Following the development of Glasser's ideas

by Leon Lojk

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In this part of the world we changed the CT/RT training respecting Glasser's idea of New Reality Therapy. I would like to share with you the base for that. This article will be rather theoretical. We are practitioners after all, not scientists. Why then theory? Because we believe that theory is the place where we can harmonize our understanding. In practice we will always be unique. I also believe that we need to know something about meta-theories, which are described briefly below because they are a basis for everything we do. More details can be found in The Scientific Argument for Reality Therapy. (Leon Lojk, Alinea, Zagreb, 2001)

THEORY

UNDERSTANDING CAUSALITY IN PHILOSOPHY AND SCIENCE

Final causality represents the greatest problem to scientists (also psychologists). Clinical and social psychologists are the ones who use explanations for behaviour based on final causality more often than others. This however means a risk that their approaches will not be accepted as scientifically proven.

When, after several centuries, Aristotle's essays were rediscovered, Christianity ruled all over Europe, and in the spirit of that time it understood Aristotle's final causality as God's plan from the creation to the doomsday. Thus, the final causality was misunderstood. By thinking that a goal referred to the future, they assumed that the future influenced the present. The huge progress of science, especially physics and mechanics, in the last few centuries based on research on linear chains of causes and consequences caused that no one who considered themselves to be a scientist could not accept such a distortion. Scientists simply considered every explanation within final causality as something leading towards mysticism, away from science. At the time, teleology meant mainly deity teleology and therefore something unreliable.

In the 17th century, science was mostly influenced by philosophers of empiricism, who followed the example of the contemporary physicists. Thomas Hobbes claimed any given experience to be unipolar. For example, »one« never means »non-one«. He refused dialectic logic which claimed that the moment we showed an »A« to a child, he immediately thought of what a »non-A« was.

John Locke claimed that the exclusive nature of psychological processes is »cause – consequence«. The process of deciding does not exist, as this would require final causality to be explained. Even when it seems that an individual is making a decision, it takes time for a person to overview the data already written in his brain.

Locke-Newton's theory of scientific nature was obvious. It was reductionism-oriented, leaning onto efficient and material causality and remained dominant until the 20th century; partially even throughout the century. Psychology has always wanted to be a science, which is fine, but in a context of understanding what is and what is not scientific it has never dared to accept teleological explanations of behaviour.

Kant understood the human mind to be a creator of meanings and not only a deposit of the meanings. He would not believe that a person is born as tabula rasa. Kant described himself as being a 'critical realist' believing that the world and things in itself, noumena, do exist (realist), but can never be recognized as such directly. Everything we know about them is conveyed to us through our senses and categories. Our experiences of things are therefore indirect; things 'for us' being phenomena.

In physics, Ernst Mach, Albert Einstein, Niels Bohr, Werner C. Heisenberg have shown us that even when dealing with the 'queen of all science' we can learn something from Kant; from a critical realist. They have again doubted the empirical data as a direct experience of reality (noumen).

Today, we have become used to the fact that we cannot directly experience everything we wish to have some knowledge about; the curvature of space in Einstein's theory, the big bang in Hawkin's theory of the birth of the universe, space and time, only to mention the most popular examples. It is very likely that albeit fantastic discoveries, such as the genome, we will never understand 'the universe of life' in its one meaning.

Let's see now an example : how the diagnosis "depression" looks like from Locke's point of view:

John Locke

Least abstract, least complex, the ultimate 'given'
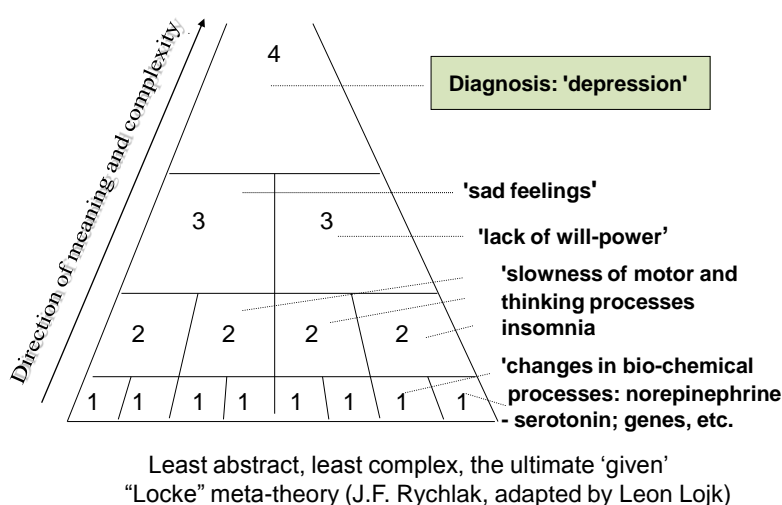"Locke" meta-theory (J.F. Rychlak, adapted by Leon Lojk)

Figure 1

Locke's meta-theory (Figure 1) can help us understand reductionism in science. It is an explanation of complex phenomena from below upwards: we explain love (4) with behaviours like daydreaming and losing the interest for food (3) with some physiological processes (2) and we explain those with biochemical processes (1). The more abstract the notions, the fewer details are taken into consideration. This is illustrated by narrowing the scheme into a triangle. As abstractions can be performed on any number of levels, the triangle does not close at the top.

Level 1 represents the ultimate given. This is where the theoretical analysis stops; therefore, this level should be taken for what it is. It is inseparable, irreducible, without paradoxes, as a substrate to all that is being explained.

Following this approach, a higher level of abstraction also means a higher complexity of a notion. The notion of depression (on level 4) includes sad feelings, lack of will-power (level 3), slowness of motor, thinking, etc. processes (level 2) while these include different bio-chemical processes in the organism (level 1). Complexity is shown by layers of trapezoids, growing along with the level of abstraction.

