities about its field of theory and practise.

The author of RT, Dr W. Glasser, is extraordinarily active performing all over the world. He as well as other RT psychotherapists regularly attends different meetings and conferences, where they exchange their views on psychotherapy and their experience with it.

Every 5 years, the RT therapists thus attend the conferences “The Evolution of Psychotherapy” organized by prestigious Milton Erickson Foundation (in December 2005, 8500 people from around the world attended.) Dr. Glasser was invited and actively participated at such conferences in Hamburg, 1994 and Anaheim, California, May 2005.

In 1996, at the Leight University Bethlehem, Pennsylvania, he was invited to the meeting of five different schools of psychotherapy: W. Glasser – Reality Therapy; Arnold A. Lazarus - Behaviour Modification; Frank M. Dattilio - Cognitive Behaviour Therapy; Marvin R. Goldfried – Integrative Psychotherapy; James D. Masterson – Object Relations Therapy. Five professionals performed role play with the same client – Linda. On that occasion, videotapes of all five approaches to the same client were made.

In May 1999 on Larry Litvack’s initiative (the editor of the International Journal of Reality therapy), a unique conference was held at Northeastern University, Massachusetts, USA. It was the National Conference on Internal Control Psychology that brought together four individuals each of whom had established a national and international reputation as writers, speakers, conceptual thinkers, and/or theorists: William Glasser, Albert Ellis, William Powers and Alfie Kohn. The Conference provided a rare opportunity for those attending to hear presentations from each speaker, as well as the speakers interacting with each other and the audience.

In Chicago Conference (2004) organized by W. Glasser Institute John Carlson, Psy.D.Ed.D, Adlerian therapist and Glasser, M.D. showed the similarities and differences between the two approaches playing the role play counselling the same client alternatively.

Glasser had the keynote address *Every Student Can Succeed* at the 3rd Oxford Symposium (2005) held at Brasenose College, together with Carleen Glasser presentation of *Defining Mental Health as a Public Health Problem*.

The author of reality therapy was also the keynote speaker at the Slovenian NUO Conference (2006) *The Transition of Psychotherapy: From Medical to Autonomous Activity*. The audience consisted of the members of 7 psychotherapeutic modalities joined in NUO Slovenia and some other modalities not yet the members of NUO,

Robert E. Wubbolding, Ed.D., psychologist and senior instructor of reality therapy, previously a lecturer on counselling and psychotherapy at Xavier University in Ohio makes regularly presentations at different conferences including American Counselling Association, Association for Counsellor Education and Supervision, Ohio Psychological Association, Ohio Counselling Association, West Virginia Psychological Association, the Milton Erickson Brief Therapy Conference.

Like Glasser himself Wubbolding has also made videotapes and DVDs, for instance:

- Reality Therapy Psychotherapy Session, to be published by American Psychological Association, 2007.
- Dealing with Blaming, Resisting, Whining, Avoiding and Excuse-Making: A Group Reality Therapy Approach. This DVD (82 minutes in length) is published by Center for Reality Therapy.
- Reality therapy with an AIDS patient. Video tape published by Microtraining
- Reality Therapy and Drug Addiction video tape published by Allyn & Bacon
- Reality Therapy and Group Counselling published by American Counselling Association.
- Reality Therapy in Family Counselling, published by the William Glasser Institute

Reality Therapy was introduced through the lecture and workshop to other modalities by Lothar Imhof, M.D. and Leon Lojk, at the 2nd World Congress for Psychotherapy in Vienna, (1999), *Reality Therapy: reality, responsibility and personal freedom*

RT was also introduced to the audience by Bosiljka Lojk, and Leon Lojk, (both holders of ECP) at the 12th Congress of the EAP in Belgrade (2004): workshop, *Reality Therapy in Action*.

There are also many other RT conferences open to the adherents to different psychotherapeutic modalities, apart from the USA, in Croatia, Ireland, Slovenia, the UK and some other countries.

International Journal of Reality Therapy, 25-year lasting publication often compared and contrasted reality therapy / choice theory (RT/CT) to other theoretical approaches:

