LIBERTY UNIVERSITY

REALITY THERAPY:

A CRITIQUE WITH

SUGGESTED MODIFICATION

A DRAFT SUBMITTED TO

THE FACULTY OF THESIS COMMITTEE

FOR APOL- 690

BY GERALD MORAN

LYNCHBURG, VIRGINIA

APRIL 1997

AT

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INTRODUCTION (Abstract)

Reality Therapy, which was founded by William Glasser, posits that people who seek psychotherapy suffer with an inability to satisfy their basic need for self-respect (to be loved) and relatedness (to be able to love others). Hence, the chief emphasis of this psychological system is to help the client to take control of how he chooses to behave as he attempts to satisfy his basic need. Reality Therapy denies that behavior is generated by forces outside of the body. Behavior is chosen in an attempt to control the surrounding world.

The goal of a Reality Therapist is to gain enough trust from the client in order to cause an honest evaluation of their irresponsible behavior. The therapist accomplishes this by helping the client to evaluate strengths and then commit to a plan to change weaknesses. The focus is on the present situation. Psychosomatic illness and psychosis are the chosen result of a client desperately trying to fulfill his basic need (to be loved and to be able to love others) even when it leads to self-destruction. Psychopathic symptoms are a chosen cry for help. Once the client has developed a positive addictive behavior, his negative irresponsible behavior will subside and therapy will end.

Reality Therapy dispenses with traditional psychiatric diagnosing and categorizing of presenting symptoms. Instead, it identifies the client's irresponsible behavior and demands that the client, without excuse, act realistically, responsibly, and rightly. Ethical issues are not ignored. The goal is to help the client increase his ability to fulfill his basic need for self-respect and relatedness (to love and be loved).

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Treatment of Reality Therapy does not require the expensive, highly trained clinical specialist. It does, however, require a highly involved caring facilitator who will teach the client how to deal with the reality of a real environment. Thus, treatment is called Reality Therapy. When the client is unable to fulfill his basic need to love and be loved, he reacts with a psychological presenting symptom. The individual must learn and relearn how to fulfill his basic need.

The main question asked of the client is, "what are you doing to solve your problems in this current situation?" The client will attempt to mold his world to match his internal perspective, called his "Picture Album." Picture Albums are in continuous change as life goes on. The probing into the client's Picture Album implies that the client is not helpless and does have control over himself and his relationships with others.

Present day psychopathology asserts that when a client has lost control of himself it may be due to Mental Illness. But, it must be remembered that the term "Mental Illness" is a theoretical concept based on a philosophical presupposition. The term "Mental Illness" should only be used in regards to the client's relationship to others and his environment. The idea of Mental Illness is tied to the social and ethical context in which it is made.

Reality Therapy faces the issues of right and wrong behavior, and once the client's basic need is fulfilled, his presenting psychological symptom will subside. But, who is to say what is right and what is wrong? Here lies the fundamental problem with Reality Therapy. If the therapist bases the concept of right and wrong on the client's conceived value system,

which may be situational or may conflict with a basic idea of decent behavior assumed to be possessed by everybody, the clients self-regulation becomes difficult. When the Reality Therapist does, however, insist on a basic value system that is assumed to be possesed by everyone, where did that system come from and what should be done with the guilt that results from the violation of that system? Confession and restitution are not addressed by Reality Therapy. If Reality Therapy can not answer where it gets its assumed value system, then this whole therapeutic theory fails philosophically.

PART I THE THEORY

A DIFFERENT APPROACH

Reality Therapy dispenses with psychiatric labels in favor of identifying irresponsible behavior and thinking. Labels, for Reality Therapy, are only a description of how a person is being irresponsible. The client does not act irresponsibly because he is psychologically ill. On the contrary, the client is psychologically ill because he has been acting irresponsibly. Reality Therapy, therefore, challenges traditional psychological theory and practice. For William Glasser, who founded Reality Therapy, responsibility is the ability to fulfill one's own needs in a way that will not restrict others from fulfilling their own needs. A responsible person will do what gives a feeling of self-worth and a feeling of being worthwhile to others. An irresponsible person will attempt to fulfill his needs at the price of restricting others from fulfilling their

own needs, or at least only be able to partially fulfill his own needs.

O. Hobart Mower, a professor of psychology at the University of Illinois, asserts that contemporary psychiatry has not validated itself diagnostically or therapeutically.

> For more than twenty years I have had a growing
> conviction that the main reason mental illness has been
> such a mystery in our time is that we have so
> assiduously separated it from the realm of personal
> morality and immorality. In an era when sickness
> seemed both scientific and respectable and sin was
> neither, this way of viewing the situation was
> certainly not fashionable.[1]

In his foreword to Glasser's book Reality Therapy: A New Approach to Psychiatry, Mower states: "For more than a decade now, it has been evident that something is seriously amiss in contemporary psychiatry and clinical psychology."[2] "But as a research psychologist I can attest that there is today much additional supporting data of a thoroughly empirical nature and that the premises of Reality Therapy are rapidly gaining credence in many quarters."[3]

Glasser himself asserts that Reality Therapy is applicable to many areas of endeavor. "Reality Therapy is not exclusively for the mentally ill, incompetent, disturbed, or emotionally upset. It is a system of ideas designed to help those who identify with failure learn to gain a successful

1 O.H. Mowrer, Ed. Morality and Mental Health (Chicago, IL: Rand McNally, 1967), vii.

2 W. Glasser, Reality Therapy: A New Approach to Psychiatry (New York, NY: Harper and Row, 1965), xi.

3 Ibid., xxi.

identity and to help those already successful to maintain their competence
and help others become successful."[4] For example, A Reality Therapy based
business management approach called Reality Performance Management (RPM)
has proved to be very successful. "One approach, known as Reality Therapy,
holds that the most effective thing a manager can do in dealing with an
employee who is performing poorly is create a warm, non-stressful
environment. In such an environment the employee can feel safe to face the
reality of his or her inadequate performance and, with the manager's help,
take the responsibility to improve."[5]

> Since its introduction, Reality Therapy has found
> acceptance in a wide variety of settings–mental health,
> social service agencies, juvenile treatment facilities,
> churches, industrial and business settings, police
> agencies, private therapy offices and clinics– but
> perhaps nowhere more than in the classrooms of the more
> than 300,000 teachers who have been introduced to
> Reality Therapy applications for the classroom teacher
> through the Educator Training Center.[6]

A Reality Therapy based classroom management approach in Education strives
to develop responsible behavior among students. "A teacher using Reality
Therapy tries to provide opportunities for students to become aware of why
things sometimes go wrong for them in school.[7] Glasser believes that

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4 W. Glasser, The Identity Society (New York, NY: Harper and
Row, 1972), 103.