What would Kant said about the same problem?

Immanuel Kant

Least abstract, complexity either way (1,2,3,4… = complexity of constructs are independent of abstractness)
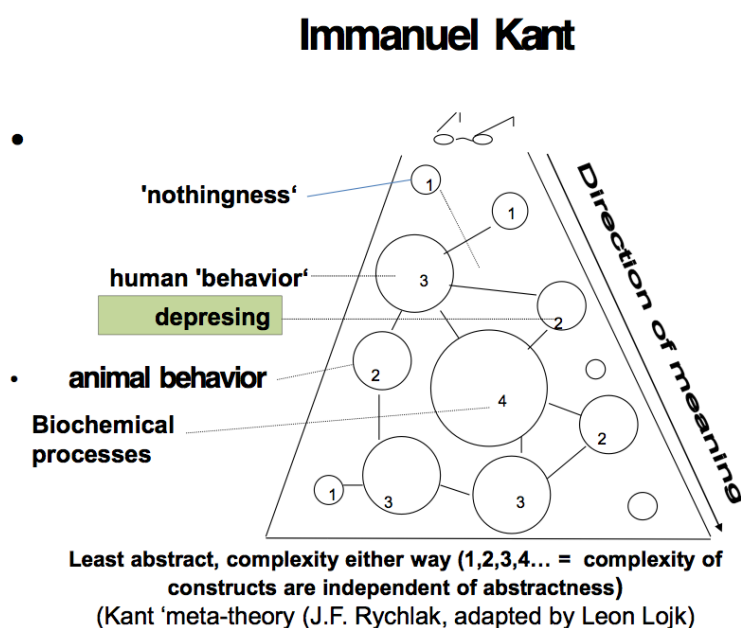(Kant 'meta-theory (J.F. Rychlak, adapted by Leon Lojk)

Figure 2

The Kantian meta-theory is conceptual (see J. F. Rychlak, 1981). E. Kant uses glasses on top of an open triangle to represent categories of understanding (Figure 2). These glasses have been there since our birth or even before that. Even though the understanding of the world changes through life experiences, we never experience things directly as they are in existence (noumena) but only through our senses and categories as our own constructions (phenomena). Ernst Mach used Kantian meta-theory with his theory of correctness of multiple theories, explaining the same phenomenon. The direction of meaning runs always from highest

abstraction downwards. Before we understand the meaning of a theory we must realise whose viewpoint (through which glasses) the constructs are being created from. The ultimate given lies in the unique nature of the glasses through which we observe the world.

Complexity of some phenomenon (represented by circumference of the circles) in Kant's meta-theory, need not be the same as abstractness. The notion of 'nothingness' is highly abstract and extremely non-complex as it is not related to anything but dialectically to 'being'. Depressing is an abstract construct, but it can only be connected to the intention of controlling one's close ones and an excuse for inefficient living; therefore, it is, not so complex (the circle 2). Biochemical processes which can occur along with the depressing behaviour are more complex, but less abstract (Circle 4) than the behaviour of depressing. The situation is just the opposite in the case of Lockean meta-theory! " *Since Locke was a realist who believed that meaning relations existed as 'input' from reality, it is right to think of all higher-level concepts having been abstracted from the initial input, level 1".* (J.F.Rychlak, 1981). Therefore, depression (level 4) is more abstract and complex than sad feelings and lack of will-power (level 3), that are explained with physiological processes (level 2) and less complex and abstract bio-chemical processes (level 1).

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.

Albert Enstein to whom Kant was very close pointed out (sorry, I lost the original issue of the quote):

»Everything conceivable is constructive and not derivable in a logical 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.«

For us who believe in Choice Theory psychology that way of thinking and constructivism is close as well.

After his book *The Reality Therapy in Action*, 1998 and his articles in the Newsletters and Bulletins Dr. Glasser made a new move starting to talk about *Counselling with Choice Theory* – no more about RT but about *New Reality Therapy.*

DR. GLASSER STARTED TO URGE WGI FACULTY TO USE THE NRT

I believe, some of his gathering statements below could help us to understand these urges more seriously. We all know that CT is the basis for lot of applications. However, do we understand how powerful were the changes Dr. Glasser made by stressing Counselling with Choice Theory (CT) and abandoning the »old« Reality

Therapy? We continue to use the name Reality Therapy (RT) and New Reality Therapy (NRT) as a trade mark but we have changed our understanding.

After the author of RT and CT started talking about Counselling with CT or NRT he said that the old RT was a good therapy but NRT or Counselling with CT is better. Dr. Glasser said: *"I urge faculty to start teaching the NRT. You will find it to be more effective and more exiting. We need to escape from the artificial restraints of the old RT but continue to use what is still useful from the old steps – they may still apply if we use them carefully – but in a far less arbitrary way."* (Newsletter, Winter, 2000)

We have begun wondering why would NRT be better? In Dr Glasser's Corners (Newsletters: Spring 1999, Spring 2000 and Winter 2000) and his post-1996 books he showed, what he meant with NRT.

"…If you read those sessions carefully (Francesca in Chapter Six and Terry in Chapter Nine of the book Choice Theory), you cannot help noticing that what I did bore little resemblance to the original description of RT. Following the steps in a way they could easily be recognized, either in order or even out of order, no longer existed."

