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Introduction to the Journal and to Its Editorial Board:

JOURNAL ACCESS INFORMATION:

In order to maximize accessibility to the Journal the reader is urged to go to the following website: **wglasserinternational.org**

IJCTRT Editor:

The current editor of the Journal is **Dr. Thomas S. Parish**, who is an emeritus professor at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development and developmental psychology at the University of Illinois at Champaign-Urbana, Illinois. He's CTRT certified and has authored or co-authored more than 300 articles that have been published in more than 30 professional refereed journals. More than a hundred of these articles have been directed at examining the effectiveness of Choice Theory and/or Reality Therapy on diverse populations. Dr. Parish and his wife recently served as consultants for LDS Family Services in Independence, Missouri, and they currently co-own Parish Mental Health of Topeka, located in Topeka, Kansas. Any correspondence, including questions regarding the Journal, and/or manuscript submissions, should be sent to parishts@gmail.com You may also contact him by phone at: (785) 845-2044, (785) 861-7261, or (785) 862-1379.

Associate Guest Editor:

The Associate Guest Editor for this issue of the Journal is **Ernie Perkins**, Th.D., D.Min., Ed.D., Ph.D. He's also CTRT certified and is a faculty member of the Glasser Institute.

Other Members of the Board:

Janet M. Fain Morgan, Ed.D., is currently a Director of the William Glasser International Board and the Research Coordinator for said organization as well. She is also a faculty member of WGI lectures on Choice Theory and Reality Therapy. As a counselor she specializes in Military Issues as well as Grief and Loss.

Emerson Capps, Ed.D., is a professor emeritus at Midwest State University in Wichita Falls, TX, plus he serves as a faculty member of WGI-US.

Joycelyn G. Parish, Ph.D., CTRTC, is a licensed clinical psychotherapist. She earned her Ph.D. from Kansas State University and is a board-certified clinician and certified reality therapist.

Patricia Robey, Ed.D., is a full professor at Governor's State University, a licensed counselor, and a senior faculty member of WGI-US and William Glasser International.

Brandi Roth, Ph.D., is a licensed private practice psychologist in Beverly Hills, CA.

Jean Seville Suffield, Ph.D., is a senior faculty member of William Glasser International, as well as president and owner of Choice-Makers@ located in Longueville, Quebec, CANADA.

Robert E. Wubbolding, Ed.D., is a professor emeritus at Xavier University in Cincinnati, OH., and is also the Director of the Center for Reality Therapy also in Cincinnati, OH.

IJCTRT Technical Advisor:

Glen Gross, Ed.D., M.Ed., is the Learning Technology Specialist at Brandon University in Brandon, Manitoba, CANADA

Since space is limited, the reader is urged to refer to any of the previously published IJCTRT journals that have been published on-line since 2010 regarding any of the following topics:

IJCTRT Mission

Publication Schedule

Notices to Authors and Readers

Permissions

Finding CT/RT articles published between 1981-2009

Dear WGI members and friends—This is another special invitation for you from Tom Parish, the Editor of IJCTRT:

Welcome to the sixth in a series of various topically-driven issues of the *International Journal of Choice Theory and Reality Therapy*.

The present topic for this issue of the Journal is “Religious and Spiritual Perspectives and How They are Connected to All Things Glasser.”

The editors for this particular issue are **Thomas S. Parish and Ernie Perkins**.

Notably, the next issue of the Journal, to be published in October, 2019, will highlight “Past Contributors and Their Contributions to All Things Glasser.”

Anyone wishing to submit a manuscript that might be selected for inclusion in this issue of the Journal, should submit to one or both of the following individuals at their respective e-mail addresses by August 15, 2019:

Thomas Parish, parishts@gmail.com &/or Robert Wubbolding, wubsrt@fuse.net

For additional information the reader is asked to call **Dr. Parish at (785) 845-2044** or **Robert Wubbolding at (513) 561-1911**.

Special Announcement Regarding the Spring, 2020 issue of the *International Journal of Choice Theory and Reality Therapy*:

This particular issue of the Journal will include a “Who’s Who”-type listing of everyone who wishes to be included within the William Glasser International organization. Basically, a template has been created (see below), and it will appear in each issue of the Journal until the final publication of the “*Who’s Who in Choice Theory and Reality Therapy*” in the Spring, 2020 issue of the Journal. Anyone who wishes to be included in this special issue of the Journal is invited to complete the template and submit it to parishts@gmail.com at his/her convenience, but not later than February 15, 2020. Let’s just call this issue of the Journal...

The International Who’s Who in Choice Theory and Reality Therapy.

Notably, this special issue of the Journal (to be published in Spring, 2020) should be inclusive of everyone around the world who has been involved with Choice Theory and/or Reality Therapy! This issue, in turn, will attempt to cast a light on the work of all those who have been involved in CT/RT, and provide invaluable information regarding what they have done in the field to utilize and/or advance the ideas and/or insights of “Everything Glasser”! As usual, this service is being provided at no charge to the readership, nor to those who are listed in this special issue of the Journal. Of course, beyond reflecting back upon what they’ve done, these “brief bios” may also provide important glimpses into what these contributors, authors, presenters, practitioners and researchers could be working on in the foreseeable future. Please note, however, that while there is no minimum length for each individual’s capsulated summary, there is a maximum length of two (2) pages per each

biographical sketch. Thanks to one and all for your cooperation regarding this special issue of the Journal, and for abiding by the usual requirements that are laid out by the Journal elsewhere.

What Follows is the Proposed Template for Members and Friends of WGI:

Name of the individual and current affiliation (or most recent affiliation).

Also list degrees/certifications, including institutions, majors and completion dates.

Professional Positions Held To-date:

Positions Held Within WGI:

Awards and Other Forms of Recognition Received:

Selected Books/Chapters of Books Authored or Co-authored Regarding CT/RT:

Selected Journal Articles Authored or Co-authored Regarding CT/RT:

Selected Workshops Presented or Co-presented Regarding CT/RT:

Selected Paper Presentations Presented or Co-presented Regarding CT/RT:

Glimpses Concerning Your Future Endeavors Regarding CT/RT:

Special Note to Each Potential "Brief Bio" Contributor:

Each "Brief Bio" will be left up to the contributor, with a few exceptions. Specifically, all "Brief Bios" should be in Verdana font and in "10" sized type. The above headings, however, may appear in **Bolded** "11" sized type. As noted earlier, there will be no minimum length for these "Brief Bios," but the maximum length is set at two (2) pages. After completion, each "Brief Bio" should be sent to the following address: parishts@gmail.com and should not be received after February 15, 2020!

INTRODUCTORY REMARKS REGARDING REALITY THERAPY AND SPIRITUALISM

Ernie Perkins

While I was finishing my work at Oklahoma State University in adult education, my psychotherapist son asked me what I intended to study next. At his invitation, I decided to study in his field of psychology. While reading an introductory counseling book on the subject, I remarked to him one day, "I wonder what school I will fall into," referring to the many different theories and approaches used by psychotherapists. He replied, "I can tell you now. You will be a Reality Therapy person." "How do you know?" I asked. "Because," he replied, "I have heard you preach all of my life."

Dr. Glasser's theory, most notably, is based on the truths of God's Word, whether he realized it not. I had spoken briefly to him concerning this. I may not have clearly explained my thoughts, but for whatever reason he did not see it or agree with me, but his denial doesn't make it any less true. In a way, I suppose it is similar to being told that your son looks very much like the mailman. No one wants to think that his "original" ideas have been around for more than twenty-five hundred years.

In 1973 or '74 I applied Heb. 3:17-19 as my life verses. The principles of those verses are the same principles upon which Glasser's theory appears to be built. Verse 17 gives a terrible picture of our current situation. Everything is going bad. It cannot get any worse than what is recorded here. Verses 18 and 19 state, however, "Yet I will rejoice in the Lord, I will joy in the God of my salvation. The Lord God is my strength, and He will make my feet like hinds' feet, and He will make me to walk upon my high places."

I came to realize from my study of these verses that the hind is a mountain deer that lives in high and dangerous places. Yet the deer runs safely across those dangerous trails because wherever its front feet land, the back feet land in identically the same spot. Instinctually, the deer sees places that are safe to place its front feet and so as it runs it does so, but the back feet follow safely behind for to miss the spot could mean falling off the cliff.

I realized that my front feet were to be obedience to the Word of God and not being obedient to my feelings. If I were obedient to what God told me to do, my feelings would follow. So, I decided to live my life as a hind in my own high places. I do joyful things so I can have joyful feelings. I do loving things, so I can have loving feelings. I obey so I can feel. My personal motto has become, "As I do, so will I be."

The principles of Reality Therapy are the same as those I discovered in God's Word. Only Glasser gave me more and helped me to realize that I had overlooked something. Notably, Glasser used the car model instead of the deer. His illustration included the four wheels of the car with the front two wheels being not only our actions, but also our thinking. "As we do and as we think, so will we be" could better be the motto. How could I have overlooked this simple Biblical truth? "As a man thinketh, so is he;" of course thinking should be included into this equation. And Glasser gave me two ideas for the rear wheels. One wheel is our feelings, but the other wheel is our physiology. Thus, our actions and our thinking will largely determine our feelings and to a large extent our total physical health.

There is no way in which I can explain all of the principles of CT/RT in this brief introduction. Dr. Glasser has written many books that share far more concerning his theory and therapy approach and I encourage the reader to study them. My goal here is to give public acknowledgement to Dr. Glasser's influence that will be seen throughout the following pages of this Journal. He has given to those of us in the Christian counseling field much that we can use. It is to me, the greatest tool that the counselor can have, other than the Bible, in his or her effort to help people. Much of the material I use has come from the things I have learned in my study and use of Reality Therapy. I will be forever indebted to Dr. Glasser for his contribution to my life and ministry by the books he has written and the seminars I have attended.

As a Ph.D. holder in Biblical counseling, I am well aware of the view that "the Bible is all you need." I have read the writing of those who argue that to use secular methods and materials is wrong, perhaps even evil and sinful. While reading the statement from one of the Biblical counseling godfathers "the Bible is all you need," I wrote in the margin of the book, "Then why did I spend \$19.00 for this book?"

My sermons are based on and come from the Word of God. But I have studied homiletics, speech, the English language, and do word studies to better present the truths of God's Word. In much the same manner, the truths of God's Word are all that is needed for any counseling situation. However, one is foolish, in my opinion, not to take advantage of the methods and materials by which one can better apply those truths. Do not be afraid to study and use what you can from where you can in your effort to help those who have come to you for counseling and advice. Value your library in your preparation of sermons and teaching materials, but also value your library in order to enrich your counseling.

A friend once said, as he stood in line to receive an honorary doctorate, "The curl on a pig's tail is cute, but it doesn't make the pork-chop taste any better." Interestingly, this is probably the manner in which the initials following my name should also be considered.

INTEGRATING SPIRITUALITY AND REALITY THERAPY

David Jackson

Abstract

My latest book "Becoming a Better Good Samaritan; Using Scripture and Choice Theory Psychology" was the result of a research project I undertook in 2012 exploring the use of spiritual interventions in Reality Therapy sessions. What appears below is a summary of the actual findings from this study.

The Project:

Permission was granted to use the membership directory of the WGI, The WGI consists of six regions with 4,100 reality therapy-certified members. 100 members were selected from each region. There were two additional requirements for selection. One was that they were presently or had been professionally engaged in counseling, and the second was that they have an email address.

A Likert-type questionnaire, developed by Tom Parish and me, had intervals of 1 to 5, and was sent to 600 RTCs. The first question was, "Do you use spiritual intervention in your counseling sessions?"

There were five spiritual interventions examined in the present survey. They were selected from an article by Richards, P. Scott, and Allen Bergin.¹

Roger Worthington reported in his article in the *Journal of Transpersonal Psychology* in his ten year study of mediation research that the same interventions that were listed by Richards and Bergin and used in this study were also found to be used more frequently than other interventions.²

Prayer includes petition that is asking something for one's self, and intercession, asking something for others. Confession is the repentance of wrong-doing and asking for forgiveness.

Scriptural study includes reading or memorizing verses and any homework that includes the Bible.

1. Meditation, in any of the four general types. *Intellectual* that is a focus on awareness and discrimination. *Emotional* that connects with the heart. *Physical* that involves several forms of movement, and action service that is service oriented.
2. Forgiveness: Helping the client to forgive. Worthington's article in the American Psychological Association Journal describes forgiveness as a spiritual intervention and helpful with individual, couple, family and group counseling.³
3. Self-Disclosure with the client. Sharing with the client experiences of the counselor's life. If the counselor trusts the client enough to divulge private information, it stands to reason that the client may feel more at ease in divulging parts of his/her life.

This is the questionnaire with the five intervention questions:

- I. Do you include any spiritual interventions in your sessions with the person(s) That you are helping? Yes____ No____ If no, please return now.

Please rate the success you observed using each of the following spiritual Interventions, ranging from 1 to 5,

1= **No Success**: 2=**A Little**: 3=**No Change** 4=**Much**: 5 = **Great Success**.

- II. Prayer. (Including individually or together, and/or homework).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

- III. Sharing scriptural passages with the client. (including homework).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

- IV. Meditation (in any form). (Includes homework).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

- V. Helping the client to forgive.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

- VI. Disclosure

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

There were 138 respondents and the data from the questionnaires were taken to the math department at Johnson County Community College in Overland Park, Kansas. The analysis for this study included descriptive statistics, which were used to organize and describe the characteristics of a collection of data. This analysis included the means, standard deviations, with the range of scores for the independent variables.

Research Questions: The four research questions serving as the focus of the study were:

1. What is the percentage of counselors who use at the least, limited biblical counseling using some forms of spiritual interventions.
2. Which of the spiritual interventions is most utilized and in what order are the five spiritual interventions utilized?
3. Which spiritual interventions appear to be most successful and in what order?

4. The integration of biblical counseling through spiritual intervention in counseling sessions, as reported by the respondents.

The following spiritual interventions were most utilized in this study:

Meditation was the most utilized with 132 spiritual interventions. Roger Walsh's article in the *Journal of Transpersonal Psychology* supports this finding with anecdotal results showing that meditation by either the counselor or the patient can produce favorable results in therapy.

Forgiveness was next with 126 spiritual interventions. Third was Self Disclosure with 114 spiritual interventions. Fourth was Prayer with 102 spiritual interventions. Last was Scripture with 84 spiritual interventions.

According to the data from the 144 respondents who reported using spiritual interventions in their counseling it appears that such use was associated with much success 56% of the time and great success at 32.5% of the time. It is obvious that much success and great success are reported more by respondents. The data further discloses no success at 5.1%, little success at 0.9%.

The above data indicates a possible relationship between the use of spiritual interventions and improved client well-being. Applications for the choice theory/reality therapy community have the following possibilities:

1. Social Work therapists, school counselors, rehab counselors, corrections counselors, pastoral counselors, and psychotherapists trained in reality therapy who were not in this study can examine the results reported here regarding the effectiveness of applying spiritual interventions in their counseling.
2. There are many other reality therapy-certified members who are not in the counseling business but have taken the training to improve their personal lives. The results of this study, and the effective application seen in the spiritual interventions reported here, may also improve the well-being of this population.
3. Counselors from psychological backgrounds other than reality therapy--reading the results of this descriptive research study may be convinced to apply spiritual interventions into their counseling sessions by offering spiritual growth for their clients.

Training in the area of spiritual interventions in counseling is quite limited. Mary Peterson is one of the few to address this shortcoming explaining a training program for therapists at George Fox University. She explains there are eight competencies stressed in their curriculum. Students must understand integration competency which means the student understand religious faith systems and how they relate to services offered by professional psychologists, respectful of religious and spiritual issues in assessment, intervention, supervision and consultation.⁴

Notably, Len Sperry points out that historically psychotherapists' training has not included the spiritual component, which was left to the clergy, pastoral counselors and others instead⁵.

References

1. Richards, P. Scott, and Allen Bergin. "*Spiritual Strategy: For Counseling and Psychotherapy*." Washington DC: American Psychological Association, 1998.
2. Worthington, Jr., Everett L., Taro A. Kuru, Wanda Collins, Jack W. Berry, Jennifer S. Ripley and Sasha N. Bauer. "Forging usually takes time: A Lesson Learned by Studying Interventions to Promote Forgiveness." *Journal of Psychology and Theology* 28 no 1 [2000]: 7.
3. Worthington, *ibid*.
4. .Peterson, Mary A., "Integration of psychology and Christianity: A unique challenge in clinical training." *Journal of Psychology and Christianity*, 30, no. 2, [2001]: 116.
- 5 Sperry, Len. *Spirituality in clinical practice: Incorporating the spiritual dimension in psychotherapy and counseling*. Ann Arbor: Sheridan Books, 2001.

Brief Bio:

David Jackson is an advanced instructor for the WGI, plus he has served for six years as the Regional Director of the Mid-America Region. In addition, David has also authored seven books, including "Becoming a Good Samaritan."

CLERGY SELF-CARE

Author: Rick Luciotti

The central premise of this article is, 'Taking effective care of one's self becomes the most efficient method for extending effective care to others.' This statement may appear as nothing more than simple common sense to many. And, in theory, that's so. However, not everything we view as simple is always easy to put into practice.

It is generally presumed that one cannot be of help to others if they are not taking effective care of themselves. However, as one chooses to take ever more effective care of one's own self, that person, in turn, is better empowered to become more effective in his/her efforts to assist others. Persons taking effective care of themselves will be clearer of mind, healthier in spirit, and have greater energy for service to others. They will be less distracted, have a more even temperament, and be better able to express empathy toward those to whom they minister. Additionally, service will, in almost all cases, be better directed at empowering, rather than enabling persons in times of concern or crisis. (Here the term 'enable' is borrowed from the language of Alcoholics Anonymous, wherein it is used as an expression for fostering dysfunctional behavior and attitudes in others).

The key term in the above paragraph is Effective. Companion to this would be the term Efficient. Effective means choosing the right thing to do for ourselves. Efficient indicates learning the best methods for accomplishing the former. These are not terms unique to this article. Numerous schools of thought have utilized them for describing how best to organize efforts for personal or corporate success. As an example, taking medication for an illness would be an effective behavior. Taking that medication when and only as directed by a physician/pharmacist is an efficient behavior.