5 C.L. Karrass, and W. Glasser, Both-Win Management (New
York, NY: Lippincott and Crowell, 1980), 2.

6 J.R. Cockrum, "Reality Therapy: Interviews with Dr.
William Glasser," Psychology, A Journal of Human Behavior 26
(November 1989): 14.

7 D.L. Duke, and A.M. Meckel, Teacher's Guide to Classroom
Management (New York, NY: Random House, 1984), 24.

students will obey better when they understand how responsible behavior produces a better learning environment. "Glasser suggests the use of classroom meetings to solve social problems. In this way, the whole class becomes involved in solving individual and group problems.[8]

Glasser, during his psychiatric training, saw futility in traditional treatment and began experimenting with a different approach to psychiatry that challenged the validity of presuppositions held by some traditional psychological theorists. Many theorists assume that neurosis is due to a person's standards being unrealistically high. Glasser, on the other hand, states that people get into problems, not because of unrealistic standards, but rather, because of their behavior being unrealistically low. In his view, it is not insight or person-centered empathy that is needed by the client, but rather commitment. The client needs commitment to others as well as the therapist's personal commitment to him.

> As long as one assumes that the neurotic is typically over-trained in moral matters and that his condition is not in any way dependent upon decisions he himself has made and actions he has taken but is rather an expression of things that have been done to him, then the very possibility that dishonesty enters into the picture in any very significant way is excluded, both logically and practically. But when the so-called sick person is himself seen as accountable for much of his malaise, dishonesty begins to figure much more prominently.[9]

The goal of Reality Therapy, therefore, is to help the client to increase his ability to accomplish his basic need for self-respect and

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8 W.J. Gnagey, <u>Maintaining Discipline in Classroom Instruction</u> (New York, NY: MacMillian, 1975), 33.

9 Glasser, 1965, xvi.

relatedness (to love and be loved). The client will only be able to satisfy his basic psychological need by doing what is realistic, responsible, and right. The basic physical needs of food, shelter, clothing, and rest, are not addressed by Reality Therapy.

But Glasser asserts that ethical issues should not be ignored by psychology. The neurotic and psychotic suffer from character and conduct deficiencies and all that needs to be diagnosed is whether the client is experiencing an organic illness, or an unrealistic unethical irresponsibility. Once it has been determined that a client's problem is not an organic illness, then his treatment does not require the highly trained specialist. Treatment is applicable by classroom teachers, or family members alike. When the client rationalizes and attempts to excuse his deviant behavior he becomes unrealistic and loses contact with reality. When the client becomes unrealistic he might break the law, or become paranoid, or phobic. He might abuse substances or experience cognitive disorders, or dissociative disorders, or somatoform disorders. He may experience anxiety disorder or mood disorders or have sexual or gender identity problems.

THE THERAPEUTIC PROBLEM

If the client's problem is not organic then there is always a problem of being unrealistic, or a problem of irresponsibility and inconsistency, or a lack of personal accountability (ethics) that is underlying the surface psychological label for his behavior. Some people would even choose suicide instead of face the reality that they could solve their own

problems by being realistic, responsible, and ethical. The teacher, family

member, or trained therapist can help the client recognize that he can

fulfill his need within the framework of reality.

> The therapist who accepts excuses, ignores reality, or
> allows the patient to blame his present unhappiness on
> a parent or on an emotional disturbance can usually
> make his patient feel good temporarily at the price of
> evading responsibility. He is only giving the patient
> `psychiatric kicks', which are no different from the
> brief kicks he may have obtained from alcohol or
> pills.10

It is the ability to choose between responsible and irresponsible behavior

that defines reality.[11] It is the ability to choose between these two

behaviors that we call reason. It is the ability to appraise the

consequences of our actions that identifies true reality. Of course,

phenomenologically, irresponsible behavior is just as real as responsible

behavior, but for the purpose of elucidating Reality Therapy, this label

"Reality" identifies the willingness of the client to sacrifice immediate

pleasure for long-term gain. "The therapeutic problem, basically, is that

of getting another person to abandon what may be called the primitive

pleasure principle and to adopt that long-term, enlightened, wise pursuit

of pleasure, satisfaction, joy, happiness which the reality principle

implies."[12]

According to Glasser, all clinical types must be directed toward

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10 Ibid., xvii.

11 Who defines what is right or wrong and what is
responsible and irresponsible behavior? This question is the
missing foundation of Reality Therapy and its therapeutic
problem.

12 Glasser, 1965, xix.

making short-term sacrifices in order to satisfy long-term needs. The problem is that the clinical type needs to learn how to behave more responsibly and thereby fulfill his long-term needs and the needs of others. Of course the client may not be completely responsible for everything that has happened in the past but his reaction to negative life situations has not been responsible. The main task for the therapist, therefore, is to provide a personal involvement in which the client will realize that the therapist cares enough to help him fulfill his needs in a real way in a real environment, thus behaving in a real and responsible and ethical way.

THE REALITY

According to Glasser, treatment will lead the client to deal with reality. Thus, it is called "Reality Therapy." All clients have the common characteristic of denying the real world around them. Therapy will lead the client to recognize the reality that he must try to fulfill his needs within the framework of the real world. It is not enough to just face the real world but he must learn to fulfill his needs also. The psychotic will deny the real world to live in his own world. The neurotic will deny the real world in his desperate attempt for involvement. The involvement with at least one person, or group of persons, who care deeply for him and he for them, is the key to fulfilling the basic need to love and be loved.

The core element of Reality Therapy is helping the client to fulfill his basic need to be loved by others and to love himself as well as others. Reality Therapy will always help the client to help himself. When the

client cannot satisfy his basic need to love and be loved, he will react with a psychological symptom that traditional therapy will label. Reality Therapy will instead motivate the client to look at his own behavior realistically to determine whether or not it helps him in fulfilling his basic need in a real world. A client who has never learned how to receive love may search unsuccessfully his whole life. Even if the client never is able to receive love, he must maintain the ability to love in order to be worthwhile to himself. Nothing that has happened in the past will matter once the client has learned how to fulfill his basic need in the present. Changes occur in everyone's life, requiring the relearning of how to fulfill our basic need under different real situations. People are not endowed with the ability to fulfill their basic need to love and be loved. It must be learned and relearned over a lifetime.

Although our basic need does not change, life situations will always change over time. Children should learn how to fulfill their basic need from an involved adult who patiently trains the child. Reality, responsibility, and ethics are learned through involvement. Morals, values, and right or wrong behavior are directly related to the need to be worthwhile to the self. When involvement is missing, a child may act irresponsibly as he searches for the fulfillment of his basic need. Reality Therapy will attempt to help a person help themselves by relearning what should have been learned during their normal growing years.

> The specialized learning situation which we call
> Reality Therapy is made up of three separate but
> intimately interwoven procedures:
> First, there is the involvement; the therapist must
>   become so involved with the patient that the
>   patient can begin to face reality and see how
>   his behavior is unrealistic.