- A Comparing and Contrasting RT to Rational-Emotive Therapy, Vol. 1 (2)
- Adlerian Antecedents to RT and CT Vol 3 (2)
- RT and Brief Strategic Interactional Therapy, Vol 9 (2)
- Control Theory and Paradigmatic Perspective of Thomas Kuhn, Vol 9 (1)
- Neuro-Linguistic Programming Compared to RT, Vol 9 (1)
- The Early Years of CT: Forerunners Marcus Aurelius & Norbert Weiner, Vol 13 (2)
- A Comparative Analysis of RT and Solution-Focused Therapy, Vol 15 (2)
- Glasser Quality Schoolwork and Dewey's Qualitative Thought, Vol 15 (2)
- Choice Theory and Ta'I Chi Chuan: Are there any similarities? Vol 18 (1)
- Rational Emotive Therapy as an Internal Control Psychology, Vol 19 (1)
- PCT, HPCT and Internal Control Psychology Vol 19 (1)
- Choice Theory and PCT: What are the differences and do they matter? Vol 21 (2)
- Social Cognitive Theory and Choice Theory: A Compatibility Analysis, Vol 22 (1)
- The Relationship Between Glasser's Quality School Concept and Brain-Based Theory, Vol 22
- Mindfulness Based Reality Therapy, Vol 23, (1)
- Integrating the Karpman Drama Triangle with CT and RT, Vol 23 (2)
- RT and Individual or Adlerian Psychology – A Comparison Vol 24 (2)
- A Comparison of Wellness Coaching and RT Vol 24 (2)
- RT and Human Energy Field: Working with Needs that Influence Mind and Body, Vol 24 (2)
- Morita Therapy and Constructive Living: CT and RT's Eastern Family, Vol 25, (1)
- The effects of RT / CT Principles on High School Students' Perception of Need Satisfaction and Behavioral Change, Vol 25, (1)

Answer to QUESTION 9

Please provide evidence that the modality has a way of methodically describing the chosen fields of study, and the methods of treatment / intervention which can be used by other colleagues

The fields of studies are methodically described in the books, video and audio tapes, etc.:

Reality Therapy A New Approach to Psychiatry (1965) was Dr. Glasser's second book and best-seller in the field. Today, when train psychotherapists we use his newer books, especially:

- Taking Effective Control of Your Life, (Glasser, 1984)
- Choice Theory, a New Psychology of Personal Freedom, New York, HarperCollins Publisher, (Glasser, 1998)
- Reality Therapy in Action, New York, HarperCollins, (Glasser, 2000)
- Warning: Psychiatry Can Be Hazardous To Your Mental Health, NY, HarperCollins, (Glasser, 2003)

For the psychotherapy we also use many books written by other reality therapists. Some of them are purposely written as a handbook for trainings, others as a theoretical reflection:

- Reality Therapy for the 21st Century (2000) by Robert E. Wubbolding (theoretical and historical survey)
- Two books of case studies, (Naomi Glasser, Ed. 1980 and 1989)
- Scientific Arguments for Reality Therapy (Lojk, 2001) Theoretical survey not published in English but added to this application.
- Using Reality Therapy, (Wubbolding 1988), handbook
- The Language of Choice Theory (Glasser and Carleen Glasser 1998), handbook
- Counseling with Reality Therapy (Wubbolding and Brickell 1999), handbook
- Etc.

There is also a very rich collection of tapes and DVDs where the author himself or other RT teachers present role-plays.

The methods of treatment / intervention could be delivered very clear and intelligible to other colleagues.

The methods of treatment/interventions include a discussion of client's wants, level of commitment and perceptions. Skilled counsellors ask clients to describe their choices, their actions, their self-talk, their feelings and how their behaviour impacts their physiology. The core of reality therapy is the searching self-evaluation of the client followed by plans. Unlike person-centred counselling the user of reality therapy asks many questions. Well timed, artfully asked questions assist clients in defining, clarifying, evaluating, and reflecting on their world views and life directions. This wide-ranging series of skills, techniques, and interventions has been formulated by R. Wubbolding as an acronym rendering the principles easy to remember: WDEP (Wubbolding, 2000). Each letter represents a cluster of ideas, an interdependent set of skills, a system not to be confused with steps. It is unnecessary to use all aspects of the delivery system in every counselling session. As with any skill, practice helps the user to move from an initially artificial and mechanical application to a natural and spontaneous usage.

W: Explore wants, needs, perceptions. In reality therapy, counsellors facilitate a discussion of client's desires, hopes, goals, expectations and wants. They unpack their often confusing collection of wants. Areas for discussion include what the client wants from:

The psychotherapeutic process / Family and friends / School, job, career / Religious institutions or spirituality / Society in general / self

Part of the W is a discussion of clients' perceived locus of control. This often leads to an enhancement of the therapeutic alliance and provides a place for focusing future interventions. Clients feeling victimized, oppressed, alienated, and bereft of opportunities feel little inner control. ...Counsellor's goal is twofold: to help them capitalize on their currently perceived in-control behaviours and help them to see that they have more choices than previously believed...

D: Discuss doing, i.e., actions, cognitions, and feelings. Reality therapists realize that all components of behaviour are always present and can be topics for discussion. Following standard practice clients with physical symptoms are referred to their respective primary care physicians or to specialists. Feelings and emotions are not the source of behaviour, rather they are the result of unmet needs and wants (Glasser, 1985)... As with physiology, they accompany thoughts and actions...