Dr Glasser changed his beliefs describing them in Choice Theory*: "…the core problem (excluding poverty, incurable disease, and/or political tyranny) of all human beings who are unhappy is their inability to get along with each other to the extent that they want. Therefore, when counseling with NRT, the counselor focuses from start to finish on that core problem. This means that the goal of the therapy is to help clients improve their relationships…"* (Newsletter, Winter, 2000)

Some faculty members were confused: "Where are now the unsatisfied basic needs?" Since we understand that relationship is our behaviour which we use to satisfy our basic needs in relations with other people, we are not confused any more. When the client understands CT beliefs and experiences it in the relationship with the counsellor, he/she is enabled to develop better connectedness with important people in his/her life and thus satisfies basic needs that lead to happiness and mental health!

Dr. Glasser: *"To help clients improve or create new relationships, it is well within the NRT to ask them to evaluate how their present behavior is getting them, or not getting, what they want. But I caution not to ask for this evaluation until you are sure your relationship with your client is strong enough for you to predict the positive answer. If you ask this question prematurely, you may harm your relationship with your client…and therapy. But I also caution that you not ask the question if the answer is so obviously positive that the client will question your judgment for asking it."*

Because of that *"…the script such as: 1. Find out what the client wants; 2, determine what he is doing to get it; 3, ask him to evaluate what he's doing; and 4, help him to make*

a plan to do better… any part of a script may be inappropriate to the goal of the therapy at the time you use it. Learn to use your own judgment; don't be a slave to a practice or procedure. (Newsletter, Winter, 2000)

Dr. Glasser words: *'Teach people CT. Teach also the client CT because all long lasting mental problems mean that those people are not connected or are losing some important connectedness,'* lead us to understanding that people are not connected because they practice External Control Psychology beliefs that harm their relationships. By teaching them CT we enable them to make new connectedness or restore old ones and in this way clients find or regain well-being and mental health. But before they start to explore and experience Choice Theory psychology beliefs they need to recognize External Control Psychology beliefs as the main reason for their unsatisfying relationship. On that basis we changed our approach of teaching CT.

It is not enough that a therapist teaches the client the logic of CT without offering him/her an experience of connectedness with him/her during the therapy. All kind of psychotherapies stress the relationship between therapist and client.

If all different psychotherapies stress the meaning of relationship during the therapy, what is special about this demand in the NRT? In the NRT the connectedness is not only the means that facilitates the achievement of the therapy's goals but it is also the goal itself: experiencing and understanding the connectedness through Choice Therapy beliefs during the therapy enable client to develop satisfactory relationships in his/her life. Besides, our definition of the relationship is rather different than definitions of other psychotherapies that understand the relationship during the therapy as an interaction between therapist and client.

PROCEDURES – PROCESS

At the beginning many of us understood that developing a relationship is a part of the therapy that serves another part – healing efforts. From our point of view NRT differentiates the procedure from the process. Today we understand **procedures** as some actions from outside that could help the client to find a solution for the problem but that is based on External Control Psychology. On the other hand NRT offers the **process** as inner change during the therapy, when the client abandons the External Control Psychology beliefs that he can change other people's behaviour as well as that somebody or something else can produce his misery. Therefore, the process is accepting CT psychology beliefs which help in a larger sense to find a long term solution.

All these changes in our understanding led us into searching for some additional approaches of teaching NRT or Counseling with CT. Dr. Glasser has helped us by

suggesting in the Newsletter how to teach NRT and how to understand self-evaluation during the therapy.

In the Newsletter, Summer 2004 Dr. Glasser stressed that during the therapy the client as well as the therapist are doing self-evaluation all the time. If the therapist has Choice Theory on his mind he is doing self-evaluation rather than simply asking the client to self-evaluate his behavior. He said that the therapist's self-evaluation is the core of Reality Therapy.

We understood that the therapy would be successful, if the client were able to do self-evaluation based on Choice Theory beliefs. This will be possible only if the therapist does the same in his/her relationship with the client. Self-evaluation which is based on External Control Psychology beliefs has no sense in NRT.

WHERE DID THESE DIFFERENCES IN UNDERSTANDING EMERGE FROM?

Dr. Glasser as extremely successful practitioner never cared very much about theoretical basis until his meeting with William Powers. He had never stressed from which theoretical standpoint he developed his CT ideas, so it is not easy to place CT - not only as a therapy but also as a general approach to helping people (schools, lead management, etc.) among other approaches.

The development of Dr. Glasser's ideas was important in forming two levels of understanding: RT and NRT. RT and CT were never firmly identified with one of the main psychological approaches such as psychoanalytical, behavioural, humanistic, cognitive, phenomenological, biological, etc. They were rather defined negatively, by what they are not. They are not psychoanalytic or behavioural, as the author moved away from psychoanalytic and behaviour psychiatry already at the beginning. They are not humanistic, because later on he moved from the humanistic approach of building a more human environment and instead emphasized the development of the internal control system by connecting to others. They can also not be identified with a biological approach, especially after he has recently rejected bio-psychiatry again.

LINEAR AND CIRCULAR CAUSALITY

With his suggestion to move from Reality Therapy toward Counselling with Choice Theory (NRT) he abandoned linear causality (External Control Psychology) and suggested a circular one (Choice Theory psychology). Thus he moved away from cognitive psychology toward second-order cybernetics. His accentuation on: *"Counsel all the time with CT on your mind..."* shows, as Maturana and Varela would say, *" an inseparable link between actions and experience, between our existence and picture, we construct the world... It means that our behaviour is comprehension (knowledge) and vice versa, every comprehension of behaviour creates our world."* (*Maturana, Varella, 2012*) we aware that Dr. Glasser leads us to the top of modern understanding of human behaviour and, with his CT, shows us

Archimedes' fulcrum to move the poor relationships among people on planet Earth in a better direction? I believe that this creates a change and a paradigm shift a revolution in a whole psychology not only in RT psychotherapy!