An often-utilized quote related to these concepts is, "Quality is not something you can define; but you know it when you see it." It is a colloquial expression, perhaps most famously paraphrased in 1964 by U.S. Supreme Court Justice Potter Stewart. However, here I am drawing from the career of industrialist, W. Edwards Deming. Deming was vital to the reorganization and industrial recovery in Japan following WWII. Prior to that, Deming is credited with providing much practical theory and application for the highly successful industrial output equipping the US military during WW II.

Deming also stated, "It is not enough to do your best. You must first know what you are doing and then do your best." This is central to an understanding of Effective and Efficient self-care. Deming's thought captures for us the central role of planning in becoming effective and efficient in self-care. One must organize and work from a plan, which includes trouble shooting the possible "what ifs" that could occur. One cannot simply hope that they will become effective in their self-care. An old adage applies here, "No one plans to fail, but many fail to plan." It is from this point of view that Clergy Self-Care is considered. Think of the many New Year's resolutions that go unfulfilled each year. An idea without a carefully designed plan often results in less than satisfactory results.

It is important to stress that this is not a call to mere self-reliance or self-indulgence as central to effective self-care. In fact, it is many times the case that the presumption of

clergy perceiving a need to be self-reliant leads to many issues of isolation and resulting self-damaging behavioral habits. Rather, clergy self-care is best viewed as clergy learning to develop significant interactions and relationships with peers, family and friends outside the parish for adjusting to and coping with the demands of pastoral ministry. Clergy are encouraged to keep firmly in mind that no one possesses all the answers or all the solutions to circumstances arising professionally and/or personally.

Furthermore, this premise suggests, 'Effective Self-Care' stems from an awareness of what Psychiatrist Dr. William Glasser referred to as, "Total Behavior". 'Total Behavior' is an integration and expression of one's thinking, acting, feeling and physiology. Clergy are called to appreciate that, one always behaves in an effort to meet his/her basic needs. These are understood as achievement, intimacy, fun and physical well-being. Developing healthy behavioral patterns for meeting one's needs is vital to striving to assist others in meeting their needs.

This directive can be likened to the scriptural admonition to love the Lord with all of our heart, mind, soul and strength, and our neighbor as our self. If it is understood that these are not separate entities, but instead fully integrated aspects of our relationship to God, neighbor and self, then how we attend to our total being largely determines how effectively we extend care.

It is vital to understand there is a difference between one's needs and wants. As we assess and act to meet our needs, we become better able to assist others in practical and healthy efforts in choosing to meet their legitimate needs for accomplishment, relationship, enjoyment and health in living.

In our faith tradition we teach, 'we are to love the Lord our God, with all of our heart, mind, soul and strength.' This is a clear example of a total behavior. We do not pretend that we need only love God with, say, our mind and not have a corresponding commitment of the other faculties. In the same manner, a commitment to self-care should mirror that same type of total behavior. Again, we are to love God and neighbor, as self.

Further, it becomes for us as the Apostle Paul would write, "to mature (grow up) in every way onto Christ." In answering the question, "Who ministers to the minister?", we begin by taking a careful look into the mirror of our own reality. Do we, as the letter of James suggests, 'simply look into the mirror and then forget what we see; or do we become "doers of the word." That indicates we are to ever more fully learn to take effective care of ourselves. An Important tenet of Dr. Glasser's thought is, "the only person's behavior we can control is our own." Thus, clergy should carefully assess all aspects of their own lives, list joys, concerns and frustrations and then dedicate their being to establishing healthy habits to attend to our needs. In this way one can begin to model a more effective and efficient style of life for those we seek to serve.

Again, this is not a call for self-indulgence; rather healthy self-care becomes a means for our modeling the faith we proclaim. Clergy are charged to project a healthy and vibrant total self, wherein honest and open sharing of ideas and concerns with others freely occurs. Those to whom clergy minister will be inclined to listen more carefully to what it is proclaimed, as they perceive spiritual and emotional well-being within the caregiver. Dr.

Glasser also stated, "The only thing we can give another person is information." Notably, modeling effective and efficient self-care is information.

'Total Behaviors may be described in a number of different ways, but it is believed that these models all refer to the same concept. More specifically, within Spirituality, we see the interplay of the heart, mind, soul and strength of a person. This can also be expressed psychologically, utilizing Dr. Glasser's terms as the interplay of a person's acting, thinking, feeling and physiologing. Thus, behavior is always a reflection of the integration and interplay, or lack thereof, of our intellectual development, our emotional awareness, plus our spiritual practices and care of our physical self.

While there might be some discussion concerning the direct lines between each category, it is here suggested that the concepts of 'Total Behavior' are always occurring within each of us. To ignore one aspect, is, in turn, to impair the efficiency of the other components. The amount of attention given to each area may well vary from person to person. We are, after all, unique. However, we do all have honest needs for achievement, intimacy, fun and physical well-being. It is our personal responsibility to attend to each area in a holistic manner. This begins by honestly assessing who we are and what we need and how important it is to meet each need.

For example, if one perceives a need for a healthier physical self, the following are things one might consider. Consultation with one's physician for an assessment of one's health is a good place to start. Following this, developing a plan for healthier eating, achievable physical exercise and sufficient rest, relaxation, and time apart from career. And, then of course comes the challenge, implementing and sustaining the plan. Much the same process can be applied to the other needs in life.

There are many quick and easy self-assessment instruments available and easy to access. These can all provide a quick snapshot regarding personal satisfaction with any number of areas in life. If we take the time to reflect upon our living, we have the ability to acknowledge our level of satisfaction or frustration with our current life situation.

This basic approach can quickly and easily assist one in self-assessing the level of negative stress, or dissatisfaction with life, at the current time. From such awareness, one can begin to cite goals and develop strategies for achieving greater satisfaction with living. Edward Deming stated, "You cannot achieve an aim, unless you have a method." By this it is understood that if the goal is effective self-care, one must choose to develop a well-considered plan and commit to striving to achieve the goal."

If one's goal is creating a healthy balance of career, family, spiritual and physical well-being, then the following considerations will all be assessed in relation to the other aspects mentioned. How much time and effort are devoted to each aspect may seem obvious; however, consider how easily one can become absorbed in their career and its perceived demands. It can become a personally, spiritually and relationally neglectful routine of over-committing to career projects. The result is fatigue, a growing sense of isolation, and even resentment (often denied) toward one's career and even toward those closest to the person.

A place to begin planning for more effective self-care is likely best undertaken with a group of trusted friends, peers, mentors and/or spiritual directors. Honest dialogue and feedback are believed most helpful in developing a plan that is relevant and achievable. Many times plans to become more effective are overly ambitious and the attendant obstacles are simply overwhelming. The best tailored plans typically begin with small steps and include troubleshooting the “what ifs” of circumstances which might impede progress. For example, a plan to become more physically active requires consideration of current health status, amount of time that can reasonably be devoted and activities to which the participant desires to undertake.

At times, even one's best of intentions for, and/or efforts at, self-care do not produce the results one desires. Frustration becomes the end-result and can quickly give way to feelings of depression, anger, isolation, resentment and other less-than-hoped-for emotions. Left unattended, such emotions can all too easily become translated into attitudes and behaviors detrimental to one's health and the health and well-being of others with whom they seek to serve. At junctures wherein a sense of frustration with how one's life and work is evolving becomes clear, consultation on finding more effective methods for meeting one's needs is encouraged.

Of course, many resources may abound and simply the act of acknowledging one's own frustration may help us to do better. In addition, a trusted colleague or local chaplain, for example, may prove an effective ally in assessing one's needs and helping us to overcome various problems that have developed over time. Consider, for example, the two most important points on a compass, i.e., the center (where we are right now), and some point along the periphery (where we wish to go). Having delineated these points, all that remains is for us to determine what we must efficiently and effectively do to achieve our goals, and/or aid others in reaching their goals, whatever they might be!

REALITY THERAPY/CHOICE THEORY AND RELIGION

THE EMPHASIS ON CHOICE IN BOTH CATHOLIC CHRISTIANITY AND RT/CT

Walter Dziordz

Reality Therapy/Choice Theory (hereafter RT/CT) is not a religion. However, this system developed by Dr. William Glasser, MD, does support religious concepts, the most important being the recognition of free will in our lives (Glasser, 1987). In Seminary, I learned that people ought to confess what they accuse themselves of. If it is serious or grievous in nature, and freely chosen, it would be typed as "mortal." This implies that I know something is seriously wrong, and freely chose to do it. There are philosophies that argue against the reality of free will, but certainly not any in the Catholic Church.

One must start someplace. Although the complexity of life is acknowledged, within this muck the Catholic Church sings psalms of a God coming to set people free. "Blessed be the Lord, the God of Israel; He has come to set us free" (Luke 1:68-79). As a child, I learned that all sin begins in the mind. And so, we confessed even our thoughts in the Rite of Confession under the rational of "what am I freely choosing to think?"

Now in RT/CT, what is recognized is the intrinsic benefit of seeing the intrinsic good in what Dr. Glasser calls an Internal Control Psychology, as opposed to an External Control Psychology. (Glasser, 2005) The Internal refers the decisions that I am choosing to do within me. External means that something "out there" is somehow forcing me to act the way I do, choose what I do, if it can even be called a choice. Why am I depressed? Could it be that something outside of me is making me depressed?

In RT/CT, nothing and nobody can force me to do anything: I choose to do it. I am not even forced to stop at a red light. After all, people drive through red lights all the time. I choose to stop at a Red Light. If I choose otherwise, I may cause an accident or be given a ticket by a police officer. But then again, people knowing this possible set of results, still go through red lights repeatedly all over the world. (Boffey, 1993)

FREEDOM AND THE ROLE OF FEELINGS IN CATHOLIC CHRISTIANITY AND CT/RT

Yes, Free Will is real! So, in any coaching or therapy situation, someone adhering to the thoughts of Dr. Glasser will not analyze anyone or tell someone what to do. It's all an internal frame of reference. Are your decisions working for you? What could you do better?

Readers of this Journal know all of this. What I want to point out is that such thinking is ennobling. It brings out the dignity of the human person. If I am created in the image of God, I must somehow be able to reflect God's nature. The more perfectly I do this, the world is made better somehow; it is transformed.

Feelings are not a predominant aspect of RT/CT, but they are not ignored either (Glasser, 2004). Dr. Glasser uses the image of a car to help students understand better the role of feelings. There are four wheels to a car, and back wheels follow front wheels. The front wheels are Doing and Thinking; the back wheels are Feeling and Physiology. If we are feeling bad, in accordance with this analogy, I ought to do something different or think

something different. If I am in therapy with a Glasser student now, I might be asked a question such as: If I were living the life that I so much desire to live, what would I be doing and what would I be thinking? Interesting question! Now, if I am choosing to think something great, and/or if I am doing something great, naturally I will feel terrific. Back wheels follow front wheels. Now notice here that feeling has a role. I am using feeling to evaluate what I am doing and thinking.

SELF-EVALUATION

I, myself, am learning how to do this. This is part of what I meant about the complexity of human life earlier in this article. How is it that I can say everything I said so far and still feel bad? Well, I need to look at the goals that I have set for myself in life. How did I choose these goals? Maybe they have been chosen for me, and over the years I have simply accepted them as “my” goals? Then there is the question of motivation. I might sit with a therapist of this thought process, and say, “This is the goal that I really want to work toward!” We even plan to work toward this goal (at least one goal at a time should be aimed for, in my opinion), but then at my next session I must admit to the therapist, and myself, that I have done little--to nothing--to accomplish this goal. Furthermore, what surfaces is that my motivational level is very weak. On a scale of 1 – 10, where 1 is the weakest and 10 is the strongest, it turned out to be on the levels of either 1 or 2! However, I just got through saying to the therapist in my last session that the goal I stated was the one I really wanted to work toward. Self-Evaluation is certainly needed here (Wubbolding, 2017). Truly, the complexity of human life cannot be ignored.

Dr. Glasser brought out a concept of a Quality World. Here is where the pictures of what I want are kept. If what I am doing does not match these pictures, a frustration signal now surfaces and motivates me to, basically, change this situation until I do get what I want (Glasser, 1985).

SELF KNOWLEDGE AND MYSTERY

Now, dialoging with Religion again, do I really know what I want? Whether it is Dante going through Hell, Purgatory and/or Heaven, or St. Theresa of Avila talking about Interior Castles, Catholic teaching always sees different levels to our being. In Ancient Greece, if one went to Delphi to seek an oracle, one had to go under a sign first that simply stated, “Know Thyself.” Perhaps, just perhaps, if I did know myself, I wouldn’t have had to seek an oracle.

Whether in Religion or in RT/CT work, such exploration into Self is undertaken. Why am I not so motivated to accomplish a goal that I just got through saying to a therapist was what I wanted? Why do I keep falling in the same sin over and over, as I might say to a priest? How can I be a Bishop or Cardinal even, knowing as much intellectually as I do, and molest a child? We must look at Consciousness.

Religious teachings from most Religions say that we are Eternal. I have even heard it said that we are not physical beings having a spiritual experience; rather, we are spiritual beings having a physical experience. If that spiritual part to ourselves is eternal in scope, we are

talking about major complexity. Consider the following from the psychiatrist Gerald G. May, M.D. from his book, "Will and Spirit:"

- I also know what it is like to be confused about psychology and religion. I have long felt a deep need to re-invent these two disciplines in my own life and work, to bridge the chasm between science and mystery. But more recently I have come to feel that if such integration is to take place, psychology will have to sacrifice its identity. Psychology is fundamentally objective, secular and willful, whereas the core identity of religion is mysterious, spiritual and willing. Much of modern religion has already lost these qualities. It has lost them to integrate with psychology and with the overall tenor of modern culture. It has lost them in trying to be relevant (May, 1987).

It goes back to Consciousness. It goes back to somehow, knowing ourselves, and this knowing must involve the fullness of who-we-are. Our lives cannot be simply a "head trip." Intellectual experiences are fine, as a starting point. We are people of reason, but we are also people of feeling. RT/CT does not, again, discount feelings. It just doesn't stress them over and above Thinking and Doing. I need experiences to compliment what I know or think that I know. I need to go deeper into my beliefs. How can we ignore the fact that so many disciplines exist? I had to get training in philosophy before I could even approach theology. I needed to study RT/CT to help me better understand "me!" Then, of course, to understand others and better help them. I therefore continue to learn.

I went to a Tony Robbins event (Unleash the Power Within) and walked on hot coals. That really taught me that there is more to a human being than what is presumed. Then there was an exercise that I did that shocked me. I was in a class with a Quantum physicist (Fred Allan Wolf) who had his class form their hand like a pointer (gun imagery works too) and point to something and answer his question as to whether it is outside me or inside me (as the one pointing)? We said, "outside," (I naturally did). We pointed at five other objects at least, finally pointing directly at ourselves. I pointed at myself and asked myself, "Inside or Outside?" I was stumped as to what I was confronted with was Mystery. You see, If I point to anything and say "outside," then I am admitting that it is not me. It's not me! It is outside me! Now, if I point to myself and admit that what I am pointing to is outside me, then what am I? Who am I? Or as Dr. Wolf asked, where am I, a very quantum physics question.

Dr. Wolf is basing his question here on a principle called, "Entanglement." Simply put, if two particles, once associated with each other, are sent to the furthest ends of the galaxy, and one changes one particle, the other will change as well. They are "entangled" with each other. Now, at the big bang all matter was interrelating, so to speak, in a very small space, eventually spreading throughout. Naturally, this includes us as a part of the same matter system. We can say now that we are all entangled with each other. At the deepest level, therefore, we are all One. This takes some reflection as to its implications. Related terms to this concept include Superimposition and Non-Locality (Radin, 2009; Wolf, 2005).

I had a teacher in a spiritual direction program who was also a psychiatrist. His name was Dr. Gerald May. I quoted him earlier. His class was composed of ministry students of different Christian denominations. He referred to spirituality as a "Grace-full movement."

We are a people of much beauty and grace – and of much depth, all because God called us first and has Graced us with Himself. Again, at the deepest level, we are ONE. This statement doesn't ignore the paradox that we are also many.

We have every reason to be confident in our journey, complex as it can look because God/Mystery is with us. We can understand – best - If we allow ourselves to enter the Quiet. Listen to God's whisper, speaking within ourselves. Listening in this way, we might "catch" the answer we need, much like catching a joke. Why do some people catch a joke and laugh, while other people don't get it. They are wondering what we are laughing at.

Tilden Edwards, author and co-founder of the Shalem Institute of Spiritual Formation would say, "We all know those moments when we are suddenly free to see what is, and sometimes to see what can be, and is meant to be It is more of an intuitive seeing that spontaneously comes from beyond our figuring-out minds" (Edwards, 2001).

Both Religion and RT/CT contribute much toward such self-understanding. They both aid much toward our ability to catch what is needed for better understanding; recognize why we are motivated or perhaps not as much as I would like; see with better clarity the goals of our lives; act out of the best of ourselves; look back at our lives and at least smile, if not laugh.

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Brief Bio:

After serving in the US Army (1970-1973), Fr. Walter Dziordz became a member of the Congregation of Marians, a religious Congregation of the Roman Catholic Church. In the United States it is headquartered in Stockbridge, Massachusetts. In this Congregation, Fr. Walter served as Provincial Superior for two terms of six years each. He served also as a Pastor twice. He holds BA, MDiv, and D.Min. degrees. He was CT/RT certified in 1994, receiving Basic Supervisory status in 1995. He was further certified from the Shalem Institute of Spiritual Formation in 1988. Finally, he was ordained as a Roman Catholic priest in 1984.

FORGIVENESS AS AN EFFECTIVE TOTAL BEHAVIOR

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Abstract

Choice theory emphasizes that all individuals have control over their own behavior and that empowerment comes from placing the responsibility for choice on the individual. Individuals lead healthy and productive lifestyles when they engage in effective behaviors which are characterized by positive choices. In this article the authors illustrate how the choice to forgive is an example of an effective behavior. The authors discuss the total behavior of forgiveness with its four components of action, thinking, feeling, and physiology. Finally, the authors describe how viewing forgiveness as an effective behavior and integrating forgiveness interventions in therapy adds to clients' overall well-being as they strive to meet the need for love and belonging and live healthy and productive lifestyles.