Wubbolding (2000) has summarized ineffective... self-talk: 'I have no choice. I cannot control my life. And so I am powerless;' 'I can control others' behaviours;' and 'No one can put boundaries around me.' A goal of reality therapy is to help clients identify this harmful discourse and to move toward more effective self-talk: 'I have choices. I am in control of my life.' 'I cannot control the behaviour of other people.' 'I am most effective when I live within reasonable boundaries.'

The component of behaviour under most proximate control and therefore most manageable is the action... ...effective reality therapy embraces change in action as the most efficient way to effect change in cognition, emotions, and even physiology. ...The therapist holds a figurative mirror before the client and leads a dialogue around the D and E. 'What are you doing?' and 'Is it helping you?'

E: Help clients self-evaluate. The clients' inner and outwardly expressed self-evaluation represents the focus of the most typical intervention of reality therapy. Self-evaluation... '...is the feedback mechanism which confirms or denies whether our behaviours are meeting our needs or moving us in the direction we want to go'. Glasser (2000) and Wubbolding (1990) describe self-evaluation as the core of reality therapy. As a way to deal with the human urge to repeat ineffective choices Wubbolding (1998) describes self-evaluation as more than an observation of one's own actions. It is a searching, sometimes uncomfortable judgment made by clients about the effectiveness of their choices, the attainability of wants, the efficacy of their level of commitment, their degree of perceived inner vs. outer control, and others. Wubbolding (2000) describes 22 types of self-evaluation based on choice theory...

P: Provide assistance in formulation of plans. Congruent with the current emphasis on treatment planning is the P of the WDEP system: planning for change or improvement. Reality therapists assist clients to formulate strategies aimed at satisfying love and belonging, power, respect, or esteem, fun or enjoyment, and freedom or independence. Satisfying these basic human motivators without infringing on the rights of others is the royal road to self-actualization and mental health..."

Answer to QUESTION 10

Please provide evidence that the modality is associated with information, which is result of conscious self reflection, and critical reflections of other professionals within the approach.

As long as the discussion runs within the frame of the choice theory and not 'external control of behaviour' we affront the diversity of opinions from within our own ranks. Especially when we apply choice theory, as reality therapy there is always no-man's-land. There are, frequent discussions like: is a specific method or technique based more on choice theory than 'external control' beliefs? Is the purposefulness of behaviour sufficiently explained to people in the helping professions with the choice theory? Is it more efficient to give the priority to client – psychotherapist relationship or to the dialectical (Socratic) procedure during the therapy? Etc.

Outside this frame there are discussions among different meta-theories and psychotherapeutic modalities. Even in these cases the choice theory suggests moderateness in persuading. The author of the Reality Therapy and Choice Theory, is in the land of living and he respects and understands that everybody can construct the theory of the human being in his own way (consistently to choice theory, everybody can choose the theory). However, he is firmly convinced that understanding human behaviour as externally controlled phenomenon and denying its purposefulness is a big mistake.

As I mentioned before the contemporary RT is based on circular causality and therefore belongs to the therapies based on systemic-evolutionary approach to human behaviour. The construction of a theory depends on its author as well. That is why it is perhaps easier for those who are familiar with Kant's viewpoint (dialectical, oppositional, dual, contradictory) to allow other authors to construct and to believe in the possible accuracy of their theories.

Perhaps it is more difficult for researchers in the case of Locke's viewpoint (demonstrative, non-oppositional) to permit the possibility of the accuracy of other theories because they believe in unipolarity of any given.

Ernst Mach exposed Kant's cause as early as the end of the 19th century in the case of two theories of light: »So long as both theories have been framed objectively and proven empirically they both are true. The only reason you are bothered by this result is because you assume that reality has only one possible theoretical rendering. But since we know that what we learn depends on assumptions made in the testing of our knowledge, we now accept as routine that it is possible to hold to and prove more than one set of theoretical assumptions about the same world of experience. (Rychlak, 1981).

More recent Albert Einstein said: "Everything conceptualisable is constructive and not derivable in a logic manner from immediate experience. Therefore, we are in principle completely free in the choice of those fundamental conceptions upon which we base our picture of the world. Everything depends on this alone: to what extent our construction is suitable for bringing order into the apparent chaos of the world of experience«.

Conscious self reflection, and critical reflections of other professionals within and outside the approach is easier if we understand that the outer world is a 'black box' to a living being, and if the professional or scientist doesn't attribute any supernatural abilities to himself, he is aware that he cannot see the world outside himself objectively, but only subjectively and that the model or theory of a man's relationship to the environment must also be valid for him, the constructor of this very model or theory he chose!