I do not want to be megalomaniac and I am not saying that we are here to change the whole world moving it from the fulcrums… we would just like to realize Gandi's idea *» Be the change you want to see in the world!«* *Mahatma* Bill brought us to the new more scientific way with CT! Here is not place for a profound analysis of this, yet we will have to do it once in the near future.

Let's review now different approaches to behaviour through different theories. In the 'table 1' *Different Approaches* you will find different ways that psychologists use to change the very unusual behaviour, known in psychology as »psychopathological«.

DIFFERENT APPROACHES TO EXPLAIN THE UNUSUAL (PSYCHOPATHOLOGICAL) BEHAVIOUR

APPROACH	MEDICAL	PSYCHODYNAMIC & PSYCHOANALITIC	BEHAVIOURAL	PHENOMENOLOGICAL (HUMANISTIC)	EVOLUTIONARY – SYSTEMIC – AUTOPOETIC REALITY THERAPY
PRESENT EVIRONMENT	More / less healthy enviornment		Environment with akctual stimuli	Env. seen through the phenomenl field as person's subjective reality	Reality as comprehended by a person regarding its inner settings in quality world
BEHAVIOUR	Symptoms as consequence to the causers	Deflection to 'symptoms', regressed behaviour and other defence-mechanisms	Maladjusted, uneffective behaviour	Behav. is goal oriented, organized by the phenomenal field, but it is not reaching the person's desires	Behaviour effective or ineffective, conscious or unconscious is always purposeful and total and it is chosen to control 'external' variables
PERSONALITY / ORGANISM	Organ disfunctioning	Deflection to 'symptoms' or regression of the behaviour as a substitute when satisfaction of drive is frustrated.	Proces of motivation learning, perception,	Humans have an inclination to become fully functioning, to reach the congruence between ideal self and real self	Person chooses the behaviour **Comparing place** to get chosen perceptions (reference signals)
STRUCTURE and DYNAMIC	Differences of biological origin	Disturbances of the person's energetic system, disturbances of the mental apparatus: Id,Ego and Super-ego.	Differences in the operation of the biological systems that mediate learning, perception,motivation	All that experienced by an organism, consciously or not is phenomenal field. The organism experiences itself and the world in the phenomenal field.	**pictures in the quality world** **Genetic instructions** to satisfy **five needs**: Belonging, power, fun, freedom, survival
CAUSES	Known, proved or hypothetical causer	Destroyed equilibria in energy systems (blockage of drives in in early childhood)	Anomalies in current motivation or past learning or biological systems	Discrepancy between what one wants to be and what one is.	Evolutionary gained pre-knowledge demands satisfaction of basic needs. Unsatisfactory or non-existing connections with people prevent satisfaction of the needs,and problems emerge
HELPING PROCEDURE	Medicaments, surgery, advices, rehabilitation…	Making unconscious conscious. Through transference reaction to the therapist the insight where the psychosexual or interpersonal relations stuck is provided.	Principles of learning theory are applied to behaviour, eliminating the results of faulty past learning.	Providing a safe climate that helps clients make self-exploration and recognize blocks to growth and experience formerly denied features of self.	Reconnecting disconnected client; first in the counseling situation. Teaching him that all our behaviour is purposeful, that we choose action/thinking components of total behaviour. Evaluating behavior and goals,a client chooses effective behaviour and more realistic goals.

table 1

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In the first **column** you will see how different theories understand present environment, behaviour, structure and personality dynamics, causes of difficulties and helping procedures. In the first **row** you can find the approaches: medical, psychodynamic & psychoanalytic, behavioural, phenomenological & humanistic, evolutionary-systemic.

Arrows show the direction of the causes of suffering. According to the medical and psychodynamic approach the causes lie in anomalies in the organism or in the psychic apparatus caused by the outside elements or blockage of the development of 'libido', everlasting energy. To start healing, deep psychology is necessary to get insight and transference. The behavioural approach understands the cause as wrong conditioning or learning in the past; reconditioning is necessary to recover.

So far we have dealt with linear changes from the outside toward the inside with medication, insight techniques, conditioning. With the phenomenological approach we start to help from the inside toward the outside, yet there is still linear causality. At the evolutionary-systemic approach for the first time I drew the loop arrow coming back from the environment to the person; it means that by perceiving input, the outside variables have been changed by the person. So, the person shows the purpose of its behaviour: s/he controls the input variable as a closed system!

Most of the psychological understanding of the causes of behaviour is explained as an efficient cause, partially also as a material cause; the final cause with purposeful behaviour was considered as non-scientific until cybernetics emerged. You can find more about this below.

FROM THEORY TOWARD PRACTICE
What do we add to our approach for teaching RT?

There are so many various approaches to psychological help – how can we understand them?

- To understand the quantity of different approaches to unusual ('psychopathological') behaviour of people, we should first answer the question – what is a cause of human behaviour?

- As soon as we get an answer, it will be easier to understand why experts using different approaches do not understand each other.

Aristotle

'Cause' was Aristotle's terminus for the essence of the explanation of notion. He wanted to say that we know something about a certain thing if we can explain the causes that bear the responsibility for the existence of a certain phenomenon.

He identified four causes that we have to recognize if we want to explain the phenomenon.

Aristotle : material cause

(Why does a table have its specific characteristics? Because it is made of wood. Wood, as material, 'causes' the table to be warm, not too firm, inflammable, etc.).

Whenever a theory explains the diversity of an individual's behaviour by means of his inherited characteristics, such as temper, intelligence, etc., we know that it is based upon material causality.

The medical approach prefers the material cause.

Aristotle : efficient cause

(How was this table made? A carpenter made it by using machinery and tools.)
Whenever we explain an individual's behaviour as 'made' by circumstances he was exposed to in immediate or distant past, our explanation stems from efficient causes.

Psychodynamic therapies and Behaviour modification prefer efficient cause.

