SAMPLE CHAPTER

Contemporary Issues in Couples Counseling

A Choice Theory and Reality Therapy Approach
Contemporary Issues in Couples Counseling

Summary: "Contemporary Issues in Couples Counseling addresses the most common and difficult issues that people in the helping professions face when using CBT with couples--and provides concrete solutions for addressing them effectively. It helps clinicians view the clients in the here and now, not the past, and for helping clinicians create effective treatment plans and ensure that that clients meet their individual needs while also addressing the needs of their partners"-- Provided by publisher.

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1

INTRODUCTION TO CHOICE THEORY AND REALITY THERAPY

Robert E. Wubbolding and Patricia A. Robey

INTRODUCTION

Why is there occasional or chronic pain in friendships, marriage, and all human relationships? How can individuals improve these relationships and increase intimacy, thereby diminishing stress? Choice theory and reality therapy offer both an explanation and possible choices for improving human alliances, interpersonal bonds for fulfilling the innate need for belonging. The use of choice theory and reality therapy provides both a map and specific useful tools for enhancing relationships, especially if both parties subscribe to and practice the principles contained in these life-changing ideas. A relationship built on choice theory and reality therapy leads to a sense of belonging, inner control, freedom, enjoyment, and increased contentment.

Relationships, especially marriage, fail when one of the partners attempts to control the other person to a degree unacceptable to that person. For example, one spouse dominates the other by refusing to negotiate differences and bulldozes decisions that affect both of them. When the submissive person believes that such controlling behaviors are unacceptable, the relationship begins to crumble. The second reason relationships fail is varying degrees of incompatibility in their respective quality worlds. For instance, a person with a high desire or want
for freedom or independence might seek a lifestyle filled with autonomous activities or other behaviors from which the partner recoils and thus the relationship is strained, damaged, or even ruined.

**CHOICE THEORY**

Theologians might explain dysfunctional relationships as due to original sin. Because of human weakness, people are prone to shatter their lives to a greater or lesser degree. Sociologists would elaborate on the failing of society to provide proper supports and the temporary nature of relationships as evidenced in the mobility of families. Psychoanalytic therapists might emphasize the lack of balance between ego, id, and superego as well as unconscious conflicts due to early childhood relationships. Cognitive theory would emphasize irrational thinking as the root cause of conflict when partners indulge in self-talk statements such as *the world must arrange itself so that I experience only pleasure.*

Conversely, choice theory offers a positive but not naïve view of human nature—a comprehensive explanation of personal problems, personal growth, and interpersonal relationships. It stresses current motivation rather than past experiences. It emphasizes conscious drives rather than attempts to resolve unconscious and unresolved illusory fantasies. It is a “here and now” theory expressed in jargon-free language understandable to clients, students, and licensed professionals. People wishing to learn choice theory read books about it, attend training seminars, and seek professional consultation.

**Origin**

William Glasser, MD (1998), developed choice theory from a cybernetic theory that has existed for many decades. Norbert Wiener (1948, 1950) described the human mind as a negative feedback input control system. A rocket is such a system. When it “perceives” that it is heading off target, it provides information to the targeting mechanism that corrects its course. Similarly, human behavior aims at impacting the external world so as to gain input.

Glasser’s immediate predecessor, William Powers (1973), expanded what was called “control theory” or “control system theory” in his landmark book, *Behavior, the Control of Perception.* He asserted that human behaviors originate within human beings and are therefore not thrust upon them from the external world. Furthermore, how human beings behave toward their external environment (i.e., the collection of their experiences toward their external world) determines their perceptions of it. Because of the emphasis on behavior as a choice and because of
the introduction of five human needs driving human choice, Glasser (1998) changed the name of his interpretation of control theory to choice theory.

**Human Motivation**

As seen from the perspective of choice theory, the human mind functions as a control system. The analogy of the rocket helps to understand the goal centeredness of human behavior and its ability to correct itself. Another useful analogy is that of the thermostat. This mechanism controls its environment (i.e., gains a “perception” of its impact on the world around it). If the thermostat is set at 70 degrees, it sends a signal to the furnace or air conditioner to generate goal-centered and specific behaviors. The result is that the environment matches the thermostat’s “desire.” By analogy, it can be said that the thermostat has attained its goal of maneuvering its external world to make it congruent with its internal “wants.” The thermostat, therefore, perceives that it is successful.