Answer to QUESTION 11

Please provide evidence that the modality offers new knowledge which is differentiated and distinctive in the domain of psychotherapy.

Something fresh and new was brought forth in the field of working with people when more than a decade before the appearance of modern evolutionary-systemic-cybernetic theories in psychology Dr W. Glasser, with his intuition of a practitioner and his sophisticated perception of human life, published his first two books, *Mental Health or Mental Illness* (Glasser 1960) *Reality Therapy – New approach to Psychiatry* (Glasser 1965).

Since then (at least eighteen more have later been written by dr. Glasser), various connoisseurs of literature in the field have classified RT as different and sometimes confronting psychotherapies (therapies, counseling): Behavior Therapy, Persuasion Therapy, Cognitive Therapy, Cognitive-Behavioral Therapy, Adlerian Psychotherapy, etc. It seems that RT is not too easy to classify. It is most frequently classified as cognitive therapy, which is the nearest hit, however, not precise enough.

Epistemology

Reality therapy (RT) based on telic choice theory presumes that a person is a free, responsible being, intrinsically motivated whose behavior is always purposeful, creative and flexible. Since the teleology has long been out of favor as far as human science and because of apparent simplicity of the RT this psychotherapeutic modality maybe needs some additional theoretical elucidation to understand its specific and original approach.

Final causality represents the greatest problem to scientists (also psychologists). Psychologists and psychiatrists engaged in psychotherapy are the ones that use behavior explanations based on final causality more often than others. This however means a risk that their approach will not be accepted as scientifically supported by arguments (Lojk, 2001)

Three branches of teleology (understanding human behavior as intentional) have developed out of the construct of final causality: deity teleology, human teleology and natural teleology. All three have constantly been refused by scientists as something unscientific throughout the last three centuries of scientific drive before the 20th century. This attitude of refusal is to a certain extend still present today. The philosophy of Empiricism was very influential of restricting the Aristotelian causes to two (material and efficient causation, skipping formal and final causation). Psychology has been following this lead and explaining the behavior predominantly with the efficient causation while psychiatry (especially bio-psychiatry) following medical model explaining behavior mostly with material causation.

In 17th century, science was mostly influenced by philosophers of empiricism and physicists. We can understand their refusal of deity teleology (final causality explained with God's plan from the creation to the doomsday) as something leading towards mysticism, away from science. From scientific point of view we could also understand refusal of the humanistic teleology started by the philosophical branch of phenomenology and existentialism ('A human being is a product of his own self') influenced by Kant through his ideas of indirect experience of the world. They still consider humanistic teleology as something referring mostly to philosophy, something that might apply to psychotherapy, but certainly not to science.

After the cybernetic revolution in psychology in the second half of the 20th century and provable natural teleology and the purposefulness of behavior that has been proved by K. Lorenz in his ethology, by Noam Chomsky in his psycholinguistic research, by Humberto Maturana and his autopoietic system, by W.T. Powers in his perceptual control theory, as well as by W. Glasser in his choice theory aimed to psychotherapeutic and counseling method of reality therapy, only to name the few – the refusal of the telic understanding of human behavior appears as anachronism; especially if one has in mind that scientists like Ernst Mach, Albert Einstein, Niels Bohr, Werner C. Heisenberg have doubted the empirical reality.

A brief look into the history of human cognition shows that two meta-theories have always interwound and taken turns: Lockean (constitutive) and Kantian (conceptual, constructive) meta-theory. Between Lockean meta-theoretical viewpoint, which means constitutive, one-way, demonstrative approach to explaining the world and Kantian meta-theoretical conceptual approach with its active, formative process that ‘doesn’t permit’ a ‘pure input’ of the noumenal world, just phenomenal, there are basis of the different approaches to the unusual, psychopathological behavior.

The scientists that follow Locke’s beliefs will approach reality ‘from outside’, create theories and be sure of their objectivity, while the scientists of Kant’s beliefs will constantly ask themselves in what way have their ‘inner’ intentions and assumptions influenced the research of reality. Medical and behaviorist approaches to unusual behavior have their origin in Lockean meta-theory. Humanistic, phenomenological and cognitive approaches have their origin in Kantian meta-theory. Theories of psychoanalytic and psychodynamic doctrines often have their origin in both; however, less consistent and rather vague. (Rychlak, 1981).

We can call modern theories of a human being and behavior which take both viewpoints (Lockean and Kantian) into consideration as an **'evolutionary-systemic'** approach; 'evolutionary', because they take into consideration phylogenetic random surviving of living creatures through variation of off-springs and selection due to the changing environment (Cziko, 1995); 'systemic', because they explain ontogenetic behavior of an individual as purposeful using cybernetic discoveries from N. Wiener onwards. These theories surpass Plato's doctrine of recollection (pre-knowledge) – pure providential epistemology, Locke's 'tabula rasa' emphasizing sensory based knowledge received from the environment to the individual – pure instructional epistemology and Kant's mixture of both with his 'critical realist' attitude.