According to choice theory, behavior is seen as chosen (Glasser, 1998; Wubbolding 2014). A pattern of positive choices, or effective behaviors, characterizes a healthy and productive lifestyle (Wubbolding 2014, p.20). One such effective behavior is the choice to forgive. Forgiveness is a coping response to interpersonal conflict that represents a positive alternative to seeking revenge or simply distancing oneself from an offender (McCullough, Worthington, & Rachal, 1997; Worthington & Scherer, 2004). Enright and Fitzgibbons (2000) define forgiveness as the choice to willfully abandon resentment and related responses, and instead respond to the offender through compassion, unconditional worth, generosity, and moral love. This proactive choice to forgive is a distinct and complex coping response that addresses behavioral, cognitive, and emotional effects of the offense, empowering the victim and is independent from the actions of the offender (Flanagan, Vanden Hoek, Ranter, & Reich, 2012).

As an effective behavior, research on forgiveness has demonstrated that choosing to forgive promotes personal and social well-being (Hill, Allemand, & Heffernan, 2013). Forgiveness promotes positive relationships within family, marital, and other social relationship contexts (McCullough & Witvliet, 2002; Fincham, Hall, & Beach, 2006; Paleari, Regalia, & Fincham, 2005). In addition, forgiveness leads to both psychological (Karremans, Van Lange, Ouwerkerk, & Kluwer, 2003; Toussaint & Webb, 2005) and physical wellness for the forgiver (Worthington & Scherer, 2004; Worthington, Witvliet, Pietrini, & Miller, 2007).

Total Behavior of Forgiveness

From a choice theory view, all behavior is composed of four components: action, thinking, feeling, and physiology, and therefore, is referred to as *total behavior* (Glasser, 1998; Wubbolding 2014). Forgiveness is conceptualized as involving decreases in negative behaviors, cognitions, emotions, as well as incorporating positive behavioral, cognitive, and emotional regulatory subsystems with positive impacts on physical health (McCullough, Pargament, & Thoresen, 2000).

Every behavior is total and includes all the four components (Glasser, 1998). However, behavior is often defined by the component of the behavior that is most obvious to the

person who is experiencing it. Following is a discussion of each component and examples of some of the specific components of forgiving behaviors that have been shown to be relevant to each component.

Acting

Effective choices aimed at satisfying human needs embrace both assertive and altruistic behaviors (Wubbolding 2014, p.20), such as forgiveness. Healthy people clarify what they want, choose accordingly, and contribute to society through family, life, and personal pursuits (Wubbolding 2014, p.20). As an effective choice then, forgiveness allows relationships to continue, despite the internal and external demands of interpersonal stress (McCullough, et al., 2000; Worthington, 2006).

Choice theory's concept of internal control reinforces the idea that human beings cannot "make" other people do what they want them to do (Glasser, 1998; Wubbolding 2014). In response to a perceived offense, a person cannot control how the offender acts. The focus of control is on how the victim responds. Therefore, forgiveness is an internal control concept that starts with a decision, an act of the will, or a choice that then initiates the unfolding process and benefits of forgiveness (Cioni, 2007). The act of choosing to forgive may be followed with the victim's explicit declaration of "I forgive you," and his or her restraining from hostile reactions or even performing prosocial actions towards the offender (Miceli & Castelfranchi, 2011). Forgiveness is, in a sense, the opposite of the less effective behaviors of revengefulness and resentment. Within the context of reality therapy, clients can learn that their behavior, such as choosing to forgive, originates from within and is not dependent on others, which in turn, empowers clients to make an effective choice to change.

Thinking

The cognitive choice to forgive is also a critical psychological component of forgiveness and a significant step in the process. The ultimate accomplishment of forgiveness includes acknowledging the critical importance of choice (Cioni, 2007). Decisional forgiveness may begin with making a sincere intention statement about controlling one's future behavior toward the offender (Worthington, 2006). Rational thinking patterns that are encouraged as part of the reality therapy process include a realistic understanding of what one can and cannot control and the knowledge that one is responsible for one's own behavior (Wubbolding 2014). Once again, taking ownership for one's thinking patterns empowers clients.

Feeling

Because all behavior is total behavior, one cannot change action and thinking without influencing change in human emotions (Glasser, 1998; Wubbolding 2014). Effective choices of action and thinking are likely to result in an increase in positive emotions such as patience, empathy, sociability, and acceptance (Wubbolding 2014, p.22). The choice to forgive allows the one who is offended to let go of the negative affect that would interfere with interpersonal relationships (McCullough et al., 1997). Research notes that less forgiving people are higher in neuroticism and anxiety (McCullough, Bellah, Kilpatrick, & Johnson,

2001), and are more likely to ruminate (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). They are also more likely to display such relationship-damaging emotions as anger and hostility and tendencies for anxiety and depression (Thompson et al., 2005).

Physiology

Individuals who describe themselves as more forgiving or who express forgiveness about a particular incident have lower blood pressure (Lawler et al., 2003) and better self-reported health on a variety of negative measures, such as physical symptoms of illness, depression, and stress (Lawler et al., 2005). In contrast, psychological tension, created by unforgiveness in a close relationship, may lead to physiological indices of unease, as well as self-reports of physical symptoms, loneliness, and stress (Lawler-Row, Hyatt-Edwards, Wuensch, & Karremans, 2011).

The Impact of Forgiveness on Relationships

According to Glasser (1998), most long-term problems are relationship problems. These problems are exacerbated by the use of what Glasser referred to as the "deadly" relationship habits of blaming, complaining, nagging, complaining, threatening, punishing, and bribing/rewarding in an attempt to control. These behaviors are integrated into withholding forgiveness, which in itself is an effort to control and punish the offender. Unfortunately, withholding forgiveness as a way of punishment often has the side effect of self-punishment, a result similar to a quote made famous by Nelson Mandela: "Resentment is like taking poison and waiting for the other person to die." Conversely, by engaging in the effective behavior of forgiveness, one can reap physical and emotional health benefits in addition to the possible restoration of interpersonal relationships. Forgiveness makes it possible for relationships to continue and prosper after threats to intimacy have occurred and is, therefore, an important tool in the maintenance of significant and long-term relationships (Ripley & Worthington, 2002). Research also portrays the benefits of replacing anger with forgiveness for individuals, relationships, and societies promoting harmony, trust, and reconciliation and improved mental well-being and physical health (Burnette, Davis, Green, Worthington, & Bradfield, 2009; Toussaint & Webb, 2005; Worthington & Scherer, 2004; Enright & Fitzgibbons, 2000; VanOyen Witvliet, 2001).

Motivation to Forgive

Research verifies that forgiveness is an intentional and effortful behavior (Younger, Piferi, Jobe, & Lawler, 2004). As with any intentional behavior, individuals need a reason (or motivation) for their behavior (Jeter & Brannon, 2015). So what motivates individuals to forgive?

A cornerstone principle of choice theory is that all behavior is purposeful (Glasser, 1998) and that human motivation is intentional (Wubbolding, 2015). While human beings are products of their total past experiences, individuals make current choices based on here-and-now motivations, especially the desire to connect with other people (Wubbolding, 2015). Regardless of past psychological assaults or current environmental barriers, individuals remain capable of making choices. This principle serves as the basis for empowering clients to take charge of their lives and to move forward positively (Wubbolding, 2015).

A principle of choice theory is that human behavior originates from five sources or needs: survival or self-preservation, love and belonging, power or inner control/achievement/accomplishment, freedom or independence, and fun or enjoyment (Glasser, 1998; Wubbolding, 2015). Wubbolding described needs as universal in that they are common to every culture and are the all-prevailing basic sources of human behavior (Wubbolding, 2015).

Research on forgiveness illustrates that individuals are motivated to forgive for different reasons (McCullough, 2000). However, motives are frequently related to relationship-focused purposes (Hill, Allemand, & Heffernan, 2013). Choice theory posits that human beings possess an innate need for human closeness and for interdependence (Glasser, 1998). "Enhanced acquaintanceships, friendships, and intimacies provide the royal road to mental health and quality living" (Wubbolding 2014, p.34). Viewing forgiveness as an effective behavior and integrating forgiveness interventions in therapy adds to clients' overall well-being as they strive to meet the need for love and belonging and live healthy and productive lifestyles.

Conclusion

One of the fundamental tenets of choice theory is that human beings are responsible for their behaviors and as such are able to choose effective behaviors for positive change. The proactive choice to forgive is an effective behavior that promotes physical, emotional, and social benefits. Therefore, viewing forgiveness as an effective behavior and integrating forgiveness interventions in reality therapy may facilitate personal empowerment and positive change for clients.

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THE GREATEST OF THESE IS LOVE

Mona Dunkin, CTRTC, Faculty Member of the Glasser Institute Trainer,
Speaker and Personal Success Coach

Abstract –

I am delighted *The International Journal of Choice Theory© and Reality Therapy©* is devoting an issue to Spirituality. In my quality world, soul work is a basic need. Or not... as it aligns with the four psychological needs Dr. Glasser outlined of love/belonging, power, freedom and fun.

The concepts of *Choice Theory© and Reality Therapy©* belongs to all religions, and to none. The teaching is not for everyone, yet it is not against anyone. Like the Hippocratic Oath, it does no harm. *Choice Theory© and Reality Therapy©* meets the 3-Point Spiritual Litmus Test of Mike Dooley: "1) Does it speak of life's beauty? 2) Does it speak of our power? 3) Does it include everyone, everywhere, no matter what? Hallelujah! Just another step toward ending war, prejudice and slow driving in the passing lane."

What is Love Anyway?

Although the Love month is passed, the concept of loving and being loved never goes away. Flowers wilt, candy is eaten, balloons pop and the cuddly stuffed animals lose their luster and song. Life can be disappointing when the attention wanes. Know this, however: you are unique and special and very loveable. Please believe it.

Love is complicated.

As if *love* was not complicated enough, we Americans use this particular word is used to express our affection for everything from people to popcorn to places to puzzles to pets.

The Greek language has four different words for different loving emotions.

- "Eros" (cupid) is the romantic love,
- "Philio" is friendship or brotherly love
- "Stoic" is the kind of love for whatever is still left - things, places, activities, chocolate.
- "Agape" love which is Divine, a God's kind. A love that is unconditional, eternal and healing.

Love, passive and active.

The Hebrew language has two words for love, both in the present active tense.

- "Ahab" is choosing to love from afar with the intent to pursue and to woo. Ahab love is hopeful.
- "Hessedh" is choosing to love and to keep-on-loving whether received or rejected. Hessedh love is steadfast and eternal.

Faith, hope, love.

In the Christian Bible, the Apostle Paul wrote a beautiful essay on love. He gave a benchmark for us mortals to use to measure our romantic and brotherly love. He said outrageous things such as; "Love is kind. Love does not envy. Love does not get puffed up or pouty. Love does not always have to have its own way. Love bears all things, believes all things, hopes all things and endures all things." (I Corinthians 13)

A flip of the coin.

I like to look at issues from all sides. To observe the direct meaning and also see what is indirectly inferred. In measuring myself by Paul's love yardstick I noticed two phrases coupled together. "*Love is long-suffering*" - I had that down to a fine art (I could roll my eyes and sigh deeply and it was so obvious I was suffering in my patience) - "*and is kind.*" Oh no! In suffering we are to be kind?

Give me a break.

It hit me like a ton of bricks. I said out loud, "Surely You jest! You expect me to be kind to my mother-in-law?!" (Or mate, or child, or boss or neighbor; you fill in the blank.) Another word for love is "charity". "Charity" is used instead of "love" in the above-mentioned passage in the King James Bible translation. I like that. I find in some incidents that it is easier to be charitable than it is to be loving. I am learning to be kind to the lovely and the unlovely alike. To strive to overlook bad attitudes and respond in kindness to irritants or rudeness or disrespect.

Charity begins at home.

Garland and I married fifty-two ago. I am humbled by the fact that this guy loves me and keeps on loving me. Opposites attract. Opposites also attack. Over time, that refreshing opposite way of seeing life from the way you view life becomes stale... and irritating.... And just wrong! Let's be charitable.

How to be charitable.

The hormonal passive love of Eros and Ahab may draw a couple together, but it is the active, on-going, over-and-over choosing to love of Hessedh that keeps a family together. And it is the friendship of Phileo love and the fun-seeking-shared-interests of Stoic love that makes the relationship enjoyable. It grows into the love that "endures all things" – hardships, grief, difficulties – and "believes all things" – sees the good in the midst of the not-so-good. A love that is in it for the long haul. A commitment with no escape clause.

Fifty-two years and counting. . .

So it is for me and Garland. It has been difficult at times. It has also been a wonderful, magical adventure and the road ahead looks promising. A love that lasts is one rooted in friendship and mutual respect.

Put first things first.

It's a lifetime and counting for genuine Agape love and me. Because I am the willing benefactor of God's universal blessings and unconditional love, I am able to accept myself as I am and to be charitable to others as they are. A quote from the wisdom of C. S. Lewis:

"When I have learned to love God better than my earthly dearest, I shall love my earthly dearest better than I do now. In so far as I learn to love my earthly dearest at the expense of God and instead of God, I shall be moving toward the state in which I shall not love my earthly dearest at all. When first things are put first, second things are not suppressed but increased. Second things are corrupted when they are put first." From C. S. Lewis, British Writer and Theologian

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Brief Bio:

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RT DERAILING THE ROUTE TO DEPRESSION

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"Pressure can lead to stress; stress can lead to burnout; and burnout can lead to depression,"¹ my pastor said. And, I thought, "That makes sense," but, the statement immediately moved into my mental storage cells concerning Reality Therapy. If the statement was true, how can it be applied to all that I have learned and know about Reality Therapy? I believe and have stated that if a person enjoyed his or her work, s/he may become very tired, but would not likely experience burnout. Notably, burnout is not the result of overwork. To prove my earlier belief and to give credit to the statement by my pastor, I began to walk it through Reality Therapy one step at a time.

The pressure that could lead to stress must be of a certain type. It is a pressure that is produced not by situations, but by relationships and our irrational beliefs concerning those relationships. Albert Ellis had stated that there are three irrational beliefs that we can have. I believe these irrational beliefs are the foundation for the pressure of the equation.

These irrational beliefs are as follows: one, I must please everyone all the time, or I am no good. Two, everyone must do what I want them to, or be punished. And, three, I must have what I want, when I want it, because I deserve it.

Each of these irrational beliefs is based upon a relationship. For example, if I give value to myself based on whether or not I have been able to please others, I have created for myself a pressure cooker. It is impossible to please others all the time. Regardless how much I might like to be well-pleasing, somebody somewhere isn't going to have the mental abilities to appreciate me. I had been a pastor for almost ten years; one would think that with that much experience and training as a pastor I would have realized it before I did. But the fact remains, I could take a person to a street in Columbus, Ohio, where I suddenly realized, "I can't please everyone all the time." Coming to that realization was a valve that released a lot of pressure for me.

That was important for me, as it would be for anyone. Unless we can release the pressure, there is tremendous determination to correct the relationship . . . to please those displeased with us. Glasser correctly identified the connection between our actions and thinking with our emotional feelings and physical wellbeing. To put it another way, "As I do/think, so will I be/feel."

In the sermon referred to previously, Pastor Gideon stated, "You need to know your priorities; if you don't, other persons will try to make their priorities your priorities." Dr. Glasser called this "external control." He stated in his book, *Reality Therapy in Action*, "This controlling, punishing, I-know-what's-right-for-you psychology is the source of the unsatisfying relationships that afflict so many people's lives . . . (and that) almost everyone who comes or is sent to a therapist is suffering from his or her use of external control

¹ Pastor Blake Gideon (June 2015). Sermon. Edmond, OK: First Baptist Church.

psychology or someone else's use of it on them."² Organizing, listing and living your priorities can go a long way toward positive thinking that can lead to positive living. Letting others determine your priorities will likely only lead to the continual stress of negative thinking, and thus negative feelings and failing physical wellbeing.

If the person is enjoying what s/he is doing; if s/he is living out and practicing his/her own priorities, that person may become tired, and this is natural. The ball player can enjoy the game, but when the game is over, that player may be worn out, tired, but s/he isn't burned out. Burnout has as its root cause a sense of failure or opposition. There is a sense of an inability to change the situation, and thus, the person becomes unhappy with the situation. There is no longer a joy and thrill at the thought of facing another day at work. Instead, the person faces the day with dread and fear. He or she is hurting, and to express that hurt, the person moves to the next step in the equation, depression.

Dr. Glasser listed several reasons for depression, some of which include: a substitute for anger, a way to ask for help without begging, and avoidance. He further stated that depression may give the person a small sense of control, but it comes at the high price of misery.³ The misery may be a loss of joy and the thrill of living, the loss of a job and/or significant others, hospitalization and a life-long label, a life dependent on medications, or even suicide.

It's been reported that 95% of the things we do, anyone can do; there are only about five percent of things that only we can do. We need to make that five percent be our priorities. No one else can be my wife's husband. That is a priority. No one else can be my children's father and my grandchildren's grandfather (the other grandfather is dead); that is a priority. If we place our actions and thinking toward meeting those priorities that each of us has, and if we place the important things first in our lives, the pressures of life can be things we can talk about, but not have to live.

Bottom line: we really have a choice. Do we rule our emotions by our actions and thinking? Or, do we let our emotions rule us? Similarly stated, Og Mandino (1968) once said that weak is the person who allows his/her emotions to control his/her behaviors, but strong is the person who employs his/her behaviors to control his/her emotions!⁴

I prefer to have my actions (and my thinking) to rule my emotions!

² Page xviii.

³ *Choice Theory*, pages 79-85, 145.

⁴ Og Mandino, 1968, *The Greatest Salesman in the World*

RELIGIOUS CONCEPTS AND WILLIAM GLASSER'S CHOICE THEORY— THE ROLE OF CHOICE, VIEWED ANCIENTLY AND TODAY

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Abstract

William Glasser's Choice Theory includes concepts of choice that will be compared in this short paper to religious concepts including free agency (free choice, free will) and accountability.

According to religious doctrine, agency is the ability and privilege God gives us to choose and to act for ourselves. Agency is essential in the plan of salvation and the opportunity we have to learn or progress as we exercise our agency and as we experience the consequences of our choices.