An example of efficient cause. In a factory a robot is producing a car but in the background is an engineer. Human beings don't have an engineer behind them!

Aristotle : formal cause

(Why is the table such as it is? Because the carpenter made it according to a scheme for dinner tables.)

Whenever a theory explains the diversity of individuals by simply saying that there are different types of people, or – it is God's plan that we are different - we are using formal causes.

Formal cause is close to personologists and anti-psychiatrists.

Aristotle : final cause

(What was the purpose of making the very table as such? Made for the purpose of eating at it.)

Whenever we use the intention of people to reach a goal by choosing this behaviour, we explain the diversity of behaviour by using intentional, final causality. The carpenter could have chosen wood with the intention to feel warm whilst sitting at his table, he made boards out of logs with the intention of making a table out of them; in a form he wanted.

Cognitive, Humanistic, Phenomenological and Evolutionary-Systemic therapies explain behaviour with final causality. Below is an example of final causality:

Enviornement around ameba is changing all the time. It has no rails delivering the food. It has to control different variables to survive; final cause

It has:

1. **Genetic instructions what is good and what is bad for survival;**

2. **Ability to sense the environment and compare it with the instructions;**

3. **Behaviour to interfere with environment changing it as well as changing itself**

Legend: F = Food   P = Poison
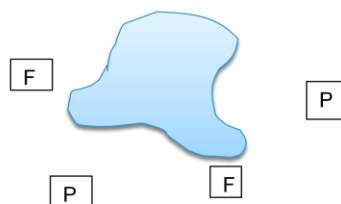
Dr. Glasser's ideas are scientifically **supported by 2nd order Cybernetics**. We agree that the human organism lives in the physical world but despite that the external influences do not determine the behaviour of human being. Human beings make unbelievable changes in the environment and themselves. Therefore we can conclude along with cybernetic scientists, that life is the organization of the closed system, not physics, as many other scientists who use causal methodology in psychology explain.

Causal methodology in psychology is searching for the variable in the environment that causes behaviour. We do not believe that any behaviour is caused from the outside. We understand behaviour as purposeful: there is a purpose for all behaviour. The human being is intrinsically motivated and his behaviour is chosen. We can find scientific proof for such understanding in 2nd order cybernetics (Powers, Maturana, Varela, Von Foerster, etc.)

It is very hard to accept this revolutionary idea. We could compare it with the fact that mankind believed for centuries that the Earth is the centre of the Universe;

there was no slow (evolutionary) way to accept the heliocentric system. There was always: either – or! Abandoning External Control Psychology and accepting Choice Theory psychology seems to be the same challenge. Teaching with understanding will result in a greater spreading of CT ideas but teaching without understanding could retard this process. Dr. Glasser helped us with thesis *"Some Suggestions to Instructors from Dr. Glasser for Teaching: Counseling with Choice Theory, the New Reality Therapy", Summer 2005:*

Counselling With Choice Theory, The New Reality Therapy

With the publication of the new booklet, Defining Mental Health as a Public Health Problem, along with the specific information in my last nine books starting with Choice Theory in 1998, I have completed what I set out to explain when I wrote my first book, Mental Health or Mental Illness in 1961. From now on when I teach, lecture or write, I will explain that all the work I do with counsellors, managers and teachers is aimed at teaching them to improve their own mental health by putting the concept of choice theory to work in their lives.

For me, mental health, completely separate from what is now wrongly diagnosed in DSM-IV as mental illness, is an important teachable entity that can lend itself to a wide variety of teaching techniques and counselling procedures. I assume that when our instructors teach they will follow my example but also feel free to use their own creativity to augment the way they teach my ideas. I believe that these ideas can be integrated into a variety of teaching techniques that could make them more accessible while remaining true to the basic principles of choice theory.

Some General Thoughts about Teaching Mental Health

Mental health could become a powerful unifying concept, if we can explain it as a completely separate entity from mental illness as we do in the new booklet. We should not be reluctant to use the term, mental health. By using it we have the opportunity to explain what it is and support our explanation with a free booklet. If psychiatrists or drug companies attack us for using the term mental health, they will be placing themselves in the position of either standing for mental illness that they cannot prove actually exists or against mental health that has nothing to do with disease. We are on the high ground with mental health and that's where we should stand.

Some Suggestions for Teaching Mental Health Professionals to Counsel With Choice Theory

Starting with the first visit, the counsellors we train would create warm, supportive relationship with their clients by <u>being very careful never to use any external control in their counselling.</u> They would also teach their client that <u>they are not mentally ill; they have no pathology in their brains, but <u>may not be as mentally healthy as they would like to be.</u> Our counselling will focus on <u>helping them to get along better with the important people</u> in their lives, to improve their mental health and become happier.

The Three Phases *of the Counselling Component of Our Training Program*

Phase One: *<u>The Effects of External Control on Relationships</u>*

Teach counsellors why all their clients are having so much trouble getting along with some or even all of the important people in their lives. Essentially, it is to teach their clients that the difficultly that brought them into counselling is because of their use of external control psychology or simply external control. In this phase their <u>clients are taught what external control is and how harmful it is to all their relationships.</u>

Phase Two: *<u>Learning Choice Theory to Replace External Control</u>*

Teach counsellors how to <u>help clients replace external control</u> they have been using with choice theory or to <u>use choice theory to escape from the external control that other are using on them.</u> The most difficult concept to teach their clients is to continue to use choice theory as they deal with others even if the people around them continue to use external control on them.

Phase Three: *<u>Getting Comfortable Using Choice Theory</u>*

Teach counsellors how to <u>help clients practice what they learned until they become comfortable enough to stop using external control.</u> When they get to this point the counselling had been successful. They are now mentally healthier because they are living a CT life.