Evolutionary / systemic approach has developed along with cybernetics. It understands the behavior of every living organism as balancing external variables, which on the basis of criteria of prior knowledge (innate needs, reference signal) of what is and what isn't good for the survival of it try to reshape external world and profit from it.

W. Powers “The science of life started this century with the firmly incorrect picture of how behavior works, centered on the concept of behaviorism, and took a long detour starting in mid-century through the digital metaphor and cognitive psychology. Only now are scientists starting to realize what a horrific mistake was made when science rejected the idea that behavior is purposive, and only now are they beginning to ask how purpose, which is internal control, works.” (W.T. Powers, 1999).

Janek Musek writes about Power’s and similar theories: “There are numerous theories about the 'ego' or 'self' as an empirically collected 'package of perceptions' or only as a phenomenally experiential aspect or as the 'ego' or 'self' reduced to the objective dimension of the reactive system. There are rare system models of the 'ego' or 'self' that take into consideration inner, subjective as well as objective aspects of functioning of the 'self'. “ (Musek, 1982).

The author of Choice Theory and Reality Therapy, W. Glasser as most psychotherapeutic practitioners, rarely explicitly addresses the meta-theoretical origins of his theory. However, the basic genetic needs we may understand as the result of the evolution and the total behavior to satisfy specific pictures in the real world as a system that enables purposefulness through the negative feedback.

From the choice theory we can also infer that Glasser does not believe in any ‘right epistemology’. Everything is chosen by human being, epistemology cannot be an exempt! From the choice theory point of view: the construction or choice of a meta-theory depends on its author as well.

Procedure of the reality therapy differs from other known counseling-psychotherapeutic procedures and is very transmissible. A counselor and his client find themselves rather optimistic. Their optimism is waked by the notion of unfulfilled basic needs, by specific

pictures of satisfying these needs, intentional behavior the possibility of choosing the certain behavior and by the notion of the stress put on solving problems in the present as well as of total behavior (rejection of psychophysical dualism). All this along with the true role of the counselor and psychotherapists who is able to offer the client not only professional help but also the experience of a quality relationship achieved by sincere psychotherapy, make RT such an efficient helping procedure.

According to reality therapy people have diverse quality worlds, and a human being is a subject whose behavior can be understood from his intentions and not from external forces affecting him. Therefore, he is choosing his own behavior. That is why we ask what is it that he wants in his life, what his goals are and what kind of relationships he wants to maintain with people he needs. We know from the theory that a person, whenever his needs are not satisfied, uses all components of total behavior, but the way he uses his active and thinking components is, however, his own choice. The psychotherapeutic procedure is partially active as a conversation focusing on the client's wishes, actions and comparison between actions and wishes; but it is also teaching the way choice theory understands human problems. If the client discovers that the present behavior is ineffective, a new and more effective one is found and a plan of its development is made as well.

Answer to QUESTION 12

Please provide evidence that the modality is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground

The area of common ground with almost all modalities is at the pinnacle of importance of the relationship between client and psychotherapist yet, with a different accentuation. In RT, the connectedness is stressed as the means that enable successful treatment as well as the primary target of the psychotherapy -- considering the connectedness is the main condition for mental health. Some discoveries of neuro-science support the main idea of the importance of the human closeness. The cybernetic models of closed controlling systems support the choice theory claim that it is difficult to abandon traditional view of other person as an object, but not impossible.

There is common area with Rational Emotive Behavioural Therapy. Albert Ellis cites stoic Epictetus: 'Men are disturbed not by things, but by the views they take of them'; in REBT current life of the client is paramount, etc.

Notions of thinking and action are important components of change in the cognitive behaviourism (D. Meichenbaum and others) and represent common area with RT. Yet change in any component of the behavioural system – from the perspective of the reality therapy – requires self-inventory and self-evaluation of a client that one's current way of living is not helping.

Adlerian therapy also has common area with RT. Considering Adler's change of the question 'How heredity and environment shape the client' into the question 'How the client does use heredity and environment?' Reality therapy just adds the question: 'How can the client make better choices to fulfil his basic needs?' and does not give so much importance to the past family constellation. RT stresses the present relationship, where insight in RT is not the insight of the underlying dynamic but rather a profound discernment that everybody chooses his behaviour, that nobody can change other people but oneself that actual behaviour is not effective enough to satisfy the needs, etc.

There are common area between RT and Person Centred Therapy: optimistic view of the human nature, purposeful behaviour, responsibility, the therapist must be authentic, human relations are at the heart of both theories.