Agency means that we are responsible for our own motives, attitudes, desires, and actions. Even though we are free to choose our courses of action, we are not free to choose the consequences of our actions. The consequences, whether good or bad, follow as a natural result of any choice we make (see Galatians 6:7; Revelation 22:12: [Agency and Accountability](https://www.lds.org/manual/gospel-topics/agency-and-accountability?lang=eng&verse=#p), Gospel Topics, Topics; <https://www.lds.org/study/manual/gospel-topics/agency-and-accountability?lang=eng&verse=#p>)

In Glasser's Choice Theory, we also encounter the concepts of choice and consequences. Choice Theory includes ideas consistent with the above religious doctrine including the concepts of effective choices vs. ineffective choices, efficient vs. inefficient choices, responsible vs. irresponsible choices, effective control vs. ineffective control. Thus, we can choose to take effective control of our thoughts and actions and in so doing experience the positive or negative consequences of those choices and hopefully learn from them.

The following are scriptural references related to agency and accountability.

The first two scriptures, related below, address God's reminder to man in the Garden of Eden that as we make choices, we will be subject to the consequences of those choices.

15 And the Lord God took the man and put him into the garden of Eden to dress it and to keep it.

16 And the Lord God commanded the man, saying, of every tree of the garden thou mayest freely eat:

17 But of the tree of the knowledge of good and evil, thou shalt not eat of it: for in the day that thou eatest thereof thou shalt surely die.

[Genesis 2:15-17](https://www.lds.org/study/scriptures/ot/gen/2?lang=eng&verse=15&context=15-17#p15), Old Testament Scriptures
<https://www.lds.org/study/scriptures/ot/gen/2?lang=eng&verse=15&context=15-17#p15>

Similarly, in another set of sacred scripture we read:

17 But of the tree of the knowledge of good and evil, thou shalt not eat of it, ***nevertheless, thou mayest choose for thyself***, for it is given unto thee; but, remember that I forbid it, for in the day thou eatest thereof thou shalt surely die.

[Moses 3:17](#), Pearl of Great Price, Scriptures

<https://www.lds.org/study/scriptures/pgp/moses/3?lang=eng&verse=17#p17>

The following scriptures again emphasize that God gave to man his agency, the right and capacity to choose, but that he is also subject to the consequences of those choices. Some consequences involve outcomes experienced in this earthly life and other consequences involve eternal consequences based on following the commandments of God that lead to greater opportunities when we leave this mortal probation.

32 The Lord said unto Enoch: Behold these thy brethren; they are the workmanship of mine own hands, and I gave unto them their knowledge, in the day I created them; and in the Garden of Eden, gave I unto man his agency;

[Moses 7:32](#), Pearl of Great Price, Scriptures

<https://www.lds.org/study/scriptures/pgp/moses/7?lang=eng&verse=32#p32>

27 Wherefore, men are free according to the flesh; and all things are given them which are expedient unto man. And they are free to choose liberty and eternal life, through the great Mediator of all men, or to choose captivity and death, according to the captivity and power of the devil; for he seeketh that all men might be miserable like unto himself.

[2 Nephi 2:27](#), Book of Mormon, Scriptures

<https://www.lds.org/study/scriptures/bofm/2-ne/2?lang=eng&verse=27#p27>

23 Therefore, cheer up your hearts, and remember that ye are free to act for yourselves—to choose the way of everlasting death or the way of eternal life.

[2 Nephi 10:23](#), Book of Mormon, Scriptures

<https://www.lds.org/study/scriptures/bofm/2-ne/10?lang=eng&verse=23#p23>

7 Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap.

[Galatians 6:7](#), New Testament, Scriptures

<https://www.lds.org/study/scriptures/nt/gal/6?lang=eng&verse=7#p7>

30 And now remember, remember, my brethren, that whosoever perisheth, perisheth unto himself; and whosoever doeth iniquity, doeth it unto himself; for behold, ye are free; ye are permitted to act for yourselves; for behold, God hath given unto you a knowledge and he hath made you free.

[Helaman 14:30](#), Book of Mormon, Scriptures

<https://www.lds.org/study/scriptures/bofm/hel/14?lang=eng&verse=30#p30>

In addition to reminders that we are free to choose, the scriptures are also filled with examples of choice and consequences whether in the Old or New Testaments or in other sacred scriptures such as The Book of Mormon, the Pearl of Great Price, the Doctrine and Covenants, or other sacred writings. We are free to make choices and we learn from the consequences of our choices or, if we are paying attention, from the consequences of the choices made by others, even those who lived anciently.

When we make a choice and we determine that it is an efficient and responsible choice (a righteous choice) we can feel greater confidence in the effectiveness of our choice to help satisfy our needs without creating new needs for ourselves or others. When we make a choice and we determine that it is inefficient or irresponsible (an unrighteous choice) we can search for positive alternatives and make a plan to replace the inefficient/irresponsible (unrighteous) choice with a better choice that will help us to progress (through repentance and more responsible choices).

The scriptures are replete with reminders that we are free to act for ourselves, to choose how we live our lives. We are, however, subject to the consequences of our choices. Choice Theory provides a concise way to assess our choices: Will the choice I am making help me to get what I want without ultimately hurting me or anyone else? And in the broader, regarding the more eternal perspective, is my choice consistent with the principles set forth in the scriptures that lead to eternal life and exaltation in the Kingdom of God?

Brief Bios:

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THE RELATIONSHIP BETWEEN PROFESSIONAL DIVERSITY/MULTICULTURAL GUIDELINES AND CHOICE THEORY/REALITY THERAPY

Robert W. Wubbolding

Abstract

Professional literature abounds with information regarding Multiculturalism and Diversity. Organizations have issued statements for counselors and therapists working with clients who are racially different, culturally diverse, and whose lifestyle is outside the experience of the professional person. Consequently, counselors and therapists need to be aware of their own biases and understand the systemic barriers faced by minorities. They need to appreciate the almost unlimited diverse values and behaviors of persons different from the counselor. Absent from these very helpful statements are specific explanations of human behavior and suggested specific skills designed to help counselors get beyond self-reflection and move toward incorporating useable skills.

Choice theory fills the gap by providing an interpretation of human behavior universally applicable as well as a flexible structure for maintaining the necessary relationship with clients and for practicing counseling. Reality therapy provides a delivery system with immediately useful skills for counselors to employ with a wide diversity of clients in multicultural settings.

Notably, this is an idea paper!

Professional organizations regularly update their codes of ethics and guidelines that relate to specific issues. The American Psychological Association (2017) has provided documents such as *APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* pertaining to multiculturalism and diversity. The American Counseling Association has written documents on the same topics including the necessity of counselor self-awareness, cultural humility and cultural competence. The ACA Code of Ethics (2014) states that counselors honor diversity and embrace approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts. The Code further states that multicultural counseling competency is required across all counseling specialties and that counselors gain knowledge, personal awareness, sensitivity, dispositions and skills pertinent to being a culturally competent counselor in working with a diverse client population (ACA Code of Ethics, C.2.a., 2014). The National Association of Social Workers has provided guidelines and standards for practice. For example, "Social workers will use a broad range of skills and techniques that demonstrate an understanding of and respect for the importance of culture in practice, policy and research" (Standard 4, *Standards and Indicators for Cultural Competence in Social Work Practice*, 2015).

The premier book on the ethical practice of counseling and therapy, *Issues & Ethics in the Helping Professions*, by Corey, Corey, and Corey (pp. 139-141, 2019), elaborates on qualities, skills and guidelines for multicultural counseling. The authors divide these principles into three categories:

- I. Counselor awareness of own cultural values and biases. Counselors are aware of how their personal attitudes toward people from different cultural groups may help or hinder the counseling process. They recognize their limitations and discomfort with "ethnicity, culture, gender, sexual orientation, and other socio-demographic variables" (p. 139).
- II. Understanding the client's worldview. Counselors are aware of their own negative as well as positive attitudes toward clients whose behaviors and values differ from theirs. Regarding skills the authors state that counselors are familiar with relevant research and are actively involved with clients outside the counseling setting.
- III. Developing culturally appropriate intervention strategies and techniques. Counselors respect and utilize indigenous helpers. They understand how their own values might clash with those of their clients. They are willing to seek consultation. They work to eliminate biases and prejudices and "develop sensitivity to issues of oppression, sexism, heterosexism, elitism and racism," (p. 141). Most relevant to the practice of reality therapy is another general statement listed as a skill, "Take responsibility for educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation" (p.141).

More information about the guidelines detailed in the above reference can be found in Sue, D.W. and Sue, D. (2013), Ratts, M. and Pedersen, P. (2014), Hayes, P. (2013), and many other sources including the codes of ethics, standards and guidelines issued by various professional organizations.

The Contribution of Choice Theory and Reality Therapy

The necessity for self-awareness and the use of appropriate strategies and techniques clearly focus on counselors and their biases, their lack of cultural sensitivity and their inexperience with culturally different clients. Absent from the statements surveyed is a discussion of human motivation, purpose, goals and origin of behavior. Knowledge of these components is essential and how to deal with them constitute practical and teachable skills. From the point of view of choice theory and reality therapy, little is stated about how to intervene with clients who are "different" from the counselor. And yet, students and trainees at every level seem to want the question answered, "What do I do after I have become aware of my biases, etc.? Give me something that I can do or say that would be helpful." Clearly, and most emphatically, choice theory and reality therapy fill this significant and glaring gap in the literature of multiculturalism and diversity. They explain human behavior and provide tools for intervention. However, the tools, described in many counseling books, are not simplistic techniques to be blindly applied. Their use is always grounded in a safe, secure and empathic counselor/client relationship. Reality therapy procedures provide tools for helping counselors listen. Counselors using reality therapy procedures listen for the desires, the perceptions, the actions, cognitions, feelings and perceptions of clients. Users of reality therapy teach clients that they need not be victims, but that they have more choices than previously perceived. In his lectures, Glasser often stated that human beings are often victims, but they need not remain in the state of victimhood. I have personally asked, "You have two choices: pull up the anchor and catch the wind, or stare into the water and lament

the fact that the anchor won't move. Which is a better choice for you?" Any such intervention must be well-timed and spoken with empathy and compassion.

Definitions of Multiculturalism and Diversity

Often the word multiculturalism is used interchangeably with diversity. However, for the sake of clarity, it is helpful to understand the differences between these two fluid concepts. The following distinctions are derived from the definitions provided by the National Association of Independent Schools (2018). Diversity refers to "otherness" including race, gender and culture. Multiculturalism is an "evolving process" and includes an understanding of multiple norms characteristic of many cultures. The definition has evolved to refer to "the breaking down of systemic barriers to equity and justice" (NAIS, Diversity and Multiculturalism, 2018).

Diverse or Monolithic?

Maya Angelou frequently asserted that we are more alike than we are different. Previously, counseling theory and practice seemed to overemphasize the uniformity of motivation and counseling interventions with all clients regardless of ethnicity and other characteristics that make human beings seem different from each other. Currently, at least at the university level, it appears that instruction emphasizes differences, i.e., diversity and separateness of groups. Thus, the pendulum has swung from sameness to heterogeneity, from uniformity to variety, and in more current language from conformity to diversity. Choice theory and reality therapy offer concepts and language that can be used by a wide variety of individuals and groups for promoting mutual understanding and appreciation of "other" people. Pedersen, Lonner, Graguns, Trimble, and Scharron-del Rio state, "While people are much more similar than they are different, the differences are fascinating and sometimes difficult to understand without considerable exposure to and interaction with people from different cultures and ethnic groups" (2016, p. 1). I can recall spending an evening with a group of Japanese businessmen in Tokyo. My translator, sitting next to me, told me everything that the group was discussing. At one point he remained silent for a seemingly long period of time while the group continued talking with each other. After a few moments I asked him, "What are they saying?" He responded, "There speaking Japanese." Had I been unaware of the difference in communication styles, I would have pursued my question further. But I knew it was wise to nod my head in agreement and say nothing more.

Choice Theory/Reality Therapy and Diversity

Choice theory and reality therapy have enjoyed a long and successful application around the world. Certification programs exist on 6 continents. Regional and national organizations conduct trainings in countries and regions as diverse as Singapore, Australia, Africa, Kuwait and Europe, as well as North America and South America. This willingness to form cohesive organizations that are members of the umbrella organization, William Glasser International, illustrates the desire of diverse populations to preserve the accuracy in teaching, to increase the number of quality teachers and trainings, and especially to adapt the principles to their respective cultures.

Universality of Choice Theory

Choice theory explains all human motivations and behaviors, not merely those specific to individual cultures. According to this theory, all human beings seek to satisfy 5 generic needs or motivators (Glasser, 1996, 2011). They choose many of their behaviors, especially actions, to satisfy their needs and their specific individual wants that spring from the needs. More specifically, all human beings seek perceptions that satisfy their internal motivations. Cultural adaptations are reflected in language used to present choice theory. For instance, several people from the United Kingdom told me that the word “fun” could imply silliness. Thus, in explaining fun, instructors who are knowledgeable of this interpretation explain that the word fun is not synonymous with frivolousness, folly, or childishness. In some cultures, the word “control” elicits extreme images of domination by rulers, surrender to the stronger, or even forcefulness. Clients need to hear the concepts of choice theory in a vocabulary geared to their individual perceptions that reflect their experience and their respective cultures.

Implementing Reality Therapy

Cultural adaptations also occur in using reality therapy. Helpers in any capacity apply the procedures when teaching or practicing reality therapy and thereby assist individuals to incorporate them into their own lives. The language of implementation becomes culturally accurate when helpers understand the communication patterns of their clients and students. In other words, people implementing both choice theory and reality therapy need to be “culturally competent.” Corey et al, (2019) emphasize that, “Culturally competent therapists are able to adapt and incorporate various therapeutic approaches to address multiple facets of each client’s unique needs and life experiences” (p. 138). They add that multicultural competence includes seeking consultation, continuing education, and making referrals.

Cultural Competency

Corey et al, (2019) summarize a wide range of multicultural counseling competencies. These include the fact that some people communicate less directly and more *indirectly* than those in western cultures (Corey et al, 2019). Wubbolding (2013) states, “In some cultures it is appropriate to employ a more circuitous manner of communication than the direct manner typically used in psychotherapy based on Euro-American values” (p. 358). Both Masaki Kakitani, senior instructor in Japan, and Rose Inza Kim, senior instructor in Korea, agree that, “what are you looking for” or “what are you seeking” sounds less intrusive than “what do you want?” Wubbolding adds that these questions might appear very similar, but in a culture in which direct communication and assertiveness are not virtues, inquiries focusing on such words as “seeking” and “looking for” sound softer and are more acceptable in certain environments (Wubbolding 2013), (Personal Correspondence, 2016). Counselors and teachers in Singapore often utilize the entire family in helping students evaluate their behavior by inquiring about possible judgments of parents and even grandparents (Wubbolding, 2000). Of course, this type of intervention is not unknown in individualistic western societies, but it receives more emphasis in cultures where the family plays an even more significant role in the life of a student.

Cultural sensitivity has long played a significant role in both the teaching and practice of reality therapy. Wubbolding and Brickell (1998) state, "The ability to adapt the principles of reality therapy to cultures other than that in which they originated (Euro-American) takes study, flexibility, consultation and a willingness to adjust the ideas" (p. 49). They add that teaching reality therapy in the Middle East requires the incorporation of principles from the Koran and specific references to Allah, the Prophet. Also, many writers see reflections of the Christian gospels in choice theory and reality therapy (Jackson, 2015), Linnenberg (1997).

Human relationships also provide the cornerstone for many theories of counseling, therapy and education and they serve as the bedrock for family life, business transactions and international interchanges. Many students even attain advanced degrees in "International Relations." The *International Journal of Choice Theory and Reality Therapy* often contains articles that trace the development of national organizations such as noted in the Spring edition 2017 (vol. 36, no. 2) in countries around the world including United Kingdom, Ireland, Singapore, Slovenia and Croatia, plus Australia. Besides individual national leaders, Jean Seville Suffield of Canada deserves the institute's gratitude for her pioneering work in cultures on six continents. Most of the articles about the development of choice theory and reality therapy focus on organizational development rather than on cultural adaptations. And yet, some adaptations are described in a 2004 article in the *International Journal for the Advancement of Counseling*. Authors from a wide variety of nations describe the theory and practice. In speaking of the significance of the adaptation of reality therapy to many cultures Wubbolding, Brickell, Imhof, In-za Kim, Lojk, and Al-Rashidi (2004) state, "Reality therapy . . . if used too assertively by the counselor, the result is the feeling of encroachment and the appearance of resistance. Clients may otherwise interpret a therapist's buoyancy, eagerness, and altruism as impatience, rudeness, disrespect, and even arrogance. Learning from clients about their cultures, as well as knowledge of cultural practices, can facilitate the practice of building the relationship of mutual respect, acceptance, understanding, and trust" (p. 224).

Summary and Conclusion

Members of William Glasser International have distinguished themselves in the assiduous archiving of institutes and societies fostering the teaching and development CT/RT in nations and regions around the world. Previous issues of the *International Journal of Choice Theory and Reality Therapy*, edited by highly trained professional editors (e.g., Larry Litwak & Thomas Parish), have contained this historical record of the establishment and progress of these vibrant organizations. Future generations will undoubtedly refer to these documents as evidence of the commitment of William Glasser's students as well as the international and multicultural nature of his monumental contributions to the fields of mental health, education and the overriding and wide spectrum of human relations.

However, there is a dearth of information about how CT/RT has been altered, extended, and adapted to the many cultures around the world. Theories and practices focusing on career development, management skills, counseling interventions and educational practices require adaptation. On a personal level when I teach CT/RT in Asia and the Middle East, the instruction is uniquely tailored to each culture. However, the indigenous peoples are the

experts in the necessary adaptations of choice theory and reality therapy that is rooted in western culture.

I invite institute instructors from around the world to publish how they have adapted CT/RT, including changes in vocabulary, instructional alterations in style or practice, and in general how CT/RT meshes or does not mesh with cultural behaviors and values.

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MALAYSIAN CHINESE YOUTHS: LEARNING CTRT IS FUN AND IMPACTFUL!