How Long Will This Take?

There is no predicting how long it will take clients to learn <u>to integrate choice theory into their lives.</u> But the more the counsellor is able to <u>integrate choice theory,</u> directly or indirectly, <u>into every conversation with the client,</u> the sooner the counselling will be successful. To do this the counsellor will continually point out to clients that they <u>can only control their own behaviour,</u> that any <u>attempt to control anyone else's behaviour will harm the relationship</u> that is so important for mental health and happiness.

Key Concepts in the New Reality Therapy Counselling

1. *All Counselling <u>Focuses on Present Relationships</u>*

   The Counsellor will also teach the simple logic that explains that since all of us live in the present we can only control our present behaviour. Therefore, all counselling 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. Teaching clients to see how ineffective it is will move the counselling on to a more productive present.

2. *Introduce the <u>Basic Needs</u>*

   <u>An important need to focus on and the need that motivates external control behaviour is the need for power.</u> Teach that we cannot get rid of the need, like all five needs it is enclosed in our genetic structure. But <u>the external control behaviour, itself, is learned, it is not encoded in our genetic structure.</u> Explain that the deadly habits and the caring habits are all learned. Counsellors doing this make it clear to their clients what they are struggling with and how they can replace this struggle with new caring habits.

3. *Introduce <u>The Quality World</u>*

   *Teach them that the Quality World is based on pleasure which means that pleasure, itself, is a neither helpful nor harmful. But there are two kinds of pleasure: pleasure with people which is almost always helpful and pleasure without people which is almost always harmful. Simply stated, <u>pleasure with people is love and belonging: pleasure without people is usually an addictive behaviour. Help clients explore their own quality world **in this context.**</u> This is vital information and an important skill if we are to live a mentally healthy life.*

4. *Teach the Concept of <u>Total Behaviour:</u> Thinking, Acting, Feeling and Physiology*

   Counsellors should teach their client that they <u>can only directly control their own thinking and acting.</u> They cannot directly control how they feel or what goes on in their bodies. But they can indirectly control what they feel and their physiology by changing how they think or act. Therefore, we suggest that counsellors explain to clients that this is the reason they do not focus on feelings and physiology separate from thinking and acting. But along with thinking and acting, a lot the counselling will focus on how their feeling and physiology can change, because this desire to change their

feeling and physiology is very likely what brought the client into the counselling office. <u>Asking about their clients' thinking and acting helps them to assess the direction in which they are taking their lives.</u>

Effective Procedures That Help Clients Change

<u>*1. Begin by Asking Clients to Tell Their Story*</u>

All clients have a story and almost always want the counsellor to listen to it and respond to it. As part of their story they usually tell you who they can't get along with but also add, "if that person would change I'd be much happier." This is an early opportunity to teach clients that the only person's behaviour they can control is their own. Point out that the best way to get along with other people is to put the relationship ahead of what each party wants. Teach them to use the golden rule instead of the external control rule they often live by, which is do unto others as you want them to do unto you.

<u>*2. Counsel with Choice Theory in Mind*</u>

Because they both know and use choice theory in their lives, counsellors always know what they are doing and why they are doing it when they counsel. How well or how quickly they can persuade, never coerce, their client to put choice theory to work in their lives is up to their skill and their experience. When clients know what motivates their behaviour they are more likely to change what they are doing to get what they want.

<u>*3. Ask Clients to Evaluate Their External Control Behaviour*</u>

A valuable technique is to ask clients to evaluate if what they are choosing to do is helping their relationship. Or is it helping them to escape from the control of others who use these behaviours on them? Even if the client's evaluations 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 evaluations. 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 their choice to change are all integral to effective counselling.

<u>*4. Look For Creative Expressions of Ideas We Teach*</u>

In all these discussions counsellors have the chance to be very creative, to use humour to help the clients realize that external control behaviours are rarely effective. But we should also realize that external control, using it on other or trying to escape from it, is the creative theme of almost all humour. It is also the plot of most books, movies, plays, operas, and other

entertainment. To use stories and metaphors as an example to teach a counselling point in how or how not one chooses to live his or her life can at times be very effective. For example, the saying, »I've been rich and I've been poor and believe me rich is better« was the late comedian Joe E. Lewis's way to try to make the point that only rich people extol the virtues of poverty.

A final word

As stated, instructors are <u>encouraged to use the most effective procedure their creativity can offer them</u> when participating in the new reality therapy. Just be prepared <u>to offer a choice theory explanation for anything</u> you suggest but <u>be patient and continue making the relationship with clients</u> if they are not willing at first to accept your offer. Keep pointing out that the best evidence for putting choice theory to work in their lives is that they will feel better. Until they feel significantly better the counselling is not over.

How do we teach Counselling with Choice Theory – New Reality Therapy

The main difference between how we used to teach in CT/RT training and how we now teach it is based on our understanding of the difference between Reality Therapy and Counselling with Choice Theory - New Reality Therapy. Since 1997 we started to implement changes and develop new methods of teaching in CT/RT training based on three important statements:

1. CT/RT training should be a Glasser Quality School

We are focused on the process as well as on the content of teaching New Reality Therapy. If Quality School is the practice of Choice Theory in the school, then teaching Choice Theory in the CT/RT training should be the prime example of Quality School. First, we try to model what we preach. We believe that successful teaching is based on strong relationships among instructors and supervisors, among instructors and participants, as well as among participants in the group. We also encourage participants to observe the growth process of the mutual connectedness in the group and tell us if and how they perceive the elements of Quality School in our teaching.