An interesting sidelight is that the control system can be fooled. If a match is held under the thermometer, the thermostat will read an inaccurate message and will mistakenly adjust the room temperature. A human relationship suffers stress and strain when one person functions under the erroneous illusion that “all is well” between the parties. Drugs, alcohol, gambling, and other addictions, as well as extramarital affairs, can appear to satisfy an individual and yet poison the relationship. It is as though one party in the relationship lit a fire under his or her thermostat.

**Human Needs**

Glasser (1998, 2005) has provided a schema of five individual human motivators signifying the internal nature of human behavior. He sees these as genetic and universal human needs. This array of internal motivators common to all people links humanity together by crossing age, ethnic, racial, and gender differences. The needs are general, not specific, and they include the possibility of many additions and extensions. For example, the third need, power or achievement, could include the ongoing propensity to learn and to attain an increasing amount of knowledge.

*Survival, Self-Preservation*  Most fundamental to human motivation is the need to continue living. The human body seeks to preserve itself in a variety of ways. It digests food, it circulates blood, it shivers when it is cold, it perspires when it is hot, and, without a conscious
choice, it inhales and exhales. Human beings develop more conscious and sophisticated survival behaviors in the context of helpful or even threatening circumstances.

As with all the human needs, survival contains interpersonal and social implications. Related to this fundamental need is human sexuality, its urges and yearnings. Consequently, the sex drive plays an important role not only for the pleasure of individuals but also for the continuance of the human race.

**Belonging, Love, Affiliation** As human beings grow in maturity, they express their need for connectedness with others. Couples approaching counselors and therapists most often do so because they are unable to satisfy this pervasive need. They feel distant from each other. This estrangement can be expressed by arguing, blaming, criticizing, demeaning, and many other toxic behaviors. No matter what the presenting issue, the reality therapist can usually begin with an exploration of the couple’s interactions (i.e., how they treat each other verbally and nonverbally). Through the counseling process, their respective needs for belonging are met and their relationship improves.

**Power, Achievement, Inner Control** In general terms, the word power has come to imply dominance, exploitation, and even ruthlessness. Yet, as used in the practice of reality therapy, its meaning is rooted in the French pouvoir or, in Spanish, poder—“to be capable or able.” Power is a wider concept than belonging in that it includes many subcategories such as having a sense of inner control, self-esteem, and recognition. People released from hospitals cured of their ailments or injuries feel a sense of power or inner control. And though power can be satisfied by winning a competitive game or sport, it can also be satisfied when a person gains a sense of personal accomplishment irrespective of another person’s victory or defeat. The concept of power is broader than that of competition.

In utilizing the concept of power in counseling, the reality therapist takes special note of the couple’s effort to satisfy their individual needs by attempting to control the other party. This power struggle often lies at the basis of relationship conflicts. Behavioral symptoms include disagreements about money, sex, lifestyle, and family, as well as an unlimited number of other issues.

**Freedom, Independence, Autonomy** Another human motivator is the drive to make choices, to stand on one’s own two feet, and to function without undue external constraints. Because of the emphasis on the
ability to make choices, Glasser (1998) changed the name of the theory from control theory to choice theory, thereby correcting a misunderstanding that control meant controlling other people.

No matter how dire the circumstances or how victimized and trapped clients feel, reality therapists help them see that they have at least some ability to make choices and to fulfill their needs more effectively. This book contains examples of clients initially feeling out of control who come to the belief that they have more control than they first perceived.

Fun, Enjoyment  Aristotle defined a human being as a creature that is risible, one that can laugh. A crucial characteristic of mentally healthy people is that they enjoy life. They fulfill their need for fun.

Reality therapists often explore this need by such statements as, “Tell me about the last time you had a hearty laugh.” This exploration touches on a deep human quality. Especially effective with depressed clients, this inquiry indirectly teaches clients that there are alternatives to their feelings of sadness, loneliness, and hopelessness. If at one time they were able to enjoy life, even momentarily, it is possible that they can achieve at least some enjoyment in the future.