Moreover, we can find common areas with existential psychotherapies in the ideas of freedom and responsibility of the client with less philosophy at the RT side; with gestalt therapies RT share the idea that relationship between psychotherapist and client is more important than techniques; there are many resemblances to family system therapy, etc.

Answer to QUESTION 13

Please provide evidence that the modality describes and displays a coherent strategy to understanding the human problems, and an explicit relation between methods of treatment / intervention and results

Choice Theory is the coherent psychology that informs our understanding of human problems. Using Choice Theory in our therapeutic work with clients is a central strategy in the Reality Therapy model. Glasser (Glasser, 2000) outlines some of the basic postulates, or basic principles or assumptions of Reality Therapy. These underpin our understanding of human problems, and offer guidance for effective therapeutic interventions. Interventions are solidly based on our understanding of the client's psychological system, and how that interacts with his or her perceived world.

Thus, for example, our understanding of Choice Theory leads us to work with the client so that he or she will more clearly understand the frustrations that are driving the ineffective behaviours that are causing so much trouble. It is only by clarifying what he or she wants, at the deepest level that the client can begin to evaluate what he or she is doing to achieve what he or she wants. Such an intervention is intended to result in the enabling of the client to gain more conscious control of his or her life, and to move the therapeutic process into a more proactive mode, where the client takes responsibility for his or her own happiness by choosing behaviours which will lead to change towards a more need-satisfied life.

Similarly, the other interventions explained in Question 7 have clearly intended results based on the therapist's understanding of Choice Theory psychology. Obviously, the model is a flexible one, and the therapist will engage in a continuous process of evaluation in the therapeutic moment, to choose the most effective intervention for the stage of the therapeutic process at that moment. Whether the therapist chooses to focus on the client's perceptual system, values, total knowledge, behavioural system, organised or creative behaviours, quality world, etc will depend on the judgement of the therapist in the flux of the therapeutic process.

Dr. Glasser's exposition of some of the basic principles of the Reality Therapy process may be helpful in understanding our answer to this question:

1. Choice Theory explains why is it a valid and useful assumption that people choose the behaviour that lead them into therapy because it is always their best effort to deal with a present, unsatisfying relationship – or, worse, no relationship at all.
2. The task of the therapist is to help clients choose new relationship-improving behaviours that are much closer to satisfying one or more of their five basic needs than the ones they are presently choosing. This means improving their ability to find more love and belongings, power, freedom, and fun. Survival is also a basic need, and some people come for therapy when their lives are in danger.
3. To satisfy every need, we must have effective relationships with other people. Satisfying the need for love and belonging is the key to satisfying the other four needs. As explained above, Choice Theory sees that most serious long-term psychological problems are caused by chronic difficulties in significant relationships.

4. As love and belonging, like all the needs, can be satisfied only in the present, Reality Therapy focuses almost exclusively on the here and now.
5. Choice Theory psychology explains how our inner motivations drive our behaviour to meet our needs in the present. The solution to our problem is rarely found in explorations of the past unless the focus is on past successes on which we can build to make more effective choices today. Although many of us have been traumatized in the past, we are not the victims of our past. Reality Therapy does not accept that we are prisoners of our past. We can chose to stay locked up in our unhappy history, or we can chose to find our way to a more meaningful, need-satisfied present life. This is the goal of therapy in the Reality Therapy model.

Reality Therapy based on Choice Theory is a psychotherapeutic method to help individuals and small groups to deal with personal problems by creating more realistic quality worlds (what they want) and/or figuring out better choices (what they do) to satisfy what is in their quality worlds. Reality Therapy focuses on the present and helps people understand that they can choose a better future; regardless of what has happened to us or what we have done in the past, to be happy and effective, we must live and plan in the present. As closeness and connectedness with the people we care about is the ‘conditio sine qua non’ for satisfying all of the needs we should help the clients to connect or to reconnect with the people they care about.

The most worthwhile change a client can reach in RT is the comprehension that other people are not objects – but subjects who also try to control variables to satisfy their basic needs – and that he starts to practice this revelation in his relationship; developing the need satisfying relationships client’s mental health and happiness improve.

Answer to QUESTION 14

Please provide evidence that the modality has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis / assessment and treatment / intervention

As explained in the answers to earlier questions, Choice Theory psychology provides the theoretical underpinning of the Reality Therapy model. It explains the motivation, perceptions and behaviours of normal human beings, and offers new and therapeutically promising ways of understanding problematic human behaviour, such as those categorized in the DSMIV.