In Dr. Glasser's article mentioned above he states that self-evaluation is the core of his therapy. With this article he shows us that self-evaluation is also the core of his teaching. We believe that it should be the core of teaching in CT/RT training as well. But neither counsellor nor teacher can practice self-evaluation if Choice Theory is not the part of their Quality World – understanding that ability and

effectiveness of using Choice Theory in counseling, teaching or managing people depends on how deeply we believe that it works in our own lives.

2. CT should be the part of the instructor's/supervisor's Quality World.

We need to be convinced. Only understanding and memorizing the elements and axioms of Choice theory is not sufficient. Otherwise we practice External Control Psychology despite the fact that we use Choice Theory vocabulary. So teaching in CT/RT training should be based on competency that is impossible without personal experience.

3. Participants should have personal experience of CT working for them.

Earlier during the training we tried to teach Choice Theory by instructing people from the very beginning to use its elements in counselling before the participants tested Choice Theory in their own lives. In role-plays, as well as in case studies, we emphasize the structure of counselling as procedures leading to change. It seemed helpful. Developing the relationship was also part of the counselling process. Everything seemed right except that counsellors transferred the same questions to different clients in an inflexible way. It seemed to force the client to do self-evaluation even when he was not ready to do this. The situation was often reminiscent of an old joke: 'The surgery was successful but the patient is dead.' Choice Theory was not yet a part of participant's Quality World.

Participants were mostly thinking about clients instead of themselves. This is probably the reason for perceiving Reality Therapy more as a technique for dealing with people, and Choice Theory as a theory that describes how clients function. The fact that Choice Theory explains the necessity of the therapist's self-evaluation in the process of developing relationship with the client was often overlooked.

As we understand it now, counselling is much more than the procedure used by the counsellor. It is a process of counsellor's self-evaluation based on CT that generates procedures.

Procedures are the outcomes of counsellor's beliefs. The only condition is that CT is part of the counsellor's QW. Now we know that the relationship is not part of the procedure, but procedure is part of the counsellor's relationship with client.

Earlier by observing the instructor during the role-play participants were able to see only the procedure he was creating and not his inner conversation (self-evaluation) so they missed the main part of the counselling process. The best illustration of the whole counselling process is found in Dr. Glasser's book Reality Therapy in Action, in which we have opportunity to see what is going on in the counsellor's mind during counselling.

Therefore our intention is to give participants the opportunity to gain experience testing Choice Theory in their own lives and gather evidence and confidence that it works for them. We believe that personal experience is the best teacher. Once the participants are convinced that Choice Theory helps them, they typically do not encounter major problems learning to use it in counselling, teaching or managing people. Self-evaluation is the core of our teaching.

Since our training mandate is educational not therapeutic, we use special methods to avoid ethical issues. Considering this during the Basic Intensive Week and Basic Practicum we are focused mostly on personal experiences with Choice Theory – not on personal problems. However, during the Advanced Intensive Week, Advanced Practicum and Certification Week we still include personal experiences but focus on using Choice Theory in counselling – New Reality Therapy.

We pay much attention to setting up the role-play scene – especially preparing the client's role – as the client's role-play authenticity is critical to the counsellors ability to demonstrate the process of developing a relationship. We encourage participants to create client's role so that they borrow someone else's story (frustration) and incorporate it in their own relationships. The main condition is that the relationship they choose is satisfying in real life – but they imagine the opposite in the role play. The additional instruction is that the participant in the client role is not familiar with Choice Theory. This helps the authenticity of the client's role and does not interfere with ethical issues.

The main difference between the new and the old Certification Week teaching method is that participants have an opportunity for learning on a higher level. For the role-play they are instructed to choose a client with whom they have no experience, trying to get more competence by counseling them. During these four days we discuss that everything they learn is relevant for their progress from theoretical issues to personal and professional growth.

Effects of changing

1.Duration of the training

By changing the method of teaching, the duration and number of hours of CT/RT training is extended. Participants need much more time to implement Choice Theory in their lives and to become aware of using it than they used to. The time between Basic Intensive Week and Advanced Week is a minimum of one year. There must also be the same time span between Advanced Intensive Week and Certification Week. Each intensive week lasts 30 hours. Basic Practicum lasts 80 hours divided into 8 meetings, as well as Advanced Practicum. We respect the fact that each participant has his own rhythm of progress so we permanently offer them additional individual assistance. By building a relationship and offering continued help we give the participants an opportunity to base their progress on self-

evaluation. Therefore we eliminate misunderstanding about their readiness to move on to a higher level of learning.

2. Faculty Training

Changing the method of teaching has an impact on Faculty Training as well. We realize that we need a reconciliation of viewpoints and work among the faculty who teach in CT/RT training. We have started to do the trainings for faculty teaching them the new approach so the training can be consistent.

We also realize that for supervisors the experience and skills they have to teach the specific stage (module) are much more important than their achieved status. We believe that running the Basic Practicum is much more demanding than the Basic Intensive Week. From our point of view the Basic Practicum Supervisor has the most demanding task during the training. The basic practicum period for participants is delicate and challenging. To change external control beliefs is very demanding for them. If they are not able to change their beliefs, they will not learn how to use Choice Theory in their professional field. Thus the supervisor must truly champion Choice Theory and know how to develop strong relationships with all participants in the group, giving them support and help. The supervisor is actually the first person to offer them evidence that Choice Theory works and to model it during a longer duration of time.

The Advanced Practicum Supervisor should have specific experiences and skills regarding counselling so he can offer evidence of how Choice Theory works in New Reality Therapy. As he teaches participants the counselling process and not just procedure he needs to be creative as well as skilful. The Basic Week Instructor status requires different skills compared to the Basic or Advanced Practicum Supervisors. We don't believe that this means necessarily a higher level of ability. We understand this more as different kinds of ability.