In summary, the human needs constitute the engines of human behavior. Choices spring from these sources and are attempts to satisfy them. The human needs are general—not specific, universal—not culture limited, innate—not learned, and inevitable in the sense that they motivate all behavior. Reality therapists often use this need schema as an informal diagnostic tool and explore with clients which needs are effectively satisfied or unsatisfied. They then assist clients to make more effective choices for fulfilling their own needs and the needs of other people significant to them.

Quality World and Scales

Emerging from the human need system, individuals develop specific pictures or wants that touch on each need. A want for a relationship with a specific person is based on the need for belonging. A want for success in a particular career connects with the need for power. Engaging in a variety of activities or having a range of choices satisfies the need for freedom, while hobbies and leisure time activities are related to fun. Because these precise wants or pictures are internally satisfying, they are said to have quality.

This collection of precise wants, which includes core values and beliefs, is identified as the quality world. It is analogous to a mental picture album. This comparison is also analogous to a drawer containing specific folders. At a given moment, we desire to review the contents of a
folder. In other words, we compare what we want, the image of holding a specific folder, with what we have when we are not yet in possession of it. This comparison is also analogous to an out-of-balance scale: We want something but we do not have it. Couples often have many unfulfilled wants. They have scales intensely out of balance regarding their relationship. The reality therapist’s task is multiple: help them accept this imbalance, focus on scales that can be realistically put in balance, or develop behaviors aimed at balancing the scales in question.

**Total Behavior**

Choice theory embraces an uncommon definition of behavior. It refers not only to actions but also to cognition, emotions, and physiology or bodily functioning. Therefore, behavior is a composite. It is total. When the mental scales are out of balance, the mind generates total behavior. Actions are accompanied by thoughts, feelings, and at least some physiological exertion. Reaching into the file drawer involves extending the arm, thinking about how to open the drawer and where to find the file, feelings of hope, and slight changes in physiology. Reality therapists explore the many more complicated behaviors presented by couples: their common activities, their common or conflicted thinking or self-talk, their shared or opposing emotions that focus on their relationship. The skilled practitioner sees these behaviors as choices and treats them as if they are choices, even if the couple seems to have little control over specific total behaviors such as feelings of anger, depression, resentment, or indifference.

**Perception**

Total behaviors chosen by couples are not aimless. Rather, they serve a purpose. All behavior is an attempt to impact our external world for the purpose of gaining something from it. Human beings seek perceptions: the perception of having a satisfying relationship, of a successful career, of being independent or free, of enjoying life. Human beings seek a relationship with another person especially for the purpose of gaining the perception of loving and being loved. Many couples seek counseling because they perceive that their need for love, belonging, connectedness, and affiliation has become strained.

The storehouse of perceptions, analogous to the entire file cabinet, contains not merely wants (i.e., the quality world). It also holds memories, as well as mental projections of future events. These can be pleasant and desirable, unpleasant and painful, or simply neutral—neither pleasant nor painful. A major component of this perceived world is a sense of our degree of personal responsibility for the way we live our lives (i.e., our perceived locus of control).
The skillful reality therapist helps couples explore a significant aspect of their perceptual world—that is, their sense of internal versus external control. In reality therapy, couples identify what they have control over. The reality therapist helps them realize that each of them has control only over his or her own behavior. We can control only our own behavior, especially our actions and secondarily our thinking is a foundational principle in choice theory and in the practice of reality therapy.

REALITY THERAPY

The origin of reality therapy preceded Glasser’s choice theory (Glasser, 1960, 1965). First developed in a correctional institution for young women and in a mental hospital, it has since been applied to virtually every kind of client, couple, and family who have major or minor problems. It has been used with people from upper and lower socioeconomic levels and a wide variety of cultural and ethnic groups (Wubbolding, 2000, 2011; Wubbolding et al., 2004). Couples desiring remediation from problems such as addiction, abuse, or infidelity, as well as relief from loss, divorce, or posttraumatic stress, seek the help of a competent reality therapist. The development of focus groups wherein couples study applications to their own lives has broadened the application of both choice theory and reality therapy (Glasser & Glasser, 2000, 2007).