Dr. Glasser stands within the tradition of those who question the current assumptions of modern psychiatry. He does accept that there is such a thing as mental illness, but he clearly defines mental illness in a very limited way, as brain dysfunction of some demonstrable kind, where there is a clear pathology evident, as in the case of damage caused by trauma, for example, or by a disease such as Alzheimer's. Other symptomatic behaviours, mild or extreme, he sees as resulting from the person's creative efforts to deal with intolerable frustrations in their lives. When normal behaviours prove unable to meet the individual's needs, the individual's creative system generates new possibilities for dealing with extraordinary frustrations, and these possibilities are sometimes acted on. These behaviours, which Choice Theory sees as creative behaviours, are diagnosed as psychopathological in many other, more traditional theories.

So then, Glasser suggests that mental disorders and emotional distress have a *cause* (i.e. severely unmet needs) and disagrees that such disorders or distress (many of which may, indeed, be labelled as "mental illnesses") emanate from a solely organic brain dysfunction. Indeed, Glasser would prefer that only those mental disorders/conditions that have a proven pathology should be classified as "mental illnesses".

This is the basis of Dr. Glasser's problem with much current psychiatric practice, based on 'medical model' of understanding the abnormal behaviour, which seeks to suggest that there is a chemical imbalance at work that explains the client's difficult behaviour, which, if treated with drugs, will restore normal functioning. Dr. Glasser's position is that there is no definitive evidence that much abnormal behaviour is the result of brain pathology. He sees changes in brain chemistry as a natural rebalancing of the behavioural system under serious stress because of the chronic frustrations of a life out of control. Therefore, the Reality therapist will rarely focus on the abnormal behaviours themselves (e.g. hearing voices), but will use the Reality Therapy process to help the client regain control of his or her life by finding need-satisfying choices, which reduce the frustrations that drive the extreme behaviours. When a person finds other, healthy ways of meeting his or her needs, the symptoms recede.

This perspective has profound implications for the progress of therapy. It places the client at the pro-active centre of the therapeutic change process, rather than the "expert" in psychopharmacology who will diagnose the client's "condition" and prescribe medication to redress a presumed, scientifically unverified, "chemical imbalance" in the client's brain, usually blamed on a genetic aberration that has not yet been pinpointed, yet is assumed to be there. Dr. Glasser suggests that current psychiatric approaches have a reductionist approach to the understanding of human problems, seeing them as caused by chemical disorders in the brain. In contrast, Reality Therapy sees those human problems as the consequence of lonely people engaged in a wide variety of unsuccessful attempts to get connected to other human

beings, and in desperate need of compassionate, expert help to find better ways to relate so that they can meet their human needs more effectively. This does not mean that drug treatment is never indicated in therapy. It can reduce symptoms, and help clients to be more amenable to help, or to help themselves. However, as quickly as possible, the client is empowered to take control of their own total behaviour, which will include changes in their own physiology.

The Reality Therapy approach to the treatment of abnormal behaviour also trusts the client with the responsibility of recovery, creating with the client a safe place within the therapeutic relationship within which the client can initiate and complete the work of creating a new, need-satisfying life. Seen from this perspective, depression, for example, is a choice in the sense that a person can, drawing on the strength gained in the therapeutic relationship, choose new and more effective actions to meet his or her needs, or can choose new thought patterns (including the applied understanding of Choice Theory) which will impact positively on the depressed emotional state. In this sense, maintaining the depression is as much a choice (unconscious until brought into awareness through the therapeutic process) as is deciding to change doing or thinking component in a way which will shift the depressed mood in a positive direction.

Given the Choice Theory understanding of the cause of much emotional distress or mental disorder (be it labelled as "mental illness" or not), the Reality Therapy psychotherapeutic approach would involve, but not be limited to, helping the person to **connect or reconnect with other people** (i.e. the need for love and belonging) and find ways to adequately fulfil their other basic human needs (of empowerment, freedom, fun & enjoyment and survival & health).

It is worth mentioning in conclusion that Dr Glasser offers Choice Theory as more than a way of helping those who come for therapeutic help with serious problems in their lives. He believes that an understanding of Choice Theory (or indeed of any other similar psychology) can significantly improve the mental wellness of all people. Just as physical health is not just freedom from disease or pain, but has attributes such as vigour, strength, fitness and endurance, mental health has attributes beyond being free of mental illness, attributes described thus by Dr. Glasser: “you enjoy being with most of the people you know... you are more than willing to help an unhappy person to feel better...you have no trouble accepting other people who think and act differently from you... you will try to work out the problem; if you can't you will walk away...even when you are unhappy, you will know why you are unhappy and attempt to do something about it. You may be physically handicapped as was Christopher Reeve (quadriplegia), and still fit the criteria above.” (Glasser, 2005) We could say that Glasser is as much interested in salutogenesis as in pathogenesis.