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Abstract

Youths like to learn and engage with lessons in fun and meaningful ways. The “chalk and talk” teaching method doesn’t appeal much to present day youths. Therefore, it is up to educators to teach youths important lessons such as Choice Theory Reality Therapy (CTRT) concepts in a way that interests the youths. This paper focuses on Malaysian Chinese youths learning CTRT through three recent movies, one comic picture, and two ways of eating bread. These three ways of learning CTRT are explained within the context of Malaysian Chinese culture. The impact of learning CTRT is discussed through five thematic maps. It is suggested that these three ways of learning CTRT could be applied to all learners worldwide, with the condition that the learning context is given adequate thought and tactfulness.

Introduction

The Malaysian Chinese culture has the mentality that an individual’s behaviours and achievements either bring pride or shame to the whole family (that frequently includes the extended family) of that individual. Hence, it is the norm for Malaysian Chinese to be curious about the people that are related to them and publicly famous. Comparisons between individuals, from academic grades or job status to personal appearance to lack of marital status, is prevalent in the community (“Confucius 101”, n.d.). As a result, gossiping, criticizing, complaining, nagging, and blaming are part of the Malaysian Chinese community lifestyle. Criticize, blame, complain, and nag are some of the destructive behaviours, also known as external control psychology, that are unhelpful in achieving and maintaining the good relationships that everyone needs (Glasser, 1998). Hence, there is a need for Malaysian Chinese to learn the concepts of Choice Theory Reality Therapy (CTRT) that highlight internal control psychology.

One way to impact each family in the community is through educating the youths, as young people are capable of being change agents in the community and the world (UN News, 2011). However, the phenomenon that Malaysian students are disengaged in learning in school and eventually drop out of school before high school completion, has been a concern for the country. Two main reasons have been identified for students’ disengagement and increased dropout from school, namely lack of interest in school and inability of students to cope with core academic subjects (Chan, 2017; Chu, 2014). Considerable efforts have been taken to ameliorate the mentioned situation. Application of CTRT in teaching and guidance counselling in schools might be the key to enhance students learning in school, reduce dropout rates, and ultimately, diminish the prevalence of external control in the community in the future (Glasser, 1969).

This paper proposes that when CTRT is being taught to youths in a practical and engaging way, youths are empowered not only in their academic grades, but more importantly, their relationship with the significant people in their lives. Most amazingly, their leadership skills in leading the self, family and school duties improve.

The Applications of Choice Theory/Reality Therapy

The majority of Malaysian Chinese youths are engaged with the current pop culture, hence it is easier to get youths to focus their attention on something current such as a recent popular movie (Hudson, 2015). The author utilised three movies from the United States

produced in the 21st century, namely *How to Train Your Dragon* (Sanders & DeBlois, 2010), *Captain America: the first avenger* (Johnston, 2011), and *Big Hero 6* (Hall & Williams, 2014), to teach Malaysian Chinese youths some of the main concepts of CTRT. Next, comic pictures and bread are common items in the youths' daily lives. Making CTRT concepts tangible and visible is important for youths to inculcate CTRT into their lives, as these tangible items will serve as reminders to youths about CTRT.

***Captain America: the first avenger* (2011) – Total Behaviour**

In CTRT, the total behaviour concept is likened to a car, with the front wheels as thinking and acting (we have direct control of these two aspects), and the back wheels as feeling and physiology (we have indirect control of these two aspects) (Glasser, 1998). This is a very good metaphor. However, the majority of Malaysian Chinese youths who are under age 17 generally do not drive because of underage. Talking to them about how you have direct control of the front wheels of the car when you drive, with them knowing that they are still not allowed to drive, is not an engaging way for them to learn.

In the movie *Captain America: the first avenger* (2011) by Marvel Studios, there was an episode where the skinny Steve Rogers (before drinking the super-soldier formula) was in training camp. The trainer instructed the soldiers to get a flag from a pole. The majority of the soldiers rushed and tried to climb the pole and failed. The trainer said that "nobody has gotten that flag for 17 years". Steve Rogers had a different behaviour. He did not rush, but analysed the situation and in the end succeeded in getting that flag, and he got a ride back with Agent Carter.

After showing this episode to the youths, the first author explained CTRT total behaviour concept to the youths, using the details shown in the mentioned video clip.

First, the first author led the students' attention to the total behaviour of two soldiers, A and B, and their distinct total behaviours were explained with clarity. The two soldiers were having different thoughts (A: I have no chance; whereas B: I can get the flag), followed with different actions (A: no actions to fight for the pole and flag, just observe at the side; whereas B: pushes away others and tries to climb the pole), and then followed with different feelings (A: disengaged with the instructed task; whereas B: confident), and then the different physiology (A: normal heart rate; whereas B: increased adrenaline).

Next, the first author led the students to observe that Steve Rogers did not fight for the pole with the other soldiers, but he stood at a distance and engaged in thinking. Steve Rogers' total behaviour, with his thoughts (there must be a way), actions (stood still, analyse, problem solving, then followed with his actions of lowering down the pole to get the flag), feeling (confident), and then physiology (brain focused, eyes observing the whole situation). Emphasis was given that Steve Rogers has direct control of his thinking and acting, indirect control of his feeling and physiology, not the other way around. The thinking leads the other three components.

Following on from that, the first author proceeded in giving life examples (in two distinct pairs) of total behaviour in school, such as student C vs. D, where student C – thinking: I want to learn at least one knowledge/ skill in school; acting: proactively ask teachers or friends on a topic that he is not good in; followed with – feeling: interested, happy; and physiology: alert, active, whereas student D – thinking: school is boring, a waste of time; acting: sits in class and sleeps; followed with – feeling: bored, not interested; and physiology: low energy and sleepy.

Another example, student E vs. F, where student E – thinking: I cannot master this topic; acting: stared at the question paper for a long time; followed with – feeling: fear, anxious; and physiology: frown; whereas student F – thinking: I want to try my best in this topic; acting: search Youtube video clips regarding that topic; followed with – feeling: curious; and physiology: bright eyes and attentive ears.

The first author encouraged the youths: “Steve Rogers is smart. Be like Steve Rogers” (a popular trend among Malaysian Chinese youths on social media), reminding them about the ending of that episode, where Steve Rogers got the flag and the ride back with Agent Carter. This emphasis of the ending is impactful because youths like to be positively distinguished from their peers in terms of self-achievement. Youths will thus be more aware of their thoughts as they want to achieve better outcomes for themselves.

Big Hero 6 (2014) – Connecting Habits

In CTRT, controlling habits (blaming, criticising, complaining, nagging, rewarding to control, threatening, and punishing) are external control psychology that destroy relationships, whereas connecting habits (listening, supporting, encouraging, negotiating, respecting, accepting, and trusting) are internal control psychology that builds the good relationships that everyone needs (Glasser, 1998; Glasser 2001). The first author utilised the movie *Big Hero 6* (2014) by Disney, from the plot where Tadashi brought Hiro to his university to Hiro successfully presented his project: microbots on stage. This episode shows Tadashi and Hiro demonstrating connecting habits (both during the process and at the outcome) with clarity.

After the youths watched the selected episode, the first author will highlight connecting habits between Tadashi and Hiro, using seven pictures (refer to Appendix, Picture 1A to 1G). First, Tadashi and Hiro share lives by discussing about different ideas. Both of them have mutual respect and negotiation (Picture 1A); Tadashi listens to Hiro’s heart’s desires (Picture 1B). Tadashi encourages Hiro when Hiro needs validation (Picture 1C). Tadashi supports Hiro when Hiro was out of ideas, and when Hiro needs validation to present his ideas on stage (Picture 1D, 1E, and 1F). There is respect and trust between Tadashi and Hiro (Picture 1G). In the end, Tadashi helped Hiro to achieve Hiro’s desires (quality world picture), which is to enter into the university and conduct research in physics.

It is important for the CTRT educator to demonstrate connecting habits while teaching the youths CTRT, specifically Glasser’s connecting habits, as youths learn through observation and role models. The CTRT educator who practises connecting habits daily when interacting with youths will not only remind the youths about connecting habits during class interaction, but also create the classroom context for effective learning (Glasser, 1969; Wubbolding, 2007).

How to Train Your Dragon (2010) – WDEP Model

In CTRT, total behaviour is purposeful, which is to attain one’s desires (quality world pictures), and there is this WDEP process that helps us to determine the effectiveness of our total behaviour in achieving our quality world pictures (Wubbolding, 2015).

The first author used the movie *How to Train Your Dragon* (2010) by DreamWorks Animation to explain the WDEP process to the youths. After the youths viewed the episode of the movie, where Hiccup succeeded in catching Toothless (the night fury) and released it and Toothless ended up trapped in a secluded valley because of its injured tail, to the plot where Hiccup tried to befriend Toothless and wanted to help Toothless to regain its ability to fly, the first author used this video clip to teach the youths WDEP process.

The first author led the students' attention to the main character in this video clip. Hiccup has a clear **Want** – to befriend Toothless and help Toothless to fly. With this thought, there is **Doing**. Hiccup takes actions on eating the raw fish, spending time with Toothless, bonding with Toothless, observing and drawing Toothless. Next, Hiccup tries to utilize his skills in making weapons to make a half-tail for Toothless. He tries to fit that half-tail on Toothless, and Toothless manages to fly a little distance. After that, he stops and **Evaluates** – what is helpful and what is not helpful (harmful) in reaching his goals (**Want**). After **Evaluation**, Hiccup **Plans** his next actions to achieving his goals.

The first author mentioned to the students that Hiccup has trial and error, facing different challenges, in reaching his **Wants**. There is change of **Doing** according to his constant **Evaluation**, and **Planning** and perseverance. Finally, Hiccup not only succeeds in helping Toothless to fly, he manages to attract the girl of his dreams too.

After the above explanation, the first author gave each youth a copy of Table 1 (hardcopy), and explained briefly the WDEP process in Table 1, and then challenged the youths to fill in the blanks in Table 1, immediately on the spot (if one delays, the youths will not fill in the blanks because of lack of habit). The first author reminded the youths not to fill in details that are too personal, to set goals that are part of their quality world pictures, aligned with the principles of **s**imple, **m**easurable and mindful, **i**mmEDIATE carried out within a set time frame, **c**ontrolled (attainable and realistic) by the planner, **c**onsistently practised, and **c**ommitted with firmness, **SAMIC**³ (Wubbolding, 1999; 2015).

Following this, the first author took pictures of each youth's WDEP (Table 1), collected back all the papers, and sent the respective pictures (softcopy) to the respective youths. This is because youths tend to misplace their things, and nowadays youths prefer to keep pictures/documents (softcopy) in their smartphones. On the following week, the first author returned the hardcopies to the youths, and there would be a discussion session on what progress that they had on their respective goals, with emphasis on self-evaluation. The process of WDEP with SAMIC³ proceeded, on a weekly basis for a month, in order to cultivate this habit of WDEP with SAMIC³ among the youths.

Comic Picture and Bread Eating Experience

Comic picture is part of the daily lives of Malaysian Chinese. The Chinese words in Appendix Picture 2 (ZuiZengGuiDeJiaoLuo, 2010), translated into English, would be: 'We do not have the freedom to choose our life circumstances, but we do have the choice to choose our attitude and our response to these life circumstances.' The first author explained the reactions of the 6 different boys towards the raining weather (heavy rain in Malaysia is usually accompanied with thunder and lightning, hence it is the norm not to play in the rain in Malaysia because of safety reasons), and then challenged the youths to be aware of being led by their emotions versus being led by principles such as being grateful with whatever you have, and curiosity in finding opportunities to cope with different situations.

To further make the concept of choice as tangible as possible, the first author gave each youth two pieces of bread (Picture 3A, step 1). The youths were instructed to fold the first piece of bread as in Picture 3A, step 2, and then stuff the whole bread into the mouth (Picture 3B, step 3 and 4). The bread was left in the mouth for about 30 seconds. The first author then instructed the youths to vomit out the first piece of bread, and allowed everyone to express the unpleasant feeling of stuffing the bread into their mouths.

Following that, the youths were instructed to pinch a bit of bread and leave it on the tongue for 30 seconds (Picture 3C, step 5 and 6). The youths were instructed to taste the flavour of

the bread. Was it sweet? A bit salty? (Lin, 2016). After this, the youths were allowed to eat the rest of the bread in any way that they preferred.

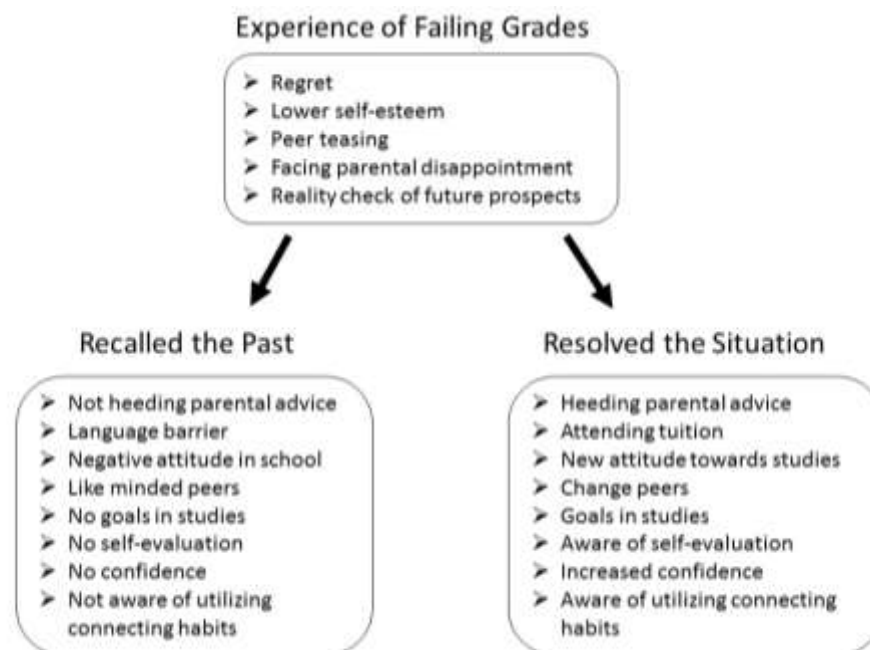
The first author then asked the youths how they would like to eat their bread. Some youths said that they prefer to eat the normal way, while others said that step 1 to step 4 was insane, while some mentioned that depends on how much time they have to eat the bread.

The first author then concluded that we all have the choice on how to eat bread, be it stuffing it, gobble, eat at a normal pace, or eat extremely slowly like step 5 and 6. We can choose to rush or take things slow. Every action in our lives, we can actually choose the normal way, the insane way, or try something different (the extremely slow way); Don't always take things the conventional way, but be creative with your actions and take time to think about how you perceive the different issues in the world.

The Impact of CTRT

In total, 254 Malaysian Chinese youths, age between 14 to 17, learned CTRT using the methods described above, between the year 2013 to 2016. These 254 youths can be categorised into three main categories, where (1) 24 youths once failed their core academic subjects in school, such as History, Math, English or Malay language, during their lower secondary school years; (2) 102 youths are school librarians; and (3) 128 youths are school prefects. Out of these 254 youths, 40 were being interviewed. Husserlian Phenomenological Psychology was used to analyse the data obtained through semi-structured interviews. Their lived experiences were recorded and analysed. The common themes are grouped into five thematic maps, as below:

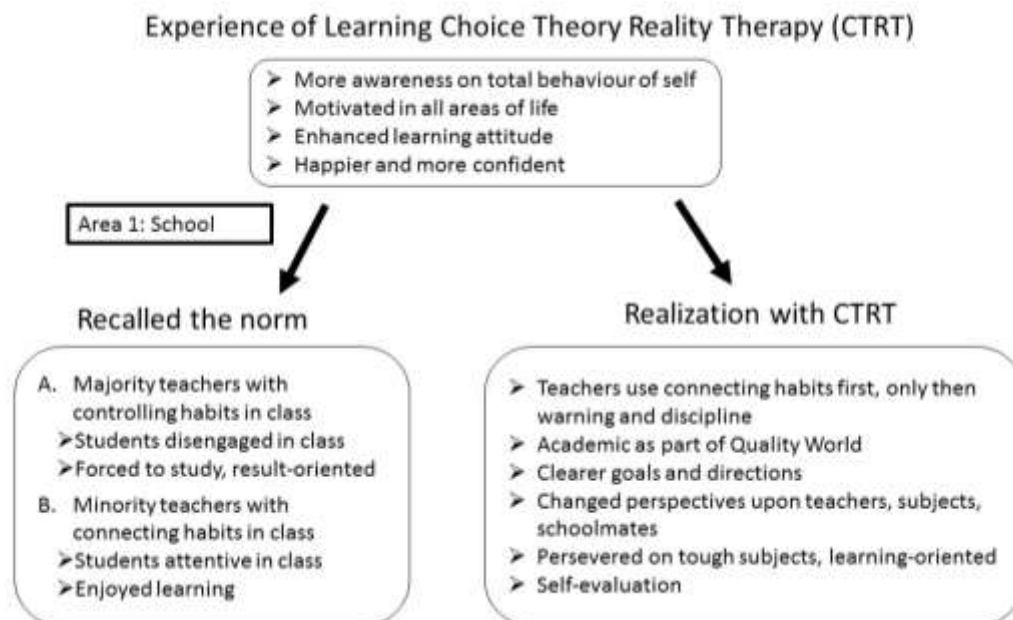
Figure 1: Thematic Map for Youths Who Once Failed Their Core Academic Subject(s)



The group of youths who once failed their core academic subject(s) shared that they experienced regret upon their past actions as listed in Figure 1. They faced the negative

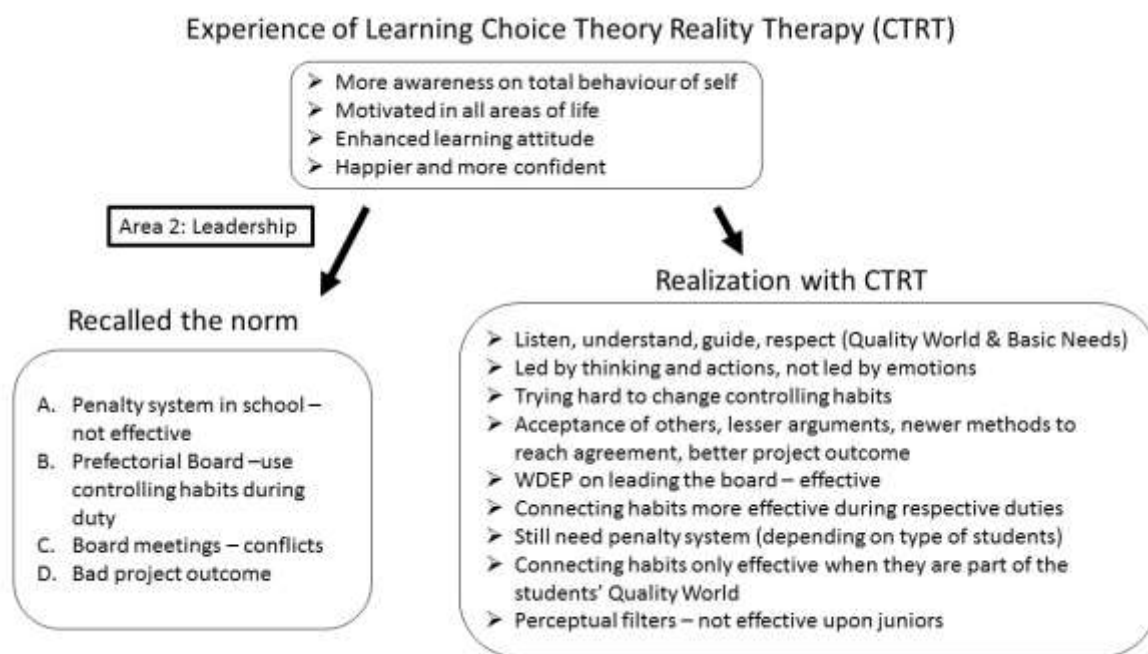
consequences of peer teasing, parental disappointment and lower self-esteem. They started to have a reality check on their prospects, as failing subjects such as History means not getting their SPM (equivalent to O-Levels) education certificate. As they were being taught CTRT, they understood that they can choose their thoughts and actions. They started to live in the present and have changed behaviours as listed in Figure 1. Two notable changes among them would be the intentional usage of WDEP process and connecting habits. These youths have clear goals and support each other in studying and revising. They are aware of the importance of regular self-evaluation so that they are on-track in achieving their goals (Ng, 2014).