Goals of Counseling

The general aim of couples’ reality therapy is to help them gain a sense of inner control. When couples enter counseling, they often feel more out of control than they did before making the decision to seek help. They not only feel the pain of their problems but also now feel the pain of having to ask an “outsider” to intervene in their personal business. The initial intervention of the reality therapist should be to congratulate them for taking this step forward. The decision to seek help is thus a step upward—not a step down. More specific goals include the following:

Realize that there are three entities in the counseling process. The reality therapist assists the couple to realize that each person brings unique strengths and limitations to the relationship. And yet there is third entity present: the relationship that exists between them. Present in the room are two partners and their relationship itself.

Explore the strength of the relationship. Couples discuss whether their relationship has a slight cold or a terminal illness. They are asked to provide their own assessment and to determine if
there is anything in the assessment that they can agree upon. A skilled reality therapist assists them in this process and in describing their common perception of their relationship. Even their agreement about the degree of tentativeness in the relationship can represent a strength.

**Gain a sense of need satisfaction.** The reality therapist sets a friendly, empathic atmosphere so as to facilitate a therapeutic alliance with the couple. The relationship between counselor and clients facilitates trust, thereby helping clients come to the belief that the reality therapy process will be helpful to them. Building on this trust, the reality therapist assists the couple to gain an enhanced sense of belonging in their relationship. If each person’s appreciation for the other increases, they also attain an added sense of power or success. They are encouraged to make choices satisfying to each person—choices that are mutually acceptable and enjoyable.

**Change perceptions.** In changing actions, couples move from painful to pleasurable perceptions of each other. For instance, if the chemically dependent person seeks help and is supported by the co-dependent partner, they both not only perceive the other person’s destructive behaviors but also begin to see their willingness to make changes and their desire to control their own lives more effectively, as well as experiencing an awakening and awareness of the needs of others.

**Use quality time.** Time spent together is a precise, measurable, and tangible goal. During these special times, the partners choose activities that are need satisfying to both and avoid toxic or deadly behaviors such as arguing, blaming, criticizing, etc. (Glasser & Glasser, 2007; Wubbolding, 2011). This time together strengthens the relationship and creates a storehouse of positive and pleasant perceptions of themselves, their relationship, and each other.

**Achieve at least some degree of congruence between quality worlds, behavior systems, and perceptions.** The counselor teaches the basic components of choice theory and communicates to the clients that if their relationship is to be need-satisfying to each of them, they will need at least some agreement about what they want from the world around them, including what they want from themselves. They will need to achieve some similarity in how they perceive the world, especially regarding issues of high importance, such as how to raise children or the ability
to accept diverse perceptions. Finally, they will reach at least a modicum of commonality in the various components of their behavior: actions, thinking and feelings.

In summary, each goal implies a change in behavior—more specifically, a change in actions. These changes depend upon a willingness on the part of both persons to want to improve their relationship and a willingness to evaluate their actions and their attitudes followed by a commitment to make alternative plans. Change does not occur automatically or by happenstance. It is built on and results from the reality therapist’s skill in establishing and maintaining the counseling relationship or therapeutic alliance as well as skillful implementation of the principles of reality therapy that spring from the concepts of choice theory.

**The Counseling Process**

The artful use of reality therapy occurs when the counselor possesses the skills described in the following discussion, as well as understands the building blocks or philosophical principles of successful counseling: It is a developmental process in that establishing and maintaining trust is a gradual process. When clients feel understood and accepted, there is a high likelihood that they will scrutinize their quality worlds and behavioral systems, as well as their perceptions of themselves, each other, and their relationship. They gradually lessen their defenses and feel comfortable in their self-disclosure and self-exploration.

**Clients’ Responsibilities**  In his lectures, Dr. Glasser facetiously points out that the primary responsibility of clients is to show up. The counselor’s responsibility begins at that point. Nevertheless, the success of reality therapy depends on whether clients want to change, want to improve their relationship and, as trust develops, are willing to make more effective choices. When these conditions are present, clients develop a sense of personal responsibility and a perception of internal control that is expressed by phrases such as “I am willing to …” or “I see your point of view,” rather than “you always …,” “you never …,” and a multitude of other external control statements.

**Counselor’s Role**  The counselor’s responsibility is to set an atmosphere that facilitates change. Glasser (1986) states, “The counselor should attempt to create a supportive environment within which clients can begin to make changes in their lives.” In developing this idea further, Glasser (2009a, chart) stated that the clients’ reconnection “almost always starts with the counselor first connecting with the individual
and then using this connection as a model for how the disconnected person can begin to connect with the people he or she needs.”