While clients in therapy are invited to transform their lives with Choice Theory as a permanent outcome of their therapy, leading to continuing mental well being, so too are all others who never find their way to the door of a therapist.

e) Characteristics of the reality therapist The atmosphere of counseling should enable the client to trust his psychotherapist. It should encourage him to learn new, more effective forms of behavior. Such atmosphere can be created only by a psychotherapist who is involved in quality relationships himself and is aware of the fact that he is constantly learning to behave more effectively in a never-ending process. W. Glasser says, »A good therapist is always becoming, he or she is never there«. The therapist's experience with a new kind of relationship with people in everyday life she or he develops after becoming familiar with choice theory is crucial.

Answer to QUESTION 15

Please provide evidence that the modality has investigative procedures, which are defined well enough to indicate the possibilities of research

The International Journal of Reality Therapy (in existence for 25 years) has published many research studies showing the efficiency of Reality Therapy in different fields of psychotherapy and counselling. Only few titles of the researches:

- Choice Theory and College Students With Learning Disabilities: Can RT Facilitate Self-Determination? Vol.17 No1
- The Effects of an RT Program Applied to Mental Health Clients, Vol.20 No2
- A Study on Counselling Program for Decrease of Aggression through RT, Vol.20 No2
- The Effect of Group RT on Internal Control and Self-Esteem, Vol.20 No2
- The Development and Effects of RT Parent Group Counselling Program, Vol. 20 No 2
- A Study of Effect of RT upon ego concept of unemployed youth who do not enter a higher school, Vol.20 No2
- Multiple Sclerosis and Choice Theory, Vol. 22 No1
- Using RT and Choice Theory in the Field of Physical Therapy, Vol. 22 No2
- Autism Spectrum Disorders/Learning To Listen As We Shape Behaviours: Blending Choice theory with Applied Behavioural Analysis, Vol. 23 No2
- The Effects of RT Group counselling on the Self-Determination of Persons with Developmental Disabilities, Vol. 23 No2
- Identifying Basic Needs: The Contextual Needs Assessment; Vol.24 No2
- The Effects of RT / Choice Theory Principles on High School Students' Perception of Needs Satisfaction and Behavioural Change; Vol.25 No 1

The International Journal of Reality Therapy, Vol.17 No1, has published *Reality Therapy: A Meta-Analysis*". This study examined quantitatively the effectiveness of RT across 21 empirical studies. The authors, Lisa Radke, Marty Sapp, Walter C. Farrell concluded that although the study used also inexperienced therapists and some brief treatments RT has an average effect size within the medium range.

In the new journal The International Journal of Choice Theory (Vol.1 2006) is published article "A Meta-Analysis of Reality Therapy and Choice Theory Group Programs for Self-Esteem and Locus of Control in Korea" by Rose Inza Kim and MiGu Hwang. This study comprises 43 studies conducted in Korea between 1986 and 2006 on Reality Therapy and Choice Theory group programs in terms of their effects on participants' self-esteem and locus of control. Comparing the counterpart control group with the groups under study the latter scored 23% higher of 'self-esteem' and 28% higher on 'locus of control'.

In the book 'Reality Therapy for the 21st Century' author Robert E. Wubbolding (2000) claims that principles of Choice Theory and RT are multicultural and applicable in many areas. He presents research studies in relation to health, human needs, addiction, drug abuse in prison, juvenile offenders recidivism, domestic violence, corrections, humour, depression, arthritis, self concept, self-esteem, locus of control, minority groups, deaf population, management, organizational behaviour, quality education, self-concept, at-risk students, etc. There are 82 doctoral dissertations written on reality therapy identified between 1970 and 1990 (Franklin, 1993). Of course, this number has eventually been redoubled.

Because Reality Therapy (RT) and Choice Theory (CT) are taught at universities and colleges around the world it is a high probability that there will be more researches with stricter methodology in the future. At some of these academic institutions RT is taught as a self standing course, at others it is included in course-work as one of psychotherapeutic theories and practices. The countries where RT and CT are taught as far as I know are: Australia, Bosnia and Herzegovina, Croatia, Japan, New Zealand, Slovenia, South Korea, USA.

It should be noted, that in addition to the above countries, I met many academics from North America and other countries that include Reality Therapy in their psychotherapy courses.

Reality Therapy has started to be taught in the year 2006/2007 at the University of Nova Gorica, Faculty of Applied Social Studies, Slovenia in collaboration with Vienna's Sigmund Freud University.

To better understand principles of self-organization and complex dynamics of psychotherapy, counselling and management we also joined the training in synergetic last year in Ljubljana, Slovenia. Computer-based diagnostic of therapeutic process can improve the quality of psychotherapeutic practice and research of the therapy process and outcome. (Schipek, 2005)

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