Figure 2a: Thematic Map for Librarians and Prefects in the Area of School



After learning CTRT, the librarians and prefects shared that they are more positive, more aware of their total behaviour, find themselves motivated, wanting to learn more, more confident and happier. They are aware of the norm of the school, that majority teachers use controlling habits in class and minority teachers use connecting habits in class. They hope that teachers would use connecting habits during lessons. Teachers would give warnings and discipline the students with the consequences of their misbehaviours only when needed. Once indifferent towards the subjects that they disliked, they have learned to change their perspectives upon their teachers, subjects and schoolmates, and slowly link or put in those subjects into their Quality World. Hence, they are able to persevere with these tough subjects, with regular self-evaluation on the methods of studying. Once result-oriented, they are now learning-oriented.

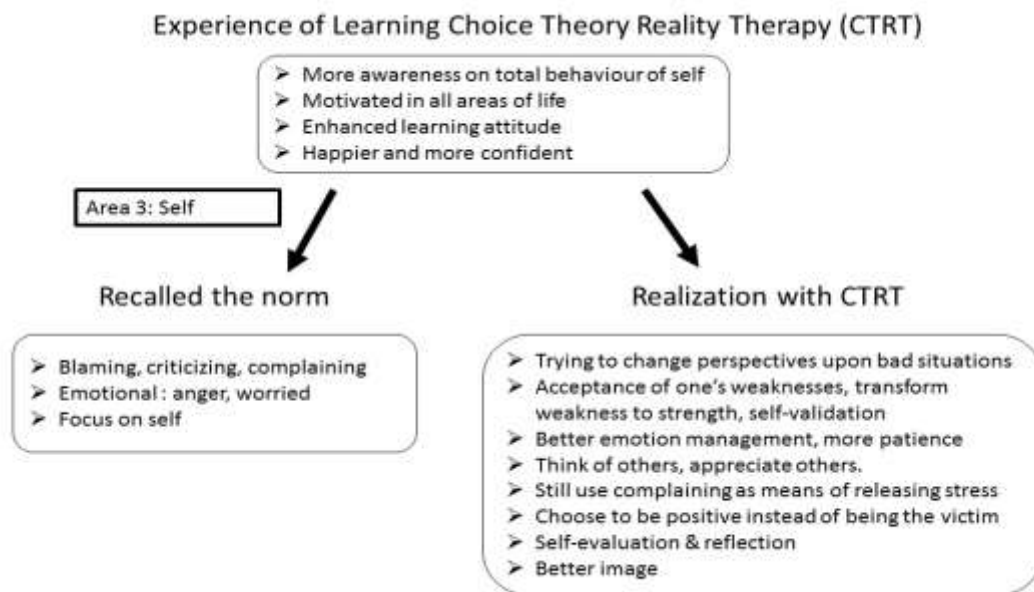
Figure 2b: Thematic Map for Librarians and Prefects in the Area of Leadership



The librarians and prefects are aware that the penalty system in the school is not effective. The prefects admitted that they realized majority of them used controlling habits during their prefectorial duties. As for the librarians, there were conflicts during their meetings. Due to lack of understanding and conflicts, some of their projects had bad outcomes. They realized that applying Quality World and Basic Needs concepts are effective in their respective boards. They are led by thinking and actions, not by their emotions. Some of them admit that they are trying hard to change their usage of controlling habits. Now, during their board meetings, they learn to see things from others' perspective, listen, understand, accept others' opinions, and negotiate for newer methods, hence they have better project outcome.

The leaders among the prefects and librarians in other clubs and societies find WDEP as an effective approach in leading their respective societies and clubs. The prefects and librarians find the usage of connecting habits effective during their duties, especially when they first be friendly and build trust with other students, making them part of the students' Quality World. The youth leaders realize that the concepts of perceptual filters are evidently useful in handling people-people issues, however, the lower form students (age 13, 14 and 15) may not be able to grasp this concept and apply effectively, due to their emotions and stubbornness.

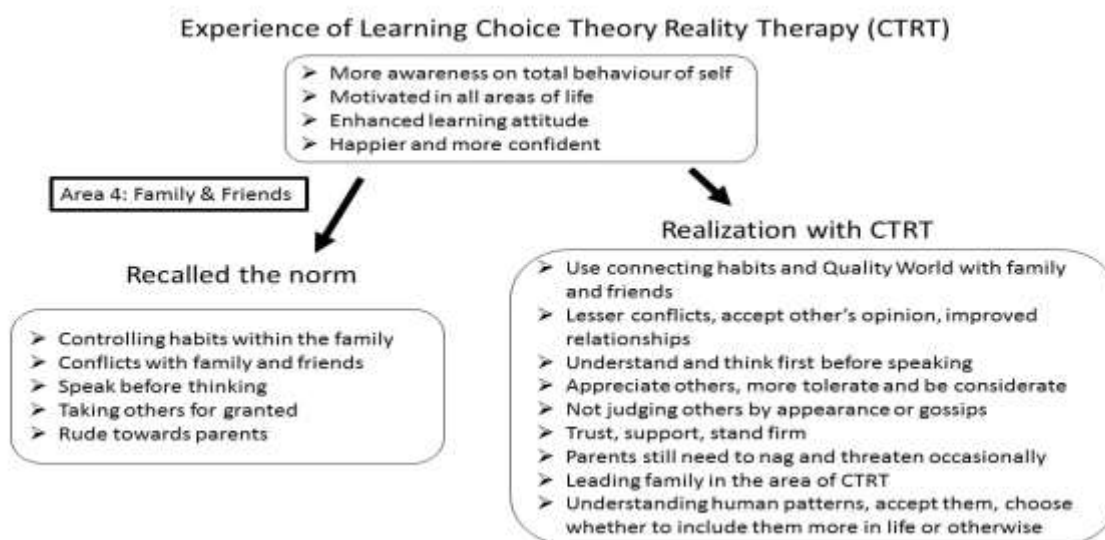
Figure 2c: Thematic Map for Librarians and Prefects in the Area of Self



The librarians and prefects are aware that they use controlling habits not only on others, but also upon themselves. Many times they would blame, criticize, and complain about their own weaknesses to themselves (self-talk). They would be emotional, with anger and anxiety as their two main emotions. They tend to focus on themselves and be selfish on a lot of aspects in life. After learning CTRT, they are trying to change their perspective upon bad situations, accepting their own weaknesses, and some even trying to transform their weaknesses into strengths, with amazing outcomes. They are aware that validation from others and especially from the self, is important.

They have learned to think of others and appreciate others, not taking others for granted. They can manage their emotions better and have more patience. Some mentioned that instead of seeing themselves as a victim of a situation, they know they can choose to be positive and have positive actions. Self-evaluation and reflection have become part of their daily lives. They see themselves with a better image too. Some mentioned that they still use complaining as a mean to release stress. However, they would only complain to those they trusted.

Figure 2d: Thematic Map for Librarians and Prefects in the Area of Family and Friends



In the aspect of interpersonal relationships, the librarians and prefects are aware of the usage of controlling habits among the family. Conflicts happened more as they tended to speak before thinking, taking others for granted and behaving rudely towards their parents. Some mentioned that they had different personalities, the bad-tempered one at home whereas the good-tempered one in school. After learning CTRT, they started to connect with their family members and friends using connecting habits. They realized that they have fewer conflicts and improved relationships, both with their family members and with their friends.

They would learn to see things from others' perspective and accept others' opinions. They would seek to understand first before speaking or reacting. They appreciate others more and would be more tolerant and considerate towards others, especially their parents. In school, they would not judge others by their appearance or the gossips that they heard. They have learned to trust others, support each other and to stand firm in facing bad situations. Some youths mentioned that they are leading their family members in practising CTRT in their daily lives. Some youths mentioned that they still need their parents to nag and threaten them occasionally, so that they would be pushed to complete the responsibilities that they dislike. Some concluded that they use CTRT to understand the human patterns of their family members and friends, accept them as who they are, and then they would decide on whether to include them more or less in their life.

Concluding remarks:

As noted by the five thematic maps, CTRT greatly impacted the lives of Malaysian Chinese youths. Before concluding this paper, there are a few notes to take on teaching CTRT to youths of different culture. Educators need to be sensitive to the cultural context when teaching CTRT. For example, even though the movie *Moana* (2016) is suitable to convey the ideas of CTRT, specifically on pictures of Quality World (Moana's Quality World is exploring the ocean), and Moana making the choice to choose her destiny to save her island,

however, the movie depicts demigod Maui and island goddess Te Fiti, and also a pet pig Pua. The idea of demigod, island goddess and pet pig in this movie make this movie not suitable as a teaching tool for Muslim youths because in the Muslim faith, there is only one God and pig is considered as unclean animal.

Last but not the least, teach with love. Quoting William Glasser's words 'always treat your children as if they are good...create situations where they can only succeed' (Wubbolding, 2015, p. 203), and in this paper, the authors encourage all to do likewise, treat the youths assuming that they are good and create context in classes to help them succeed, with love.

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Appendix:

Picture 1A (adapted from *Big Hero 6*, © 2014 Disney)

Tadashi discusses his ideas with Hiro.
They have mutual respect and negotiation.



Picture 1B (adapted from *Big Hero 6*, © 2014 Disney)

Tadashi listened to Hiro's heart desires



Picture 1C (adapted from *Big Hero 6*, © 2014 Disney)

Tadashi encourages Hiro



Picture 1D (adapted from *Big Hero 6*, © 2014 Disney)

Hiro was out
of ideas



Picture 1E (adapted from *Big Hero 6*, © 2014 Disney)

Tadashi supports Hiro



Hiro – new perspective



Picture 1F (adapted from *Big Hero 6*, © 2014 Disney)

Tadashi supports Hiro
when Hiro needs it



Picture 1G (adapted from *Big Hero 6*, © 2014 Disney)

There is acceptance and trust
between Tadashi and Hiro



Table 1 - WDEP Model, *How to Train Your Dragon 1* (2010)

Focused Diligence 专注的勤奋

<p>What</p> <p>Hiccup 要帮助 Toothless 飞行</p> <p>Hiccup wants to help Toothless to fly.</p>	<p>What</p>
<p>Do</p> <p>Hiccup了解Toothless, 冒险与他做朋友</p> <p>Hiccup 发挥他的专长 - - 铁匠，为toothless制造另一半的尾巴。</p> <p>Hiccup学习骑Toothless。</p> <p>Hiccup understands Toothless, utilizes his skills in making an artificial tail for Toothless, and learns how to ride Toothless.</p>	<p>Do</p>
<p>Evaluate</p>	<p>Evaluate</p>

<p>Hiccup失败，但是他会重新振作，不断反思和尝试。</p> <p>Hiccup fails but does not give up. He evaluates his skills and improves.</p>	
<p>Plan</p> <p>Hiccup把过去的学习和失败记录下来，最后拼成一张操控指南。</p> <p>Hiccup凭着勇气，冒险骑Toothless飞行。</p> <p>Hiccup plans and writes down all the notes in his note book. He gains courage to ride Toothless.</p>	<p>Plan</p>

Picture 2 (ZuiZengGuiDeJiaoLuo, 2010)

我们没有自由选择人生境遇，但绝对有自由选择回应这些境遇的态度。



Picture 3A (with permission from the student)



Picture 3B (with permission from the student)



Picture 3C (with permission from the student)



N.B. The first author, Joo Hou Ng, can be contacted through email: joshua.ng87.jn@gmail.com in order to get the PowerPoint slides and video clips related to this paper.

Brief Bios:

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QUOTES FROM WILLIAM AND CARLEEN GLASSER

Zachary Rapport

Abstract

This article contains quotes from 9 books—all of which were written by William Glasser and some of which were co-authored by Carleen Glasser. It also includes an exercise you might use to introduce Choice Theory and Reality Therapy to other people.

This article contains quotes from 9 books—all of which were written by William Glasser and some of which were co-authored by Carleen Glasser.

I compiled these quotes to honor the Glassers for their contribution to human knowledge and happiness, and to provide another tool to teach Choice Theory to the world.

The quotes can be used for a variety of purposes. One of those purposes includes introducing Choice Theory to your clients, students, friends, and family.

Here is an exercise you might use to introduce Choice Theory to clients and students:

Instructions: Find quotes from 9 books on the topic of Choice Theory and Reality Therapy. As you read the quotes, ask yourself: **How can I relate to this information?**

Take two actions:

1. Circle or highlight the quotes that you can relate to.
2. Circle the title of each book you have an interest in reading.

Take up to ____ minutes to read the quotes.

We will discuss the quotes you circled and your reasons for wanting to read various particular books.

Glasser, W. (1986/1988). *Choice theory in the classroom (revised edition)*. New York, NY: Harper Collins.

Chapter One: A New Approach is Needed If More Students Are to Work in School

- "...no one does anything, simple or complex, because someone tells them to do it. All living creatures, and we are no exception, only do what they believe is most satisfying to them..." (p.9).
- "If we want to get students to do the work necessary to learn, we must create schools in which students and teachers (not parents or experts) perceive that there is a payoff for them if they work harder" (p.9).
- "We will never be able to get students (or anyone else) to be in good order if, day after day, we try to force them to do what they do not find satisfying" (p.18).
- "...there is no punishment that can make any student learn if they don't want to" (p.14).

Chapter Two: All of Our Motivation Comes from Within Ourselves

- "Basic to choice theory is the belief that *all* of our behavior is our constant attempt to satisfy one or more of five basic needs that are written into our genetic structure. *None* of what we do is caused by any situation or person outside of ourselves" (p.18).
- "What goes on in the outside world never 'makes' us do anything. All of our behavior, simple to complex, is our best attempt to control ourselves to satisfy our needs..." (p.19).
- "...if our behavior always arises from within ourselves, never from an outside stimulus, that all we can do is *act*; as living creatures we never react. Once you accept choice theory you will give up the words *react* and *respond*, because neither we nor any living creature ever does. If we answer a phone, it is an action we choose because we want to control the phone so we can converse; it is not a *reaction* to the ring (p. 19).
- "...what is going on inside the student, rather than the outside situation, is the cause of all behavior..." (p.20).
- "...regardless of your best efforts, these students choose not to work in your class because it does not satisfy their needs to do so" (p.20).
- "Only machines react automatically" (p.21).
- "If what is being taught does not satisfy the needs about which a student is currently most concerned, it will make little difference how brilliantly the teacher teaches—the student will not work to learn" (p.21).

Chapter Three: The Needs That Drive Us All

- "We are also born with no choice but to feel pain when a need is frustrated and pleasure when it is satisfied. The quicker and more severe the frustration, the more pain we feel; the quicker and deeper the satisfaction, the more pleasure we experience" (p.25).
- "That these needs are built into our genetic structure is difficult to prove. It is, however, well known that infants who are given only physical care but no love or attention will become withdrawn, fail to assimilate their food, and die of a particular starvation call marasmus. This is strong evidence that this need is present and pressing from birth" (p.27).

Chapter Four: The Learning Pictures in The Student's Head

- "In our frustration, because we do not understand why he does not learn, we often diagnose him as suffering from some neurological handicap and label him dyslexic. But the fact that he, and many like him, eventually learns (almost all learn enough to

pass a driver's license exam at age sixteen) indicates that a brain abnormality is not the problem as often as many people think" (p.35).

- "...we have a great capacity to create when we are severely frustrated" (p.37).
- "What many young nonreaders, who are not neurologically ready to read, begin to create, which lessens the likelihood that they will be criticized, are one or more creative distortions of what they perceive, like the word and letter reversals that are so much a part of the syndrome of dyslexia. With this creativity, they are able to convince parents, teachers and themselves that they are the innocent victims of something that they cannot control. With these creations, they have the power that accrues to innocent 'victims,' and continue to be 'dyslexic' because it satisfies both their needs for power and belonging" (p. 37).
- "...the pictures that we store in our album need not be compatible; frequently, they are in serious conflict. All that is necessary for us to put a picture in our album is that it be satisfying to at least one basic need" (p. 41).
- "No teacher will successfully teach anyone who does not have a picture of learning..." (p.41).