Second, the therapist must reject the behavior which is
unrealistic but still accept the patient and
maintain his involvement with him.
Last, and necessary in varying degrees depending upon the
patient, the therapist must teach the patient better
ways to fulfill his needs within the confines of
reality.13

In most cases, except the most extremely irresponsible, these
procedures can be offered by the non-professional layman. The only
difference between real, normal, everyday guidance and Reality Therapy is
the intensity and duration of that intense training. The therapist,
whether a professional or not, must show that a person can be responsible
even in the face of great opposition. The therapist must reject the
client's requests for sympathy, or justification of his irresponsible
actions, while at the same time uncritically accepting and understanding
the client himself. It is the irresponsible behavior that needs to be
rejected, rather than the client. This can be done once the client is
convinced that the therapist is involved and really cares about him. It
may take one session or many before the client is convinced that his
therapist helper is involved. Only after this transference is established
can real progress occur.

> The relationship deepens because now someone cares
> enough about the patient to make him face a truth that
> he has spent his life trying to avoid: he is
> responsible for his behavior. Now, continually
> confronted with reality by the therapist, he is not
> allowed to excuse or condone any of his behavior. No
> reason is acceptable to the therapist for any
> irresponsible behavior. He confronts the patient with
> his behavior and asks him to decide whether or not he

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13 Ibid., 21.

is taking the responsible course. The patient thus
finds a man who cares enough about him to reject
behavior which will not help him to fulfill his
needs.14

THE GOAL

It must be remembered that responsible behavior, rather than just

attitude change, is the main goal. A changed behavior may lead to a

changed attitude but waiting for an attitude change will only slow down the

Reality Therapy process. The goal is not to make the client happy because

happiness will automatically occur once the client begins acting

responsibly. The client needs to understand that his unhappiness does not

cause his irresponsible behavior but rather is a result of his

irresponsible behavior.

> The proper function of any treatment institution is to
> provide a warm, disciplined atmosphere in which the
> inmates are required to assess their behavior in terms
> of responsibility. Institutions which do not do so,
> whether they bear the label of hospital or reform
> school, are only prisons. The inmates learn nothing
> except to deny reality further.15

The therapist should not be interested in the client's happiness, his

history, his attitude, or his unconscious mind. Proper therapy should

focus on the client's present values of what is right or wrong.[16] In the

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14 Ibid., 27.

15 Ibid., 29.

16 Who determines what is right or wrong? This is the missing
foundation of Reality Therapy.

process of doing this with an involved facilitator, the client will gain an increased self-respect as well as respect for others. Going over past mistakes with the goal to learn from them should be avoided. Because we can not change the past, the present is what is important. We can, however, change the present when we are able to fulfill our basic need to love and be loved.

> Gaining insight into the unconscious thinking which accompanies aberrant behavior is not an objective; excuses for deviant behavior are not accepted and one's history is not made more important than one's present life. We never blame others for the patient's irresponsibility or censure mother, father, or anyone deeply involved with the patient no matter how irresponsible they are or were. The patient can not change them; he can only learn better ways to live with them or without them. We never condemn society.17

The main question that should be asked of the client is, what are you doing in that situation? Reality Therapy does not ask, Why are you doing it? Reality Therapy will ask, How will your current behavior in this situation help you to achieve your basic need? When the client leaves denial and admits that his behavior is not helping, then relearning can begin. An agreement can now be made between client and facilitator therapist to some how find a way to solve the current problems that are troubling. Even when out of touch with reality, the client must know that the therapist will be committed until the client is able to fulfill his basic need.

Continuously listening to the client's miseries and excuses by a

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17 Glasser, 1965, 32.

person centered therapist only strengthens the client's irresponsibility.
The question needs to be asked, what is your plan to solve these miseries?
In most cases there will be no plan. The therapist and client in league
together should brainstorm to figure out what to do. When the client
recognizes his own responsibility he can begin to set realistic goals.

Reality Therapy in some respects is similar to Victor Frankl's
Logotherapy which he learned in a concentration camp. "Logotherapy regards
its assignment as that of assisting the patient to find meaning in his
life." [18] When the client is committed to a task or goal he can endure a
vast amount of tragedy. "There is much wisdom in the words of Nietzsche:
`He who has a why to live for can bear almost any how.' I can see in these
words a motto that holds true for any psychotherapy." [19] William Glasser
says: "All any man can hope to do is to struggle with it in a responsible
way by doing right and enjoying the pleasure or suffering the pain that may
follow." [20] "Fundamentally, therefore, any man can even under such
circumstances, decide what shall become of himself—mentally and
spiritually. He may retain his human dignity even in a concentration
camp." [21]

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18 V.E. Frankl, Man's Search For Meaning: An Introduction to
Logotherapy (New York, NY: Pocket Books, 1963), 163.

19 Ibid., 164.

20 Glasser, 1965, 41.

21 Frankl, 1963, 105.

THE MOTIVATION

There are basic driving forces that motivate.[22] The need to be involved with others is a driving force that takes place in personal relationships with friends, family, and fellow workers (to love others). The need for self-worth (to be loved) is a driving force often expressed by achieving a task or goal. But, there is also a driving force for pleasure and one for freedom to make choices. "The bonds of slavery are not merely external. Frankl points out that in World War II he retained his inner freedom even though he was in Auschwitz for several years. He was still able to choose how he would respond to the horrible events he experienced and witnessed."[23]

According to Reality Therapy, the basic drives are fulfilled in specific ways and each person develops a perspective (Picture Album) that contains an idea of how his drives will be fulfilled. Although the basic drives are common to everyone, the wants to fulfill them are unique for each individual. There may be a difference between what we want and what we perceive we are getting which produces specific behavior. That is why the individual, when he perceives that he is not getting what he wants, will attempt to mold his world to match his internal perspective (Picture Album). Human behavior will attempt to close the gap between wants and what is perceived to be getting. Behavior comes from inside and includes doing, feeling, and thinking. For example, when a child will not do his

22 T. Eilders, "Reality Therapy," Survey of Social Science Vol. 5 (Englewood Cliffs, NJ: Salem Press, 1993), 2059.

23 R.E. Wubbolding, Using Reality Therapy (New York, NY: Harper and Row, 1988), 3.

homework, the mother may irresponsibly nag, which will not get the desired

want. The mother's perspective (Picture Album) is that she thinks her son

should do his homework. She tries to fulfill her want by doing something

about it. In this case, her doing is irresponsible. Positive and negative

feelings are also an attempt to get what we want. If we want to feel good

we generate positive happy thoughts. When we want to overcome our

frustrations about life situations .we generate anger and negatively

depressing feelings. The evaluation of our own behavior and that of others

is the thinking part of behavior. Thinking and self-talk are the beginning

of responsible behavior. Doing, feeling, and thinking are inseparable

aspects of behavior which are generated by choice.