Wubbolding (2008) has identified specific counselor behaviors useful for establishing an appropriate counseling atmosphere:

- Using attending behaviors, including body posture, eye contact, and strategic silence
- Showing accurate empathy (i.e., seeing the clients’ points of view)
- Communicating a sense of hope; reality therapy is based on the belief that relationships can always be improved
- Doing the unexpected: continually searching for innovative ways to connect with clients
- Reframing negatives as positives: no matter how bleak the situation, there is always a silver lining
- Discussing problems in the past tense and solutions in the future or present tense because clients subtly learn that they have more choices than previously realized
- Acknowledging clients’ feelings without indulging them
- Practicing ethical and professional behavior

Wubbolding describes these behaviors as “tonic behaviors” in that they “enable the client to feel safe, secure and motivated” (p. 373).

Reality therapists set an atmosphere by clearly communicating the division of labor. Clients need to be present and counselors need to disclose their professional credentials, explain the nature of reality therapy, describe the details surrounding duty to warn, informed consent, confidentiality and its limits, and other ethical issues common to all professional relationships (American Counseling Association, 2005; American Psychological Association, 2002; National Association of Social Workers, 1999).

Besides establishing a friendly and engaging atmosphere, the reality therapist intervenes, utilizing procedures that typify reality therapy. In fact, the procedures constitute a methodology for activating choice theory and for helping the counselor connect with clients and assist them to incorporate life-changing choices. These procedures are explained next.

Procedures Utilized by Reality Therapists

Glasser (1972) delineated reality therapy interventions, calling them eight steps. Subsequently, he refined the description of reality therapy to include two major components: establishing the environment and procedures that lead to change. A widespread method for learning reality therapy is the current expression of procedures. Glasser and Glasser
(2008) state, “We now wish to state publicly that teaching the procedures [the WDEP system—wants, doing/direction, evaluation, and planning] continues to be an integral part of training to participants wishing to learn choice theory and reality therapy and is particularly effective in our training programs” (p. 1).

**Exploring Quality World**  Reality therapists help couples to:

- Identify, develop, and clarify their quality world pictures or wants
- Determine their level of commitment (i.e., the therapist helps them explore whether they wish to continue the relationship and how hard they will work at strengthening it)
- Determine their perceived locus of control—how much control they have over their lives and what they can control as well as what is beyond their control
- Explain how they perceive themselves and their respective partners in the relationship

The skilled reality therapist adapts the exploration of wants to individual clients. Some clients are reluctant to respond to direct questioning about their specific wants and needs. Masaki Kakitani (professor at the School of Psychology, Rissho University, Japan, and director of the William Glasser Institute, Japan) translates the question “What do you want?” into “What are you looking for?” or “What are you seeking?” (Wubbolding, 2008).

Prochaska, DiClemente, and Norcross (1992) identified six stages of change related to recovery: precontemplation, contemplation, preparation, action, maintenance, and relapse. Mitchell (2007) broadens the application of these stages to include other resistant clients. In the early stages of change, especially precontemplation and contemplation, clients are not aware of the need for change or experience ambivalence toward change. Mitchell states that clients should be encouraged to discuss their situation in a nonthreatening manner. Consequently, they are more willing to describe how their current relationship is a problem for them rather than being questioned. He adds that especially “leading questions...intended to lead the client toward some insight” are ineffective (p. 74). Thus, the reality therapy procedures are best expressed as explorations rather than merely a series of questions that can feel like an interrogation (Wubbolding, Brickell, & Robey, 2010).

Early in the counseling relationship, the counselor helps clients define their counseling goals or what they hope to gain from the counseling. Do they want a complete cure for the relationship that has a cold

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or terminal illness? Are they seeking a slight improvement? Do they hope to obtain tools that they can apply in the near and distant future?

Exploring clients’ perceived level of commitment means helping them express how hard they wish to work at improving their relationship. Do they wish to have a happy relationship without exerting energy to achieve it? Do they express a moderate level of commitment by such phrases as “we’ll try,” “we might,” or “maybe we can . . .”? Do they state that they will do their best or are they at the highest level of commitment expressed by the explicit or implicit statement, “We will do whatever it takes”? The counselor hopes to elicit an agreed upon high level of commitment but often must settle for less, especially in the beginning of the therapy process.