Chapter Five: Discipline Problems as Total behaviors

- "...we choose most of our total behaviors to try to gain control of people or ourselves" (p.51).
- "Let me use an analogy to explain this new way of understanding physiology. When you run on a hot day, you sweat, but do not be misled into thinking that the running is causing the sweating. It is not. The sweating is correct or normal physiological component of the total behavior, running, that you *chose* to satisfy a healthy exercise picture in your head. In simple terms, you are not sweating because you are running any more than you are running because you are sweating. You are both sweating and running because you chose the total behavior of running" (p.53).
- "Many of the antidepressant drugs that are widely prescribed are given with the idea that when a person is depressed, there is nothing wrong with his behavior, that it is his brain physiology which has gone awry and is causing his misery. These drugs are an attempt to change that single component to 'normal' and, in doing so, 'cure' the 'depression.' But the brain physiology is no more its cause than sweating is the cause of running" (53-54).
- "...we do not satisfy our needs directly: We attempt to satisfy pictures in our heads that represent the needs. Whenever a need is unsatisfied, we look into our picture album for a picture that comes closest to satisfying the need" (p.57).
- "Whenever we talk about better discipline with no attempt to create a more satisfying school, what we are really talking about is getting disruptive students to turn off a biological control system that they cannot turn off" (p.58).
- "Even if we don't ask for it, people will offer help if we are obviously miserable. And while most of us would like some help, past age seven or eight very few of us like to ask for it. We see asking as begging, and in our culture beggars are people who have surrendered their self-respect, which is another way of saying surrendered their power. So suffering maintains our power by keeping us in the position of being offered help without asking or begging" (p.63).
- "I also want to make clear that when I say we choose sicking, it is not that we want to get sick. It is that we choose total behaviors that have as their normal physiological component a self-destructive physiology such as high blood pressure.

Chapter Six: The Learning-team Model

- "There is no power in superficial knowledge: It is like reading the book jacket and then trying to talk yourself into believing that you know what is in the book" (p.78).

Glasser, W. (May 1992). The quality school curriculum. *Phi Delta Kappan*, 73(9), 690-694

"Suppose you get a job in a factory making both black shoes and brown shoes. You are well-managed and do quality work. But soon you become aware that all the brown shoes you make are sold for scrap; only the black shoes are going into retail stores. How long would you continue to work hard on the brown shoes? As you slack off, however, you are told that this is not acceptable and that you will lose pay or be fired if you don't buckle down and do just as good a job on the brown as on the black. You are told that what happens to the brown shoes is none of your business. Your job is to work hard." To create a Quality School, we must eliminate 'throw-away information' (nonsense) from the curriculum and eliminate the use of coercion."

Glasser, W. & Glasser, C. (1999). *The language of choice theory*. New York, NY: HarperPerennial

- "In love and marriage, where both parties should be working to keep the power in the relationship reasonably close to equal, external control language will quickly and permanently destroy the balance of power that is necessary if the couple is to have any chance for happiness" (pp.viii-ix).
- "The effect of external control is cumulative; in rearing children it may seem to surface suddenly in adolescence. But it's not sudden. External control is always resisted, and over time this resistance builds and finally erupts, making what was initially a small problem more difficult—often impossible—to solve. With external control you may win a few battles but you always lose the war" (p.xi).

Glasser, W. (2000). *Counseling with Choice Theory: The new reality therapy*. New York, NY: Harper Collins.

Preface

- "I attempt to persuade clients to make better choices" (p.xv)
- "I contend that we choose essentially everything we do, including the behaviors that are commonly called mental illness." (p.xv)
- Clients are not sick. They are responsible for their behavior. They should not be labeled mentally ill. [paraphrased]
- "...it is wrong to label people mentally ill." (p.xvi)
- "What is labeled mental illness...are the hundreds of ways people choose to behave when they are unable to satisfy basic genetic needs...to the extent they want." (p.xvi)
- "...when clients begin to make better or more need-satisfying choices, the symptoms disappear." (p.xvi)
- "...people...can be helped to live their lives more effectively through psychotherapy."
- The source of all problems for a person is a lack of satisfying, present-time relationships--disconnection (xvii)
- "I contend that it is this disconnection that leads...all of us, to choose the pain, destructive behaviors that are commonly called mental illness, crime, and addiction." (xvii)
- Almost everyone who sees a counselor is suffering from either their own use of external control on others or vice versa.

Chapter 1: Jerry

- To have a chance to lead a rewarding life, all people need at least one satisfying relationship. [paraphrase]

- "What is called mental illness is a description of the ways in which huge numbers of people...choose to deal with the pain of their loneliness or disconnection." (pp.1-2)
- Although people blame their unhappiness on other people, mental illness, or both, they are choosing the behaviors they complain about. [paraphrase] (p.4)
- "The way I work is to help him relate to me; he can use what he learns with me to relate better to other people in his life" (p.5).
- "The more I focus on the symptoms he is choosing...the more he will cling to them and blame me for not being able to rid him of them..." (p.5).
- "It's important not to get trapped into talking about the symptoms, to send the message: *I'm not interested in your craziness.*
- "You choose everything you do..." (p.17).
- "Would you rather it turned out that you were choosing what you do and could learn to make better choices, or would you rather believe you're suffering from a mental illness and you won't ever be able to do anything to help yourself?" (p.19)
- "...the problem is now, not in your past" (p.20).

Unmet needs → feel anger → attempt to use "symptoms" to restrain anger

Chapter 2: Reality Therapy in Action Is Supported By Choice Theory

- "I believe people choose the behavior that has led them into therapy because it is always their best effort to deal with a present, unsatisfying relationship—or, worse, no relationship at all" (p.22).
- "The task of the counselor is to help clients choose new relationship-improving behaviors that are much closer to satisfying one or more of their five basic needs than the ones they are presently choosing" (p.22).
- "To satisfy every need, we must have good relationships with other people" (p.22).
- "The pain or the symptoms that clients choose is not important to the counseling process... if we focus on the symptom, we enable the client to avoid the real problem, which is improving present relationships" (p.22).
- The solution to our problems is rarely found by exploring our pasts unless the focus is on past successes. [paraphrase]
- "Clients should not be labeled with a diagnosis except when necessary for insurance purposes. From our standpoint, diagnoses are descriptions of the behaviors people choose to deal with the pain and frustration that is endemic to unsatisfying present relationships" (p.24).
- "The so-called neurochemical imbalance that is cited as the major causes of mental illness is a myth. The brain is not defective" (p.24).
- "What I call mental illness are conditions, such as Alzheimer's disease, epilepsy, head trauma, and brain infections, as well as genetic defects, such as Down's syndrome, Huntington's chorea, and autism. People with these conditions are suffering from brain abnormalities and should be treated primarily by neurologists" (p.25).
- "...if we choose to depress, we can also *choose to stop depressing*" (p.26).

Chapter 4: Bea and Jim

- Get any couple you counsel to answer all five questions: Are you here because you want help for your marriage and not because you want a divorce?; Whose behavior can you control?; Would each of you tell me what is wrong with the marriage right now?; What's good about your marriage right now? If either one of you believes nothing is good about your marriage, counseling is over and there's no charge; What is one thing you can do this coming week you think will make your marriage better?

- "The marriage is more important than either of you. Anyone who wants to have a strong happy marriage has to subordinate what he or she wants to the marriage" (p.50)
- "Never say or do anything in a relationship that experience tells you will drive you further apart. Do or so only what will bring you closer or keep you close" (p.54).
- "...almost every marriage or any other relationship that falls apart does so because one or both partners uses external control psychology on the other" (p.55).
- "If either one of the partners is dissatisfied, using external control is like throwing gasoline on a fire to put it out" (p.55).

Chapter 6: Chelsea

- "We choose essentially all our behavior" (p.64).
- "...all behavior is total behavior" (p.64).
- "I would never tell her she is choosing to panic until I believed she was ready to understand total behavior" (p.65). To do otherwise, would harm the relationship between us. (paraphrase)
- "No one should use it to accuse anyone of choosing the misery he or she is complaining about" (p.65)
- "If we wish to change a total behavior, we must *change the way we act and/or think*" (p.66).
- Choosing symptoms reduces pain. The frustration would be more painful if a person did not choose the symptom.
- "I know it a choice, I'll certainly not dismiss her complaints, I'll give her time to explain how she feels. But I will also begin to work on guiding her *toward choosing different, more need-satisfying, actions and thoughts*" (p.66).
- "I downplay her feelings and physiology because no therapy or therapist can work directly with feelings and physiology. For example, it would do no good to tell Chelsea to *get a grip* or to *cheer up*. As long as her needs are unsatisfied, she won't be able to do so" (p.66).
- "Our job as a therapist is to teach clients how to act and think more effectively so they can better satisfy their needs..." (p.67).
- "If she thinks I can handle the attack, she won't choose to have one in my office. If I'm not afraid of it and even welcome it, she can't control me with it as I'm sure she controls others" (p.69).
- "A major purpose of all psychological symptoms is to get sympathy and attention" (p.72).

Chapter 7: George

- "Almost all the symptoms we choose help us to restrain the anger that is part of every frustration" (p.79).
- Putting a picture into your own quality world is easier than taking it out. Usually, we can't take out a picture of someone we love until we find another person to replace it. [paraphrased]
- "Ideas of suicide often occur when people can't connect with a very important picture in their quality worlds" (p.83).

Chapter 8: Jerry (continued)

- "When people choose painful or crazy symptoms, it's not because they enjoy them. It's because they don't know anything better to do" (p.102).
- "I rarely talk about failures—that makes things worse" (p.102).

Chapter 9: Maureen

- "A suggestion is therapeutic; an order is not" (p.107).

Chapter 10: Rebecca

- Regarding total behaviors: "*If you change any part, you change the whole*" (p.120).
- We can't just choose to reject a hallucination. To get rid of it, we have to figure out ways to better satisfy one or more of our basic needs. (paraphrase).

Chapter 15: Bob and Sue

- "When we choose anger or misery, it's always to try to control others or to control yourself" (p.193).
- "...if you are having difficulty in any relationship, that difficulty is caused by one or both parties using external control" (p.194).

Chapter 18: Final Comments

- "The goal of therapy is to help clients establish these necessary relationships" (p.227).

Glasser, W. & Glasser, C. (2000). *Getting together and staying together*. New York, NY: Harper Collins.

Chapter 5: The Basic Needs: How They Relate to Marital Happiness

- "...our power need generally is satisfied if we are respected. To gain respect, the minimum needed is that someone we care about...listens to us" (p.32).
- "...friendship is based on equal power or no power, and equal power is based on listening to each other..." (p.32).
- "No one can control you, and you can't control anyone else" (p.33)
- "...if you are willing to suffer the consequences, up to and including losing your life, no one can make you do anything you don't want to do" (p.33).
- "The key...is not only to stop using the habits but also to replace them with choice theory" (p.34).
- "...people who can learn have a survival advantage over people who cannot learn or over people who can't learn as fast or as well" (p.37).
- "If we are dissatisfied in a relationship, we should focus on what we can do to improve the relationship and not attempt to change the other. The partner almost always changes as we rid ourselves of external control" (p.39).
- Success in marriage is directly proportional to how well the couple negotiates with one another. [paraphrased]
- "A choice-theory...is based on what each party can offer that he or she believes will help solve the problem" (p.40).

Chapter 6: Sex After Marriage

- "Nothing kills sex faster and more completely than the seven deadly habits" (p.43).

Chapter 8: Our Quality World Confirms Our Love

- "While the needs are the genetic source, it is these very specific pictures of the way we want to live our lives that cause us to do whatever we do from birth to death" (p.65).
- Keep the picture, modify it, or take it out of your quality world. (paraphrase, p.65)

Chapter 9: The Genetic Core of Our Personality: The Strength of Our Needs

- "In our experience, if there is a two-or-more point difference between the man and the woman in any need, that difference causes trouble" (p.81).
- "...pinpoint the problem and focus on what they can do to behave in more compatible ways" (p.84).

Glasser, W. (2001). *Fibromyalgia: Hope from a completely new perspective.*

Chapter 1: What Is It if Not a Disease?

- Fibromyalgia is “a condition of persistent muscle pain throughout the body, often accompanied by severe fatigue, insomnia, diarrhea, abdominal bloating, bladder irritation, and headache.” (p.2)
- All symptoms of pain or disability, for which there is *no clear explanation* are related to unhappiness.
- “How many people we need to connect with is up to each of us, but the absolute minimum for happiness is one strong, satisfying connection.” (p.5)
- To get relief from your symptoms, connect more effectively with the important people in your life.

Chapter 2: Happiness and Unhappiness

- “Simplistic as it may sound, I believe the basic human problem is unhappiness. Excluding grinding poverty, incurable disease, and living under tyranny, essentially all human unhappiness is caused by our inability to get along the way we would like with the important people in our lives” (p.17).
- “I believe that fibromyalgia has no pathology because it is not a disease. It is an unwanted side effect of some of the behaviors we choose when we are unhappy” (p.17).
- “In my opinion, suffering is not the criterion for mental illness. The criterion for mental illness is the same as the criterion for physical illness: the presence of pathology” (p.18).
- “Depression, fibromyalgia, chronic fatigue syndrome, or any one of several hundred other conditions—is associated with, but not caused by, unhappiness.

Chapter 3: The Genetic Needs

- “Only one need-satisfying behavior—anger—is encoded in our genes. All the other many thousands of behaviors that we use as we attempt to satisfy our needs are learned. Everything we choose to do from birth to death is driven by our desire to experience the pleasure of satisfying one or more of these needs or to avoid the pain of not satisfying one or more of them” (p. 27).
- If an infant is fed but not held or cuddled, the infant will soon give up trying to get attention, go into what seems like a depression, and die. Death from insufficient love and attention (a disease called marasmus) shows that we need relationships starting from birth.
- Many conditions (like depression) are mistakenly called diseases.
- “as long as we are alive, our needs push for satisfaction. We may try, but we can not turn them off.” (p.31)

Chapter 4: Total Behavior and Creativity

- “When I attempt to explain how the pain and fatigue of fibromyalgia can occur without supportive pathology, I think about driving in Germany on the autobahn in 1994. I had a medium-size rental car and was having difficulty getting out of the way of the big Mercedes and BMWs that were cruising past me very comfortably at 120 mph. At 100 mph, my car began to shake and sputter but when I slowed down to 90 mph, it corrected itself and ran well. I realize the problem was not a mechanical failure. It occurred because I was asking more from the car than it was capable of delivering. I believe this is a good analogy for fibromyalgia” (p.33).
- “the symptoms of fibromyalgia are not caused by cellular pathology. They are an *unwanted* part of an ineffective behavior you are presently choosing as you try to deal with your unhappiness” (p.33).

- "You can't directly choose to stop the pain or get rid of the fatigue. But if you learn to think and act more effectively, I believe your symptoms will start to disappear" (p.35).
- "Our genetic needs will not allow us to accept long-term need frustration without letting us know about it through one or both of our rear wheels" (p.37).
- "But I am not claiming that all symptoms are created. If your complaint is caused by a disease or an accident, you suffer from pathology" (p.45).
- Your creativity may create so much pain and disability that you literally forget about your relationship problem and concentrate on your symptoms (p.50)

Chapter 5: Who Will Never Suffer from Fibromyalgia

- "I believe that if you are able to reduce your expectations of yourself and others in your quality world, you will be better able to satisfy your needs" (58).

Chapter 6: Replace the Seven Deadly Habits

- "all we can give each other is information" (p.69-70).
- "You can only control people physically. You can't control what they think or what they want" (p. 72).
- "Show me someone who is really happy, and I'll show you a person who isn't trying to control anyone and no one's trying to control him" (p 72).
- The seven deadly habits of highly miserable people. "I think any human pain or misery that has no obvious cause is a product of one or more of the deadly habits" (p. 73).

Chapter 7: Women Not in an Intimate Relationship

- "If you don't like how you feel, you can change how you think and act" (p. 96).

Glasser, W. (2003). *Warning: Psychiatry can be hazardous to your mental health*. New York, NY: Harper Collins.

Chapter 1: Who am I, Who are You, and What is Mental Health?

- "The message of this book is that no matter what mental illness you or a family member may be diagnosed with, there is a lot you can do to help yourself or a member of your family who needs help" (p.3).
- "Many psychiatrists, like myself, don't believe schizophrenia is a mental illness. It is one of the thousands of ways that unhappy people...deal with their unhappiness" (p.4).
- Some people's bodies are out-of-shape, but they are not physically ill. Likewise, some people minds are unhappy, but they are not mentally ill. [paraphrased]
- "In my practice I have never prescribed a brain drug no matter how severe the symptoms of the psychological problem" (p.5).
- "I now believe the following metaphor: *Happiness is mental health*" (p.6).
- "Happiness or mental health is enjoying the life you are choosing to live, getting along well with the people near and dear to you, doing something with your life you believe is worthwhile, and not doing anything to deprive anyone else of the same chance for happiness you have" (p.7).