> Reality Therapists do not see depression, anxiety, joy,
> hope, and the like as static conditions. Since these
> behaviors are generated, they are referred to with
> `ing' endings; thus, `depressing', `anxieting',
> `psychosing', `joying', `self-confidencing', and so on.
> When we seek to mold our world to get what we want, it
> is obvious that the desired material object itself does
> not enter our inner world. A perception is the more
> precise object of the desire.24

People see the real world through two levels of perception. The high level

gives values to situations and the low level implies knowledge of those

situations. Viewing the real world from a low level will withhold

judgment, whereas, viewing the real world from a high level will be putting

valves and judgment on life situations.

> The theory that best explains how we live our lives on
> a daily basis sees the brain as a control system which
> seeks to control, maneuver, or mold the external world
> to satisfy an internal purpose. Control theorists have
> investigated the functioning of the brain for many

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24 Ibid., 1988, 6.

years. Most recently, Glasser has brought the theory
to a clinical level, extended it to new, practical
applications.25

THE PICTURE ALBUM

Beginning shortly after birth, we learn to remember all
that we do, or all that happens to us, that feels very
good. We then collect these very pleasurable memories
into what is best called a quality world, and this
memory world becomes the most important part of our
lives. For most of us, this world is composed of
pictures (or perceptions, to be exact) and represents
what we have best enjoyed in our lives. These pictures
become the standards for what we would like to enjoy
again and again if we could. If we attempt to manage
people without knowing about the part the quality world
plays in their lives, we will not be effective.26

The Reality Clinical Therapist will explore the client's "Picture

Album" which is his wants, needs, and perception of the real world.

Needs are forces that drive all human beings. These
needs are met through the fulfillment of wants (Picture
Album) that is, by resolving frustrations, or closing
the gap between what clients want from the environment
and what they perceive they are getting. The therapist
also helps determine what needs are being met and which
remain unmet.27

The client is asked what he wants from family, friends, jobs, and even the

therapist himself. By asking the correct question at just the right time,

the facilitator therapist will cause the client to discover and define his

inner world of wants that he may have only vaguely been aware of. The

client is allowed to articulate wants that may never have been spoken

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25 Ibid., 9.

26 W. Glasser, The Quality School (New York, NY: Harper and Row, 1990), 59.

27 Wubbolding, 1988, 33.

before. The adequate transference and involvement that will have been established will open the client up for honest self-evaluation. When they explore their own Picture Album, which may not always be realistic, they learn in an insightful way their own inner world of wants, needs, and perceptions. It must be remembered, however, that life is ongoing and picture albums change from time to time.

In addition to exploring the client's Picture Album, there needs to be made an exploration of what the client thinks are the Picture Albums (wants, needs, perceptions) of family, friends, and fellow workers, etc. In other words, what do others want from the client? Another exploration that needs to be done by client and therapist is how the client is getting or not getting his Picture Album fulfilled. Is he acting responsibly in his attempt to fulfill his Picture Album? Is he successful in getting his wants? Many behaviors may in fact be responsible and it is rare that a client will be getting nothing of what he thinks he wants and needs. But, when an unmet want is unrealistic, the therapist will help the client identify what he really wants, thereby replacing the unrealistic with the attainable realistic want. Once this has been accomplished then the exploration of what others want from the client begins. The big question is what the client is willing to do to live up to the Picture Album expectations of others. Remembering that the client's basic need is to love others and be loved by others, the therapist must help the client to look at his unwillingness to work toward the fulfillment of at least some of the Picture Album wants and needs that others have for him. Other people's Picture Album for the client may be unrealistic but the client

will be asked if his present behavior is satisfactorily helping or should

he make plans to improve his behavior towards others? The questioning and

exploration into the Picture Album of the client and of others implies that

the client does, in fact, have control over himself and his relationships

with others. The client should take control of himself acting,

realistically, responsibly, and ethically even when it may seem he is

unable to do so. Improvement depends on what the client will do rather

than on clinical therapeutic talk. Commitment to change is important as an

involved client and an involved therapist work together. But, what if the

client is mentally ill and unable to take control?

MENTAL ILLNESS

Present day psychopathology is based on the theory that mental illness

exists and can be categorized and classified using the Diagnostic and

Statistical Manual of Mental Disorders, fourth edition (DSM-IV).

Psychopathology asserts that a diagnosis must be made in order to uniform a

nosology and reflect the etiology and pathogenesis of a condition. A

differential diagnosis must be made in order to determine treatment. It

should be influenced by parsimony and hierarchy. The time consuming

diagnosis must be checked and confirmed with uncertainties resolved. The

incorporation of multiaxial diagnosis is for clarifying the complexities of

biopsycho-social difficulties thereby identifying what can be expected to

be accomplished. The Axis V Global Assessment of Functioning (GAF) scale

is recommended to help to decide if patients should be hospitalized.

> In 1980, psychiatric diagnosis suddenly became the
> cornerstone for all clinical practice. During the
> 1970's, major developments in psychiatric epidemiology
> and drug therapy spurred the development of something
> American psychiatry never had: a clinically useful
> nosology. In July 1980, the American Psychiatric
> Association published this nosology as the third
> edition of the Diagnostic and Statistical Manual of
> Mental Disorders, or (DSM-III). This volume became
> this century's greatest advance in psychiatric
> diagnosis.[28]

Today, of course, the Diagnostic and Statistical Manual is in its fourth

edition and continues its presupposition that mental illness exists.

"Although this volume is titled the Diagnostic and Statistical Manual of

Mental Disorders, the term mental disorder unfortunately implies a

distinction between mental disorders and physical disorders that is a

reductionistic anachronism of mind/body dualism."[29] There are physical

diseases of the brain and, according to the presupposition of some

psychiatrists, the assumption is made that a neurological defect can be

found for all disorders of thinking and behavior.

> All problems in living are attributed to physico-
> chemical processes which in due time will be discovered
> by medical research. Mental illnesses are thus
> regarded as basically no different from all other
> diseases (that is, of the body). The only difference
> in this view, between mental and bodily diseases is
> that the former, affecting the brain, manifests
> themselves by means of mental symptoms; whereas the
> latter, affecting other organ systems.[30]

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28 J.S. Maxmen, and N.G. Ward, Essential Psychopathology and Its Treatment (New York, NY: W.W. Norton and Co., 1995), ix.

29 A. Frances, Diagnostic and Statistical Manual of Mental Disorders Edition IV (Washington, DC: American Psychiatric Association, 1994), xxi.