Helping clients discuss their perceived locus of control often entails indirect teaching. Each person learns that he or she can control only one person’s behavior: his or her own behavior. Clients discuss how they have tried to control the other person or how they have attempted to coerce or manipulate by arguing, blaming, criticizing, or utilizing the other deadly habits (Glasser, 2000). They also discuss instances when they have successfully focused on changing their own respective actions. The counselor helps them decide which of these choices helps or hinders the relationship.

Part of the initial use of the reality therapy process with couples is helping them present how they see themselves in their relationship. Do they see themselves as part of the problem or do they see only the other person as the problem? Do they express a denial of their own need satisfaction with the motto (stated or unstated), “I go along to get along”? Do they see that their relationship can improve or do they believe it is doomed to failure? How do they see the counselor? Is he or she someone who can help them?

Because of the emphasis on exploring wants, the entire process discussed thus far is summarized with one letter: W.

**Discussing Total Behavior** Actions, cognition, emotions, and physiological behaviors are the major components of total behavior discussed in descending detail in reality therapy. Because actions are the most controllable component of total behavior, they receive the most direct attention. Accompanying actions are thinking behaviors or ineffective self-talk such as, “I can’t do anything right,” “The situation is hopeless,” or “nobody can tell me what to do.” Effective self-talk includes “I am competent. I can,” “My life will improve,” and “I am happiest when I am generous in my relationships.” Included in total behavior are emotions or feelings. Although emotions such as anger or depression are

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sometimes the most obvious component of total behavior, we have less
direct control over them than over actions and cognition. Nevertheless,
counselors do not ignore them. They are analogous to the lights on the
dashboard of an automobile. When they light up, they signal a message
to the driver: “Something is wrong; you need to take action.”

Even physiology occupies a place in the use of reality therapy. Stress
and strain, anger, and resentment, as well as tolerance, serenity, and
joy, have various effects on physiology. However, when clients change
actions and cognition, they also alter feelings and, to a lesser degree,
their physiology. Glasser illustrates total behavior as the four wheels
of an automobile: The front wheels are action and thinking; the rear
wheels are feelings and physiology (Figure 1.1). When the driver of the
car accelerates and turns the steering wheel, the front wheels direct
the car and the back wheels follow. In human behavior, there is a time
lag between changing actions and changing feelings. The feelings do
not simultaneously follow a change in actions.

Finally, the implementation includes dealing with every component
of human behavior. For pedagogical reasons, the four aspects of total
behavior can be summarized in one word and one letter: doing—D.

Conducting Self-Evaluation  The successful use of reality therapy is
based on counselor interventions focusing on helping clients evaluate
their own behaviors. It is like the keystone in an arch holding the struc-
ture together. If it is removed, the arch crumbles. When clients feel they
can trust the counselor, they are more likely to conduct a searching and
fearless self-inventory—an evaluation of their behavior. This assess-
ment is founded on the concept of whether their respective behaviors
are improving or damaging the relationship. Counselor interventions
include such statements as the following:
• Describe how you helped or hindered your relationship in the last day, week, and month.
• Elaborate on behaviors you bring to this relationship that enhance it.
• How do you communicate with each other in ways that bring you close to each other? In ways that damage the relationship?

Self-evaluation also includes a self-judgment on the attainability of quality world wants (Wubbolding, 2000). Specific interventions are:

• Discuss whether your expectations of each other are realistically attainable.
• Will you be able to gain what you want from this relationship?
• Share with us your thoughts about how need satisfying this relationship will be in the future.

The reality therapist assists the couple to evaluate their own behaviors (not the behaviors of the other party), the attainability of their wants, and whether their own actions are bringing them closer together or farther apart. He or she also helps couples evaluate their degree of commitment to their relationship as well as where they see their control (i.e., their perceived locus of control). Behavioral change and improved relationships occur and develop only after the parties involved judge that current choices are helping or not helping. These self-evaluations, along with estimates of want and need fulfillment, occupy at a central place in the use of reality therapy. The arch of reality therapy remains strong and effective when these interventions spring from a therapeutic alliance characterized by deep mutual trust, confidence, empathy, concern, and positive regard.