Mental Health Continuum

mental illness (proven brain pathology <u>only</u>)	unhappy	mental health/happiness
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physical illness

out-of-shape

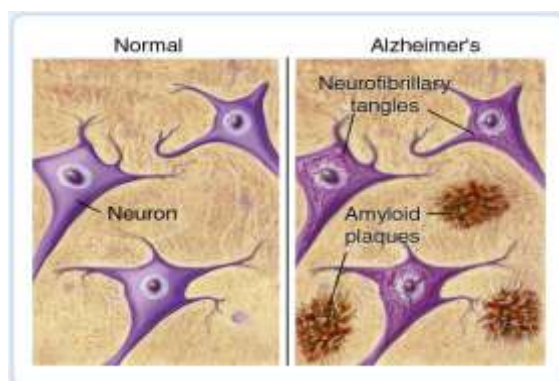
physical health

Physical Health Continuum

Chapter 2: The Difference Between Physical and Mental Health

- "On the left are a relatively few mentally ill people who suffer from a medically recognized brain pathology. Their illness corresponds to a physical illness such as cancer, heart disease, and diabetes. Examples include Alzheimer's disease, Parkinson's disease, epilepsy, brain tumors, or multiple sclerosis. Any neurology text will list these and many more. Pathology occurring in your brain has a lot to do with your being unhappy, but these diseases are not how we express unhappiness. They are diagnosed and treated by neurologists, not psychiatrists" (pp.14-15)
- "The 'mental illnesses' that establishment psychiatrists diagnose, treat, and list in the *DSM-IV* should not be labeled illnesses, because none of them is associated with any brain pathology" (p.15). "They are the many ways unhappy people express their unhappiness" (p.15).
- "If you are expressing your unhappiness with symptoms such as depression or any other of the symptoms described in the *DSM-IV*, you are in the middle of the mental health continuum and are not mentally ill" (p.15-16).
- "...symptoms are your way of expressing your unhappiness" (p.16)
- "By putting drugs into your brain that interfere with its normal functioning, he [the psychiatrist] is a hazard to your mental health. By down-playing what counselors can do for you, he is a further hazard to your mental health. But by far the greatest hazard that he poses to you [regarding] mental health is his finding mental illness that do not exist and, in doing so, robbing you of a chance to do something for yourself" (p.16) (Words in square brackets [] added.)
- "Since your brain chemistry must change continually as your behavior changes, you can't have the same brain chemistry when you are happy as you have when you are fearful, angry, or depressed. But because it changes does not make it abnormal" (p.17).
- "To prove what they claim is true about your brain chemistry, they employ pseudoscience and say your brain chemistry is congruent with your brain activity. They then scan your brain activity and show that parts of your brain are more or less active when you are depressed, fearful, or angry. They then take a huge intuitive leap and claim that the change in brain activity they have just scanned represents your ever-changing brain chemistry. Then they take a further leap and conclude that it was the change in brain chemistry that is causing your fear, anger, or depression "That conclusion is about as scientific as me taking your heart rate when you are calm and then pointing a gun at you, shooting a few bullets past your ears, taking your heart rate again, and then telling you that you have heart disease because it is now beating abnormally. In this scenario it would only be abnormal if it remained the same" (pp.17-18).
- "...everything I teach about mental health in this book will help you whether you are taking brain drugs or not. But it will work better if you are not on them" (pp.19-20).
- "What I am trying to do with this book is encourage you to be aggressive in protecting yourself from wrong diagnoses and harmful brain drugs by learning how to be happier and more mentally healthy" (p.22).

- "...it should reassure you to know there is a small group of psychiatrist like myself who don't believe in mental illness. Our minority voice continues to struggle to protect you..." (p.34).
- "If depression were caused by a chemical imbalance in the brain chemistry, then it should not be relieved by a sugar pill. Yet evidence is mounting that given with care, conviction, and in a context including time spent with the doctor who gives it, the sugar pill works better than antidepressant drugs..." (p.34).



Chapter 3: Unhappiness is the Cause of Your Symptoms

- "It is virtually impossible to be unhappy for longer than five or six weeks and remain symptom free" (p.39).
- Glasser talks to a client: "I believe the doctor's wrong and the book's wrong. The description of your suffering that he read you is correct but there is nothing wrong with your brain. A normal brain is perfectly capable of doing to you what you are experiencing and worse. Joan, no matter what that doctor told you, you are not mentally ill" (p.40).
- "The reason I'm going to focus on what you do is because what you do is all you can control. There's no sense talking about what anyone else does, because you can't control what they do. No matter how hard you try, the only person's behavior you can control is your own" (p.46).
- "...everything you do is your choice" (p.47).
- "Okay, here's a trick. No matter how you feel, as much as you can, before you do or say anything, say to yourself, 'I'm choosing to say or do this.'" (p.50).
- "Remember, good choices are those that bring us closer to all the people we want to be close to. Bad choices tend to separate us from those people" (pp.53-54).
- Suffering is a warning that you are unsatisfied with one or more of the important relationships in your life [paraphrase] (p.54).
- You know whether saying something is a bad choice. Before you say it, you'll feel a sudden discomfort. That discomfort is a warning. "...pay attention to that warning and keep your mouth shut" (pp.54-55)
- "...if we exist in hopeless poverty, suffer from an incurable disease, or are forced to endure life under a tyrant who robs us of our freedom, it's hard to be happy. But for the readers of this book, the vast majority of your unhappiness will have nothing to do with those extreme situations. If you're unhappy, it's because you're not getting along the way you want to with the important people in your life" (p.56).
- "A more accurate title for the *DSM-IV* would be *The Big Red Book of Unhappiness*. No matter how we experience it, almost every symptom can be traced back to its origin: relationships that lack love, respect, or both" (p.57).
- "You can only find happiness in choosing to change the way you relate to the important people in your life..." (p.60).

Chapter 6: Introducing External Control Psychology

- "The use of external control always translates into: *I'm right and you're wrong*" (p.72).
- All humans resist control. Barring extreme poverty and physical illness, using external control is the major cause of human misery. [paraphrased, p. 73.]
- Some aches and pains have no known pathology—such as migraine headaches and fibromyalgia. Some physical illnesses are associated to some degree with unhappiness—such as heart disease, adult asthma, and eczema. Autoimmune diseases, like rheumatoid arthritis may be linked with unhappiness. [paraphrased, p.74]
- "If we are willing to suffer the consequences of our actions, horrible as they may be at times, no one can make us do anything" (p.75).
- "Most of the symptoms described in the DSM-IV, along with the aches and pains I mentioned earlier in this chapter, are an attempt to control someone else or to escape someone else's control" (p.76-77).
- "Constructive criticism is the most moronic of all the oxymorons" (p.79).
- Complaining is a deadly habit even if you're not the target of the complaint. "...you tend to suspect, if your turn hasn't yet come, it soon will. Even if the complainer never complains about you, it' becomes an irritant" (p.79).
- "People like to be rewarded, but they don't like the person who rewards them if, to get the reward, they have to accept control" (p.79).
- "The key to giving a reward is to decide if it will help or harm the relationship. A good message is, *I reward your effort, but I want nothing in return.*" (p.79).
- "...when you are dealing with young people, the less control you use the more control you get" (p.84).
- "To me the relationship takes precedence over things and moderate amounts of money. You can replace or repair most things. You may not be able to replace a family member or friend" (p.85).

Chapter 8: The Role of Our Genes in Our Mental Health

- "If we don't learn to replace external control with choice theory in our relationships, it is doubtful that we will ever become much happier or more mentally healthy than we are" (p.96).
- "...respect for all people, whether they differ from us or not, is humanity's best chance of surviving another century" (p.97).
- "This process is epidemic in our schools. If children don't respect both us and what we are trying to teach, and refuse to pay attention, we label, punish, and drug to try to control them. We refuse to accept the evidence of our own eyes: there is no ADD or ADHD in the classes of teachers who use choice theory" (p.97).
- Only family love and belonging is programmed into our genes. That love helps us to survive. [paraphrase, p.97]
- "Happiness prevails when neither partner tries to control the other..." (p.98).
- "A mentally healthy person pays attention to feelings. I've found out that when I get even a small discomfort, I take a moment and say to myself, 'Okay, which need is it?'" (p.103).

Chapter 9: How Can You Say That We Choose Our Symptoms

- "Everyone with symptoms believes that if they could just get rid of the symptom they'd be happy. That's why so many people turn to drugs. It's much easier to look for happiness in a pill than to try to repair an unhappy relationship or build a new one" (p.108).
- "I believe that all symptoms, painful, frightening, crazy, disabling, possibly even the symptoms of a disease like arthritis, are your brain's way of *warning* you that the

behaviors you are presently choosing are not satisfying your basic needs. Your brain has evolved to help you survive. If you disregard that warning and do nothing to increase your need satisfaction, you are stuck with your unhappiness. From that unhappiness, your symptoms begin and often escalate" (pp.109-110).

- "All we do from birth to death is behave; all our behavior is total behavior and all our total behavior is chosen (p.110).
- When you have symptoms with no pathology, stop using external control on others or escape someone else's use of it on you. [paraphrase, p. 112]
- "Once a family member gets so creative that he seems to lose touch with reality, the people who can help him, family and professionals, should try not to use any external control; they should not query him about his hallucinations and delusions, and should be ready to change the subject if he tries to talk about them" (p.118).
- "I also believe that none of us can avoid angering when we are frustrated. This is so because angering is the only feeling we are born with. All other feelings are learned" (p.122). [it's a basic survival mechanism]

Chapter 11: Luck, Intimacy, and Our Quality World

- "Obligation is external control" (p.147)
- Try not to use external control. If you slip, apologize and explain the external control you are trying to avoid. [summary, pp.150-151].
- "...no matter what you are trying to do with your life, it is the people in your quality world and your relationships with them that will determine whether you are happy or not" (p.154).
- "In order to be mentally healthy, we need at least one person in our quality world who is actively and positively involved in our lives" (p.154).
- "...when we use external control on anyone, especially when we are related to them, the people we use it on will resist" (p.156).
- "In the external control world we live in, people satisfy their need for power by putting others down. Sharing your quality-world pictures makes you a target for put-downs" (p.157).
- "To get the full benefit from your quality world, you have to have the guts to open it up selectively. I don't advise that you ever wear your whole heart on your sleeve" (p.158).
- "When people try to force their quality world on others, it leads to a lot of unhappiness" (p.158).

Appendix

- "It is my vision to teach choice theory to the world. I invite you to join me in this effort" (p.237).

Glasser, W. (2005). *Defining Mental Health as a Public Health Issue: A new leadership role for the helping and teaching professions*. [pamphlet]

- "The use of the traditional medical model to attempt to deliver what is called mental health will be hard to abandon. But even more than tradition, the stumbling blocks to moving from the medical model to the public health model, are not philosophy and science; they are money and power" (p.7).
- "...the medical model has serious flaws. Because all medical treatment is based on finding specific pathology to explain the symptoms and specify their treatment, the model breaks down completely when no pathology is found. So far, no pathology has been found in any DSM-IV diagnosis" (p.8).
- "We are presently struggling unsuccessfully with a huge epidemic of misdiagnosed mental illness..." (p.15).

- "The first thing a public mental health education program led by a counselor would do, is teach all the people they now see who are diagnosed as mentally ill that they have no pathology in their brains; they are not mentally ill. The unifying problem they all share is unhappiness, specifically being involved in unhappy relationships." (p.16).
- "...we are social creatures who need each other. The need for **love and belonging** is encoded in our genes" (p.18).
- "Keep in mind, power is encoded in our genes; external control is not. It is learned, and we can learn through the mental health education to use choice theory to replace it" (p.20).
- "The world is filled with external control and most of us learn it from parents, grandparents and school teachers many of whom use it in much of what they do. It was external control that destroyed your marriage if you are divorced, and if you continue to use it in your relationships you may be unhappy for the rest of your life" (p.20)
- "External control is very simple. In a relationship it is a belief that what we choose to do is right and what the other person does is wrong" (p.20).
- "As you learn to get external control out of your life, you will begin to notice a few people around you who are very different from a lot of people you know because they seem happy most of the time. If you get to know them, what you will soon notice is **they are not controlling**. They don't try to change anyone. They have learned to live and let live. If people try to control them they will have learned a variety of ways to escape that control. These are people to get to know. A good counselor is that model. He or she is modeling the choice theory way to life your life" (p.22).
- "Despite what you may have been taught, the symptoms that bring you to a counselor are almost all caused by a **present unhappy relationship**" (p.22).
- "In a warm, polite, and supportive way I'll keep moving our discussion away from symptoms and the past and on to the present unhappy relationship" (p.23).
- "Because of what I believe, I have never told a client that he or she is mentally ill. Labeling people is hardly the way to start a warm supportive relationship" (p.23).
- "If they are psychotic don't try to get them to stop their symptoms. That would be external control and you cannot counsel successfully if you use any external control. It may be that they are creating their symptoms to avoid that control (p.24).
- "When I counsel, I begin by asking clients to tell me their story" (p.26).

Glasser, C. & Roth, B. (2008). *Role-play handbook: Understanding and teaching the new reality therapy counseling with choice theory through role-play*. Beverly Hills, CA: Association of Ideas Publishing.

Teaching counseling with choice theory; the new reality therapy. William Glasser

- "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" (p.130).
- "Disconnectedness is the source of almost all human problems..." (p.130).
- "...the goal of Reality Therapy is to help people reconnect" (p.131).
- Keep pointing out that the best evidence for putting Choice Theory to work in their lives is that they will feel better." (Glasser, 2008, p.8)

Glasser, W. (2011). *Take charge of your life: How to get what you need with choice theory psychology*. Bloomington, IN: iUniverse.

Introduction

- Glasser discussed transitioning from external control psychology to choice theory. "This transition will not be easy. Lifelong beliefs, especially if they are held by almost everyone you know, die hard. I encourage you to be skeptical. Belief nothing in this book, no matter how persuasive my argument, unless you try it out in your own life and discover it works for you" (p.3)

Chapter 1: Everything We Think, Do, and Feel Is Generated by What Happens Inside Us

- "Nothing we do is caused by what happens outside of us" (p.5).
- "...regardless of our circumstances, all any of us do, think, and feel is always our best attempt *at the time* to satisfy the forces within us" (p.7).

Chapter 2: Replace External Control with the New Choice Theory Psychology

- If you stop using external control on others and escape the external control others use on you, you will feel much happier. "If you continue to use it in your present relationships, you may be unhappy for the rest of your life" (p.8).
- "...power is encoded in our genes—external control is not" (p.9).
- "Getting rid of the deadly habits in all your relationships is central to leading a happier life" (p.11).
- "Our brains are constantly comparing what we perceive we have with what we really want and need. Based on that comparison, we act in an attempt to balance the two" (p.11).
- "...attempting to control others is impossible to accomplish without destroying your relationships with them" (12).

Chapter 3: The Pictures in Our Head

- "The only way we can take pictures out of our quality worlds is to replace them with others that fulfill the same basic needs reasonably well" (p.25).

Chapter 4: The Values in Our Cameras

- "One of the most difficult lessons to master as we struggle to create effective change is to learn not to label something as bad just because it is different from what we want" (p. 32).

Chapter 5: What Makes Us Behave

- "Whenever there is a difference between what we want and what we have, we must behave—which means, acting, thinking, feeling, or involving our body..." (.p.40).
- "We will usually give up behaviors that don't work if we are capable of better ones" (p.44).
- "It is very important that the reader not conclude that I am claiming that all aches and pains—whether in the head, joints, back, neck, abdomen, or anywhere else—are chosen by the person who suffers from them. If there is a good medical reason—for example an injury or some congenital defect—then medical care plus rest is always the best treatment. The diagnosis of pain should be considered only when there is no definite cause and when rest or good medical treatment is ineffective" (p.46).
- "Almost any chronic ache in the back, neck, or joints starts as an injury, but in many cases it continues as pain after the injury heals" (P.46).
- "If, however, the doctor can find no physical cause and the pain does not steadily decrease with rest but gets worse, and if it tends to subside when you are happy and recur when you are frustrated, you should suspect you are choosing to pain and treat yourself by attempting to regain control of your out-of-control life" (p.47).
- Self-destructive behaviors (like psychosis) are an effort by one to regain control over one's life—get one's needs met. "When we are unable to satisfy our needs over a

long period of time, we are like a starving person who will eat anything. I once read about a man marooned at sea who eventually ate toothpaste and leather shoe soles to alleviate his hunger. In the same way, while none of us wants to be crazy or sick, these actions can become a part of a desperate effort to regain control of our lives" (p.48).

- "...I do not claim that we choose all of our misery. We do, however, choose the painful behaviors discussed in this chapter, and I think I am safe in saying that we choose most of the misery that we suffer" (p.48).

Chapter 6: Creativity and Reorganization

- "Our dreams seem to be creative attempts to deal with the frustrations of the previous day" (p.50).
- "Any time a behavior we create helps us to achieve increased control, that behavior is stored in the behavioral system as an organized behaviors ready to use in any situation where it may work" (p.50).
- "Creativity is the creation of something new that has never before existed in the life of its creator" (p.57).

Chapter 7: Crazyiness, Creativity, and Responsibility

- "The whole gamut of what are called mental illnesses, including hallucinations and delusions, are creative behaviors" (p. 61).
- "Abnormal as what we create may be, our creativity itself is a normal, ongoing process, and when we put it into practice, it is not illness. If we call it mental illness and excuse the creator from any responsibility for what he or she does, we do the creator and our society a disservice (pp.61-62).
- "...someone who does not infringe on the rights of others should not be forced to take drugs or receive treatment for putting his or her creativity into practice" (p.63).

Chapter 8: Psychosomatic Illness as a Creative Process

- "Since there is no specific medical treatment for them, the best advice to give anyone suffering from a psychosomatic illness is that she should try to regain effective control over whatever in her life is out of control" (p. 67).

Chapter 12: Criticism

- "...to gain effective control over our lives, we need to get along well with those close to us" (p. 131).
- "The general rule that I am suggesting is that when you want to correct someone, do it by saying, 'Let's take a look and see what is and is not working for me, for you and for both of us'" (p.140).

Chapter 13: Taking Charge of Your Life

- "We always know what is in our quality worlds." (p.151).
- "...we almost always have more than one picture in our heads to satisfy any need. And if we don't have enough, we can add more" (p.152).
- "It is sad to hear intelligent people who are suffering from differences between them say that there is no sense talking. Talking—or, more accurately, negotiating—is all we have to work out our differences" (p.154).
- "When you attempt to use power, you almost always lose belonging, so we all must be willing to sacrifice a little power to satisfy other needs" (p.154).

Chapter 15: Controlling Ourselves or Others with Pain and Misery

- "Never let people control you with the pain and misery they are choosing" (p. 182).

Chapter 17: How to Start Using Choice Theory

- "...your pictures in your quality world are yours. You put them in, and you can exchange them, remove them, and add new pictures" (p.220).

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Brief Bio:

Dr. Zachary Rapport has experience counseling people who take drugs. He has taught courses at colleges and universities all over the United States since 1996. He has worked as a crisis counselor, and as the Chair for the Department of Counseling, Psychology, and Social Sciences at Argosy University. He holds a graduate certificate in Alcohol and other drugs from Western Michigan University and the following degrees: B.A. in Psychology, Michigan State University; M.S. in Mental Health Counseling, Nova Southeastern University; M.A. in Education, San Francisco State University; MPA in Public Administration, Kaplan University; and Ed.D. in Education, Leadership, and Management, Alliant International University. He trained in Choice Theory with Carleen Glasser and Robert Wubbolding—CT/RT Certified in 2001. When he is not researching, writing, or teaching, he's hiking the trails and taking photographs of our beautiful regional, state, and national parks.