30 T.S. Szasz, The Myth of Mental Illness (New York, NY: Hoeber, 1961), 69.

In response to this philosophy, it must be remembered that the term "Mental Illness" is not an objective reality, although many would argue that it is. The term "Mental Illness" is a theoretical concept which is based on a philosophical presupposition. When psycho-social behavior is presumed to be a symptom of neurological function, then an epistemological presupposition has been made. For those who think that a behavior is a sign of mental illness due to neurological problems, they should correctly say that the patient has a physical illness. Do not call it a mental disorder. They should use the term "Mental Illness" only in regards to the client's relationship to others and his world around him. When Jesus told the high priest that he was the Messiah, Caiaphas then made a judgment that was based on his own concepts and beliefs. According to Caiaphas, this Jesus must be a blasphemer and possibly a psychotic based on the high priest's presupposition that Jesus was only a man. But, what if today a psychotic client says that he is the messiah? His statement could only be considered a mental symptom if the therapist presupposes that the client is only a human. The point is that whether the statement of being the messiah is a mental symptom or not requires a judgment and a comparison with the therapist's concepts and presuppositions.

The idea of a "Mental Illness" is inextricably tied to the social and ethical context in which it is made. The idea that dysfunctional relationships between people is explicitly due to neurological disease is

an example of the Converse Accident fallacy.[31] The argument that all problems in living can be attributed to physico-chemical processes which will eventually be discovered by medical research constitutes a fallacy of Argumentum Ad Ignorantiam.[32] A neurological defect is not a problem in living, although it may produce problems in living, and a psycho-social problem in living is not a physical defect, although it may produce a physical defect such as somatization disorder. Hence, what is the root problem? This is the main question that needs to be asked. Is it physical or is it psycho-social? This is the only real diagnosis that needs to be made. Perhaps it should be made by a physician rather than a clinical therapist. Perhaps in the future some physicians may find medical cures for some physical problems that present as a so-called "Mental Illness". In that case the so-called "Mental Illness" will have been found to have been a medical problem all along. But, not all problems of dealing with life's situations will be found to be medical. That is highly unlikely.

So what is psychologically wrong with people who deviate from normal functioning?

> Schools of psychology vie with one another in efforts
> to explain those wide variations in functioning which
> are labeled abnormal. The disciplines of psychology,
> psychiatry, sociology, anthropology, and philosophy are
> ever concerned with this aspect of human functioning. . . .
> We are all at times a little neurotic, a little

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31 According to Irving M. Copi (author of Introduction to Logic, N.Y.: Macmillan, 1968, p 68.), if someone considers only certain cases and then hastily generalizes to include all cases, he commits the fallacy of Converse Accident.

32 Argumentum Ad Ignorantiam is committed when a proposition is held to be true, or even false, based on the fact that it can not be proved.

psychotic, and have elements of character disorder and
depression. Few of us escape some manifestation of
psychosomatic disease at one time or another. We have
these ego defects transiently as our ego is constantly
adjusting to variations of internal and external
stresses.33

Sometimes normal people act abnormally and abnormal people will present as

normal. The abnormal client will present with different abnormalities at

differing times. Is a differential diagnosis really possible? Is the

treatment prescribed, based on the differential diagnosis, ignoring the

other presenting symptoms? Why not treat the client's weakness of ego as

the root of the presenting symptoms?

Many people in our society are unable to follow the
accepted rules and laws. Suffering from a personality
or character disorder, they act as though law and
social order did not exist although paradoxically they
know they are doing wrong. . . . It is the author's
opinion that this large group of people have incomplete
egos. This means that their egos are not completely
formed even though they may have reached physical
maturity.34

For Glasser, the ego is the mechanism that mediates and satisfies the

individual's basic need to love and be loved and it protects from dangers

in the world. The neurosis ego weakness is the most common form of defect.

"Perhaps it would be more expedient to spend greater effort towards making

it easier for more people to develop effective egos rather than to increase

facilities for help."35

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33 W. Glasser, Mental Health or Mental Illness? (New York, NY: Harper
and Row, 1960), 57-58.

34 Ibid., 59.

35 Ibid., 143.

TAKING CONTROL

Traditional psychiatry asserts that a probing into the past will help the client to understand his roots so he can change his attitude. The therapist explains, intervenes, and interprets the client's past inadequate behavior so that the client's new insight will allow him to change. Often unconscious conflicts are retrieved through free association. The problem of ethics and morality is avoided as dysfunctional thinking is addressed. Deviant behavior is considered a result of the client's mental illness which he is helpless to do anything about. Once the client understands the historical and unconscious sources of his problem, he hopefully will behave better. But, the traditional therapist will always be impersonal and objective.

Reality Therapy, on the other hand, asserts that the client is not helpless and is responsible for his behavior.

> But understanding that we choose our misery in an
> attempt to reduce our errors may be the most powerful
> bit of knowledge that any of us can ever learn. . . .
> As long as most of us continue to believe that misery
> happens to us, that we are unfortunate bystanders
> struck down by runaway depression or anxiety, we will
> not learn that we must behave better if we wish to feel
> better.36

The client is not mentally ill as though he involuntarily caught a disease. The client is responsible for the state he is in even if he is psychotic. Even traditional psychiatry will admit that highly disturbed patients can exert control over their disorder. "Patients with advanced Parkinson's Disease who can hardly walk will race to the exit if they are in a movie

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36 W. Glasser, Stations of the Mind (New York, NY: Harper and Row, 1981), 155.

theater that catches on fire. They do have brain disease, yet how their
brains function depends on the environment." [37]

> When clinicians must decide whether to permit a
> floridly psychotic inpatient to attend the funeral of a
> loved one, they find that most patients pull themselves
> together, go to the funeral, and do just fine. How
> come? Because, like the intoxicated, the mentally ill
> can still modify their behavior depending on the
> situation and the severity of their illnesses. When a
> tipsy student receives a telephone call from his
> parents, he can "get his act together", as long as the
> call is not too long and he is not too drunk.
> Likewise, if they are not too ill and not required to
> act properly for too long, the mentally ill are often
> able to normalize their behavior. Therefore, highly
> disturbed psychiatric patients are not helpless
> automations.[38]

Reality Therapy would respond to this admittance of volition by saying that

the highly disturbed, so called mentally ill, need to learn how to

continuously increase the length of time of their normalized behavior.

There is a great philosophical distinction between being cured of an

illness and taking control of one's own life and situation. No matter what

has taken place in the past, the client must learn how to take control of

his life in the present.

> The belief that people can and do suffer from some
> specific, diagnosable, treatable mental illness,
> analogous to a specific, diagnosable, treatable
> physical illness, is inaccurate and that this
> inaccuracy is a major road block to proper psychiatric
> treatment. . . . Every conventional psychiatric
> approach to the treatment of these people is based upon
> the belief that they are suffering from mental illness,
> a concept as prevalent to our culture as the flatness
> of the earth was to the middle Ages.[39]

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37 Maxmen, and N.G. Ward, 1995, 68.