Additional self-evaluation interventions focus on level of commitment, such as:

• Tell me how your current level of commitment will help you improve or prevent you from improving your relationship.
• Describe what you mean by “trying” and whether trying is sufficient.

Still other self-evaluations center on perceived locus of control:

• Describe the impact on yourself and your partner of trying to regulate his or her behavior.
• We have discussed toxic or deadly behaviors as well as tonic or caring behaviors. When you have used them, what impact have they had on your relationship?
Glasser (2009b) strongly reemphasized the central place of self-evaluation in the practice of reality therapy. In his clinical demonstration at the Evolution of Psychotherapy, an international conference sponsored by the Milton Erickson Foundation, Glasser counseled a woman who was considering a divorce. In many ways, her marriage was beneficial and desirable. She was affluent, secure, and married to a famous personality. Yet she firmly believed he was having an extramarital affair, so she was ambivalent about staying in the marriage. Throughout the 50-minute session, Glasser repeated his theme idea:

The key issue for you is to determine whether you are better off in the relationship or out of it. … I suggest you ask yourself, “Am I better off with him or without him?” … Try to determine whether the benefits of the marriage to him outweigh the negatives or vice versa. … Which is better for you: to stay or to leave?

Using the cost/benefit technique, he assisted the client to evaluate her quality world, her desire to save the relationship. She needed to judge which course of action was more attractive. Only with this self-evaluation could she resolve her feelings of ambivalence, mistrust, and uncertainty. By his own actions, Glasser taught that self-evaluation lies at the heart of effective reality therapy.

In summary, self-evaluation constitutes the sine qua non for the successful implementation of the principles of choice theory and its delivery system reality therapy. The reality therapist assists couples to examine the helpfulness of their wants or quality world, the various components of their total behavior, and their viewpoints or perceptions. The many types of self-evaluation can be summarized by the letter E.

Making Plans Plans agreed upon by couples are essential to the practice of reality therapy applied to relationships. The saying “to fail to plan is to plan to fail” summarizes the planning component of the reality therapy process. Efficacious plans spring from the wants and goals of the couple. Planning occurs only after clients have, at least in a seminal fashion, expressed their desire to improve the relationship and have decided that their current choices are not improving the relationship or are unsatisfying to them. The goals of couple counseling provide guidelines for effective planning:

- Strengthening the relationship. Ideally, the couple agrees to take action that would bring them closer together.
- Gaining a sense of need satisfaction. Couples formulate plans that are individually satisfying. Plans formulated mutually are
therefore more likely to be habitual. If either individual recoils from the plan or is even indifferent toward following through on it, the likelihood of such choices becoming consistent is lessened.

- Changing perceptions and quality time. Reality therapists know that plans mutually agreed upon are most helpful to them. Choosing an activity performed without arguing, blaming, complaining, and criticizing draws the individuals together and allows them to build a storehouse of perceptions favorable toward each other. These pleasant memories provide a foundation for future resolution of disagreements, compromises, and negotiation.

The desired result of alternative actions explicitly chosen by the couple equates with congruence in their wants (quality worlds); in their feelings, thoughts, and actions (total behavior); and in their viewpoints of their respective world views (perceptions).

The full achievement of these goals resulting from action plans is ideal and rarely perfect. Couples often come to realize that the components of their choice system (i.e., wants, behaviors, and perceptions) will never be a perfect match. Consequently, a question that reality therapists need to help clients come to grips with is not only “What do you want in your relationship?” but also, more realistically, “What will you settle for?”

SUMMARY

Choice theory provides a comprehensive system for understanding human motivation. It is based on the viewpoint that human beings control their own lives. They are not victims of their childhood, their family interactions, or their cultural environment. They choose most of their behaviors and are capable of altering them. As Glasser (2008) has said, “We need not be victims of our past or our present unless we choose to be” (p. i). Reality therapy is the delivery system making choice theory operational, practical, and usable by professionals and by clients. Implementing the WDEP system of reality therapy can be life changing and has been shown to be validated (Wubbolding, 2011) and applicable to a multiplicity of clients from various cultures and ethnic groups with a wide variety of presenting issues.

REFERENCES


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