In defining the different levels of teaching, we believe that it is important to recognize and value the different skill sets required for each level. At the same time we became aware that different levels shouldn't be matter of hierarchy. Finally, we believe that the Policy and the Faculty Program should be in harmony.

3. Psychotherapy Training Program (additional 3 years)

The most important benefit of developing a new approach of teaching is that participants no longer perceive Certification week as the end of the learning process. They complete the Certification Week anticipating that the learning process of Choice Theory will continue. Thanks to their curiosity and willingness we developed and successfully provide a Psychotherapy Training Program that match the criteria of the European Association for Psychotherapy that recognizes it and on

that basis gave the accreditation to the European Institute for Reality Therapy as a European Accredited Training Institute.

We also provide 4 years training for RT counsellors.

Those who are interested in becoming Faculty can attend 2 years Faculty Program!

AUTHORS – SOURCES

Adler Alfred,   *Smisel Zivljenja,* Fors, Zalozba Sophia, Ljubljana, 1999

Chomsky Noam, *Znanje jezika,* Mladinska knjiga, Ljubljana, 1989

Correy Gerald,   *Theory and practise of Counseling and psychotherapy,* Brooks/Cole Publishing Company, Pacific Grove, CA, USA, 1996

Corsini Raymond J.& Wedding Danny, *Current Psychotherapies, Reality Therapy (William Glasser and Robert E. Wubbolding),* F.E.Peacock Publishers, Itasca, Illinois,1995

Eysenck J.Hans, *Experiments in Behavior Therapy,* Pergamon Press, Oxford, 1964

Eysenck J.Hans, *Sense and Nonsense in Psychology,* Penguin Books, England, 1975

Eysenck J.Hans, Eysenck B.G. Sybil, *Psychoticism as a Dimension of Personality,* Hodder and Stughton, London, 1976

Filipovic Vladimir, *Klasicni njemacki idealizam –Immanuel Kant:Kritika cistog uma,* Matica Hrvatska, Zagreb, 1962

Freud Sigmund, *Predavanja za uvod v psihoanalizo,* DZS, Ljubljana, 1977

Glasser William, *Mental Helth or Mental Illness?* Harper&Row, New York,1960

Glasser William, *Reality Therapy,* Harper&Row, New York,1965

Glasser William, *Stations of the Mind,* Harper&Row, New York,1981

Glasser William, *Kontrolna teorija,* ZaloZba Taxus, Ljubljana, 1994

Glasser William, *Choice Theory a New Psychology of Personal Freedom* Harper Collins Publishers, N. Y., 1998

Glasser William, *Teorija izbire - nova psihologija osebne svobode,* TOP, d.o.o. Regionalni izobraZevalni center Radovljica, 1998

Glasser William, *Counseling with Choice Theory, The New Reality Therapy,* Harper, N. Y., 2000

Herink Richie,   *The Psychoterapy Handbook, A* Meridian Book, New American Library, New York, 1980

Jung G. Carl,   *Psiholoske rasprave*, Matica Srpska, 1976

Jung G. Carl,   *Dinamika nesvesnog*, Matica Srpska, 1976

Kneller F. George, *Existentialism and Education,* Philosophical Library, Inc., N.Y., 1958

Kohn Alfie,   *Punished by Rewards,* Houghton Mifflin Company, Boston, N.Y, 1993

Lojk Leon,   *National differences in personality: Yugoslavia and England,* British
            Journal of Psychology, 1979 (70, 381-387)

Lojk Leon, *EPQ Prirocnik, Zavod SRS za produktivnost dela, Ljubljana, 1979*

Lojk Leon,   *My Experiences Using Reality Therapy,* Journal of Reality Therapy, Spring 1986,
            Northeastern University, Boston, Mass., USA

Lojk Leon,   *Some Reflections on the Broader Meaning of Reality Therapy and Control Theory,* Journal of Reality Therapy, Fall 1990, Northeastern University, Boston, Mass., USA

Maher A.Brendan, *Principles of Psychopathology – An Experimental Approach,* McGrow-Hill, New York, 1966

Maturana R. Humberto andVarela J. Francisko, *The Ttree of Knowlidge, The Biological Roots of Human Understanding,* Scherz Verlag AG, 1998

Marken S.Richard and Powers T. William, *What are Autonomy & Responsibility,* Closed Loop, Spring 1994, Durango, Colorado, USA

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

Musek Janek., *Osebnost,* DDU Univerzum, Ljubljana 1982

Pirsig Robert M., *Zen and the Art of Motorcycle Maintenance,* Bantam Books, NY, 1989

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

Powers William.T., *Perceptual Control Theory,Hierarchical Perceptual Control Theory and Internal Control Psychology,* International Journal of RealityTherapy, Fall, 1999, Northeastern University, Boston, Mass., USA

Radonjic S., *Uvod u psihologiju – Struktura psihologije kao nauke,* Beograd, 1968

Rogers C.R., *On Becoming a Person,* Houghton Mifflin Company, Boston, 1961

Rychlack Joseph F., *Introduction to Personality and Psychotherapy* Houghton Mifflin Company, Boston, 1981

Sartre Jean-Paul, *Egzistencializam je humanizam,* Sarajevo, YU,1964

Skinner Frederick B., *Beyond Freedom and Dignity,* Penguin Books, England, 1974

Skinner Frederick B., *About Behaviorism,* Vintage Books, New York, 1976

Trstenjak Anton, *Problemi psihologije,* Slovenska matica, Ljubljana, Slovenia, 1976

Wubbolding, R.E., *Expanding Reality Therapy: Group Conseling and Multicultural Dimensions,* Real World Publications, Cincinnati, OH, USA, 1990

Wubbolding, R.E., *Reality Therapy for the 21st Century,* Taylor&Francis, Brunner-Routledge, Philadelphia, USA, 2000