38 Ibid., 63.

39 Glasser, 1965, 45.

If an analogy must be made to psychiatric disorders, then it should be that of weakness, which can only be cured by strengthening the client to cope with the current stress of a real world. The client is weak, according to Reality Therapy, because everyone will always have the free choice of doing. "Because we always have control over the doing component of our behavior, if we markedly change that component, we can not avoid changing the thinking, feeling, and physiological components as well."[40]

THE CASE HISTORY

The cause of mental illness is different than the cause of a physical illness which is due to forces outside the client. Treatment for the so-called mental client, regardless of the past situations, must be for the purpose of helping him to function rather then giving him insight to past misfortunes. Reality Therapy asserts that, because we can not change the past, the present and future should be worked on instead of the past. Reality Therapy does not look for unconscious conflicts that can be used as excuses for present, irresponsible behavior. Reality Therapy faces the issues of right and wrong, teaching better behavior and ways of fulfilling the basic need to love and be loved in the present. Instead of long expensive trips into the client's past, or his unconscious, or time-consuming attempts at labelling symptoms, all that really needs to be diagnosed is whether there is a physical problem or an irresponsibility problem no matter what psychological behavior presents. "Conventional

40 W. Glasser, Take Effective Control of Your Life (New York, NY: Harper and Row, 1984), 51.

psychiatry wastes too much time arguing over how many diagnoses can dance at the end of a case history, time better spent treating the ever-present problem of irresponsibility."[41] Reality Therapy does not deny that the client may have had an unsatisfactory past, but looking for what went wrong in the past is too time-consuming and will not change the present. Although there may be unconscious reasons why a client behaves in a certain way, the knowledge of cause will not change the presenting symptom because it does not lead to fulfillment of the basic need which is the real root of psychological problems. Once a client's basic need is fulfilled, his presenting symptom will subside. To emphasize anything else other then the basic need will only side track real therapy, allowing excuses to avoid reality. Many therapies will stop with insight but Reality Therapy just gets started when the client leaves denial to face reality. "Once involvement is gained and reality is faced, therapy becomes a special kind of education, a learning to live more effectively, that is better and more quickly achieved if the therapist accepts the role of teacher."[42]

THE TEACHER

Once the role of a caring involved teacher is accepted, then who does the teaching is not as important as the task of teaching and what is taught. The teacher does not have to be an expensive professional. A trained layman can do the teaching.

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41 Glasser, 1965, 49.

42 Ibid., 60.

> Yet to the degree that clinicians do understand, it is
> more a product of their being people than of their
> being professionals. Therapists are inherently no
> better or worse than anyone else at understanding
> people. Indeed, a good novelist reveals a thorough
> understanding of a character's psychology without using
> a single psychological term. The ability to understand
> can be improved with experience and training, but it
> doesn't originate in the reading of books or
> articles.43

Any interested laymen who is willing to receive some basic orientation and

training can be used to help troubled people. Even when using traditional

psychological clinical techniques, laymen can be of great help. Faced with

a shortage of professional clinical therapists, the marriage-guidance

movement in England selected and instructed laymen to work within a team of

therapists. According to the psychiatric supervisors, the laymen who were

basically honest, sensitive, and motivated towards helping others, and

willing to study simple group techniques were just as successful as the

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highly paid clinical professional therapists.

> The evaluation of the psychiatric supervisors
> who, after having worked with both lay and
> professional groups of counselors, admitted that:
> In the quality of work done there has been no
> differences at all between the lay counselors and
> the professional counselors. They simply had to
> admit against their prejudices that properly trained
> lay counselors who were properly selected in the first
> place can do every bit as good a job as professional
> counselors.45

43 Maxmen, and N.G. Ward, 1995, 63.

44 D.R. Mace, "Marriage Guidance in Britain," Southern Baptist Family Life Education Vol V (April-June 1959): 4.

45 J.C. McKenzie, Guilt: Its meaning and Significance (New York, NY: Abingdon Press, 1962), 81.

This conclusion, made by the supervisors, shows that who does the teaching

is not as important as what is taught, as long as the teaching is done by

an involved, caring person.

From birth to death, a person is in search for the love of parents,

friends, and spouse; and mental health depends upon the ability to give and

receive love, according to Reality Therapy. The basic need to give and

receive love is the foundation that self-worth and mental health is built

on. But, love does not mean approval for wrong behavior.

> A child knows the difference between right and wrong
> behavior and is frustrated because receiving love for
> behavior that he knows is wrong does not allow him to
> feel worthwhile. In this situation, he reacts in all
> the familiar spoiled-child patterns in an effort to get
> his parents to enforce some behavioral limits and some
> achievement standards along with their love.46

The teaching of right and wrong behavior is as old as Adam and Eve with the

tree of knowledge of good and evil. "In many ways, the psychiatrist of

today fulfills the functions of the clergyman of yesterday. Instead of

dealing with right and wrong, however, he works in terms of sick and

well."[47] So much attention and money is raised for research and the

establishing of clinics for the so-called mentally ill that emphasis is

lost for the teaching and establishment of mental health. An ounce of

prevention is worth a pound of cure. "Fostering mental health itself,

above and beyond the problems of mental illness is a much wider problem.

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46 Glasser, 1965, 10.

47 N.S. Lehrman, "Moral Aspects of Mental Health," The Humanist 22
(1962): 58.

It may include attempts to help change social or institutional
conditions."[48]   The teaching of right and wrong behavior is paramount.

Marie Jahoda, in her book Current Concepts of Mental Health, suggests that

mental health is far more than the absence of mental illness. She asserts

that, in American culture, a value that is compatible with mental health is

when an individual is able to stand on his own two feet without making

demands or impositions on others. In short, she is saying that an

individual must be responsible to do what is right and refrain from doing

what is wrong.[49]   This value which is considered to be mental health by

Jahoda is foundational to Reality Therapy. The teaching of what is right

and what is wrong is the basis for Reality Therapy. But, how is right and

wrong determined? Reality Therapy must answer this question in order for

its foundation to be valid.

PART II   THE FOUNDATION

ABSOLUTE STANDARDS

Once upon a time, children were raised in an atmosphere
that communicated absolute standards for behavior;
certain things were right and certain things were
wrong. A child's parents, teachers, minister, youth
workers, and other adults collaborated in an effort to

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48 Ibid., 58.

49 Jahoda does the same thing as Reality Therapy. She assumes that
everyone knows a basic distinction between right and wrong. This is the
missing foundation needed by Reality Therapy as well as Jahoda.

> communicate that the former should be heeded and the
> latter should be avoided. . . . A clear understanding
> of what was right and wrong gave society a moral
> standard by which to measure crime and punishment,
> business ethics, community values, character, and
> social conduct. It became the lens through which
> society viewed law, science, art, and politics- the
> whole of culture. It provided a cohesive model that
> promoted the healthy development of the family, united
> communities, and encouraged responsibility and moral
> behavior.50

Today absolute standards of behavior have been replaced with situationism.

In other words, right and wrong are determined by the particular situation.

> It is of vital importance to understand the
> philosophical undergirding of a movement that has
> captured the thinking of leading influencers in
> academia, literature, art, and the media. In a few
> decades this way of thinking has redirected the course
> of our civilization. It pervades not only magazines,
> novels, and television, but is also the basis for
> public moralizing.51

Here in lies a fundamental problem with Reality Therapy. The problem

is with founding responsible behavior on a client's conceived values with

an involved caring therapist.

> There is an inadequate basis for the fundamental
> assumptions of the situation ethicists. It is weak in
> its epistemology; the authority for its assumptions is
> missing. What is the authority for saying that love
> must be the basis of our morality-- that all things are
> relative except this one absolute? 52

Love and involvement are positive influences; but unless the teaching of a

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50 J. McDowell, and B. Hostetler, <u>Right From Wrong</u> (Dallas, TX: Word, 1994), 12-13.

51 R. McQuilkin, <u>An Introduction to Biblical Ethics</u> (Wheaton, IL: Tyndale House, 1989), 145.

52 Ibid., 150.

client, who has begun to face reality and his own personal responsibility,

is based on absolute values of behavior, who is to say that one behavior is

responsible yet another behavior is irresponsible?

> Historically, most men really have been situationists,
> more or less, but the difference today is that we are
> situationists as a matter of rational and professed
> method. Gone is the old legalistic sense of guilt and
> of cheated ideals when we tailor our ethical cloth to
> fit the back of each occasion. We are deliberately
> closing the gap between our overt professions and our
> covert practices.53

If the therapist insists on an absolute standard of behavior and the client

has recognized that he has acted irresponsibly by violating that standard,

what should be done with the resulting guilt?

THE RESULTING GUILT

Traditional psychotherapy claims to be detached and amoral. Reality

Therapy, on the other hand, insists on confronting the client with the

three R's of: facing reality, being responsible, and doing what is right.

But, doing right and not doing wrong assumes a knowledge of the distinction

between right and wrong.

> Reality Therapy claims that clients must be confronted
> with their behavior so that they can judge its quality
> by their own conceived standards and decide what to do
> about it. Delinquent girls who frankly justify
> prostitution illustrate this. When asked if they would
> like their own daughters to be prostitutes, almost
> invariably they reply with an emphatic no, thus passing
> judgment on their own activity.54

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53 J. Fletcher, Situation Ethics: The New Morality (Philadelphia, PA:
Westminster, 1966), 158.

54 J.W. Drakeford, Integrity Therapy (Nashville, TN: Broadman Press,
1967), 6.

Where does the idea of right and wrong come from? Is it just conceived by

each individual? If it is, then why do so many people hold the same value

system

O. Hobart Mowrer, a research professor at the University of Illinois

and former president of the American Psychological Association, asserts

that each individual has a conscience, that gives rise to guilt when it is

violated. In his book Crisis in Psychiatry and Religion and his book The

New Group Therapy, Mowrer explains that guilt is the result of doing wrong.

Although he believes that his guilt serves a healthy purpose in inter-

psychic reactions, the typical response to guilt that comes from doing

wrong is concealment. When the individual attempts to conceal his guilt

then psychological symptoms, as well as social isolation, begin to

manifest. According to Mowrer, the answer is openness with significant

others and restitution to those who have been wronged. "Some psychologists

claim that the conscience with archaic and perfectionistic standards makes

the ego a prisoner within the confines of the individual's own personality,

exercising a tyrannical reign, frequently escaped only by a leap into

neurosis and psychosis."[55] However, for Mowrer the conscience is a

healthy part of an individual's personality because it forces the

individual to be a real person who will live up to his value system. But

again I ask, where does an individual's value system come from? If Reality

Therapy can not answer this question its therapeutic system fails

philosophically. Who is to say that murder is not acting responsibly? If

most individuals posit that murder is wrong and the Reality Therapist

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55 Ibid., 1967. 14.

agrees that it is, indeed irresponsible behavior, then where did everyone get this value system? Reality Therapy needs to answer the question, are there conflicting value systems? When the client's own conceived standards condone murder and the Reality Therapist's own conceived standards identify the client's standards as being irresponsible, then who is to say which conflicting standard is the responsible one. What is the source of value systems?

THE SOURCE OF VALUE SYSTEMS

"Standards are the conceptions of how one ought to act or be. When people lack standards, or when they have multiple and conflicting standards, self-regulation becomes difficult or even impossible."[56] When an individual has several conflicting value systems, it becomes difficult to decide which value system to use as the foundation for self-regulation. "When people have multiple, conflicting goals, they become unable to manage themselves effectively. Paralysis, confusion, and other dysfunctional patterns result."[57] Reality Therapy demands self-regulation based on the individual's value system. But, there are different areas of failure in regards to self-regulation. For example, under-regulation is when the client fails to live up to his value system. Justified guilt is the result. Over-regulation is when the client fails his attempt to live far above his value system. A false guilt results. The source of an

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56 R.F. Baumeister, and T.F. Heatherton, and D.M. Tice, Losing Control: How and Why People Fail at Self-Regulation (New York, NY: Academic Press, 1994), 33.

57 Ibid., 1994, 15.

individual's value system is very important when self-regulation is

demanded. There must be a basis for self-regulation. When a rationally

constructed system is unrealistic, the Reality Therapist confronts the

client to examine the source of his conceived value system. Where did he

get his idea of right and wrong? Did society impose it on him or did he

just think it up?

Although a value system can be constructed rationally or adopted from

society, there could also be a value system that is obvious and evident to

each individual. There could possibly be a value system that is imputed

from a source outside of reason or phenomena.

> Despite accusations of superstition and taboo, evidence
> points to a rational source for many of man's values.
> The limitations and restrictions of moral standards
> which may seem so inconsistent and repressive to the
> impetuous youth are undergirded by pervasive logic so
> convincing that it has come to be accepted by the
> majority of people in any given society.58

Of course, social influences will effect the rational selection of a value

system but is this the only source?

> There is conscience. An assembly is formed within our
> breast which discusses and appraises proposed and
> performed acts. The community without becomes a forum
> and tribunal within, a judgment seat of charges,
> assessments and exculpations. Our thoughts of our
> actions are saturated with the ideas that others
> entertain about them, ideas which have been expressed
> not only in explicit instructions but still more
> effectively in reaction to our acts.59

Although everyone may have a strong conscience, except a sociopath with

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58 Drakeford, 1967, 16.

59 J. Dewey, Human Nature and Conduct (New York, NY: Henry Holt and
Co., 1922), 315.

little or no value system, it can not be relied on because it can be seared, mishandled, ignored, or misinformed. Conscience must have an impute from a source outside itself. It must have a value system that when violated will sound an alarm. It may be extremely difficult to define a conscience's value system without mentioning reason or society, but it is also difficult to define a conscience's value system without referring to transcendence. "Victor Frankl said, conscience is the voice of transcendence, man accepts the voice but does not originate it."[60]

John Drakeford, author of the book Integrity Therapy, says that men have traditionally looked to a revelation from God as the ultimate source of values. C.S. Lewis thinks that all human beings have a value system (an idea of decent behavior) which is obvious and evident to everybody. If this is true, then Reality Therapy's appeal to the idea of right and wrong is justified. When we listen to people arguing, we will often hear the statement: How would you like it if someone did the same thing to you? When someone uses this statement he is appealing to a standard of behavior which he assumes that the other person has. Quarreling is often an attempt to show that the other person has violated a rule about what is right or wrong. In other words, a value system is assumed to be possessed by everybody.

An investigation into whether a value system is, indeed, possessed by everybody, is beyond the scope of this thesis. The importance of that investigation, however, would be immense. In orthodox religion a penitent

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60 R.C. Leslie, Jesus and Logotherapy (Nashville, TN: Abingdon Press, 1965), 15.

is often instructed to prepare for confession by examining his conscience based on the Ten Commandments. When the non-religious go to therapy, on what basis can they examine their conscience?

When a war crimes court is set up, it is assuming that a basic[61] value system is possessed by everybody. Even though current cultural laws and morality have not been violated, a basic idea of decent behavior may have been violated which warrants an international court to investigate, and/or punish the behavior.

If an investigation found that a basic value system was, in fact, possessed by everybody, the question of the origin of that value system would demand an answer. But, even if a basic value system were found to be possessed by everybody, there still remains another problem.

> Just as all bodies are governed by the law of gravitation and organisms by biological laws, so the creature called man also has his law, with this great difference, that a body could not choose whether it obeyed the law of gravitation or not, but a man could choose either to obey the law of human nature or to disobey it.[62]

Here then, is the fundamental psychological problem with every client. An individual can choose to violate his value system and thereby suffer the consequences of that violation which may include guilt and sometimes a symptom of mental illness.

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61 The philosophical term "Basic" means something that does not involve previous or further action. According to A Dictionary of Philosophy, edited by A.R. Lacey and published by Routledge and Kegan Paul, 1976, it is a primitive protocol statement that is the foundation for the rest of an individual's moral knowledge.

62 C.S. Lewis, Mere Christianity (New York, NY: Collier Books, 1952), 18.

FREEDOM TO CHOOSE

Victor Frankl refers to his fellow concentration camp prisoners when he says: "They offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms, to choose one's attitude in any given set of circumstances, to choose one's own way."[63]

Because the individual can choose with a free will, he therefore engages in moral behavior. "Debating whether or not we are justified in ascribing moral responsibility to human actions would be rather unimportant if we had no means of judging the actions that human beings perform."[64] The Inividual will always behave according to a chosen moral value system.

> As a psychopathological explanation of the typical characteristics of a concentration camp inmate, I may give the impression that the human being is completely and unavoidably influenced by his surroundings. But, what about human liberty? Is there no spiritual freedom in regard to behavior and reaction to any given surroundings? Is that theory true which would have us believe that man is no more than a product of many conditional and environmental factors—be they of a biological, psychological or sociological nature. . . ? We can answer these questions from experience as well as on principle. The experiences of camp life show that man does have a choice of action. There were enough examples often of a heroic nature, which proved that apathy could be overcome, irritability suppressed. Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress.[65]

63 Frankl, 1963, 104.

64 M.D. Wilson, and D.W. Brock, and R.F. Kuhns Jr., Moral Responsibility and Ethical Thought in Philosophy: An Introduction (New York, NY: Appleton-Century-Crofts, 1972), 484.

65 Frankl, 1963, 103.

The only real question that can be asked is what value system will any individual choose to obey or choose to violate? Who is to say that one set of moral values is good and another set is bad?

> There is one thing, and only one, in the whole universe
> which we know more about then we could learn from
> external observation, that one thing is man. We do not
> merely observe man, we are man. In this case we have,
> so to speak, inside information; we are in the know.
> And because of that, we know that men find themselves
> under a moral law, which they did not make, and can not
> quite forget even when they try, and which they know
> they ought to obey.66

According to C.S. Lewis, there is, indeed, a value system that is not rationally derived or socially and empirically observed.

> I assert that wherever and whenever ethical
> discussion begins we find already before us
> an ethical code whose validity has to be assumed
> before we can even criticize it. For no ethical
> attack on any of the traditional precepts can be
> made except on the grounds of some other traditional
> precept. You can attack the concept of justice because
> it interferes with the feeding of the masses, but you
> have taken the duty of feeding the masses from the
> world-wide code. The ultimate ethical injunctions have
> always been premissic, never conclusions.67

VALIDITY OF REALITY THERAPY

Reality Therapy should presuppose that everyone possesses a basic value system that is derived from the voice of Transcendence. Reality Therapy may, in fact, be doing this without actually asserting that it does. "I am simply arguing that if we are to have values at all we must accept the ultimate platitudes of practical reason as having absolute

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66 Lewis, 1952, 33.

67 C.S. Lewis, Christian Reflections (Grand Rapids, MI: Eerdman's, 1978), 55.

validity."[68]   If there is a voice of Transcendence that is outside of reason, society, or phenomena, then it could only show itself inside ourselves as a command to behave in a certain way. "When I open that particular man called myself, I find that I do not exist on my own, that I am under a law; that somebody or something wants me to behave in a certain way."[69]   When we violate that inner law of voice of Transcendence, than guilt is the result. This justifiable, healthy guilt must be dealt with in order to prevent psychological symptoms, that traditional psychiatry loves to categorize and Reality Therapy loves to call the result of irresponsible behavior, from manifesting. Reality Therapy's answer to symptoms is to investigate the client's conceived value system to determine where the client violated that value system but then it does not deal adequately with the resulting guilt. Once the violation has been found, a guilt will be felt by the client. Confession and restitution are not emphasized in Reality Therapy, which is a flaw because unconfessed guilt can hinder psychological healing.

Reality Therapy is an improvement over past psychiatry because the client recovers responsible behavior quickly. But, it would be better if confession and restitution were emphasized. The concept that every individual possesses a basic value system which comes from a voice of Transcendence needs to be investigated and researched in order to ground Reality Therapy philosophically. Although Reality Therapy would deny that

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68 C.S. Lewis, The Abolition of Man (New York, NY: MacMillan, 1976), 61.

69 Lewis, 1952, 34.

it posits a basic value system, in actuality it operates on this

assumption. For example, The Speck Homes, located in Oklahoma City, is a

domiciliary rehabilitation program for delinquent boys who are in trouble

with the Law. Everyone on the staff is completely trained in using the

techniques of Reality Therapy.

> It was important for Vincent and his mother to
> understand that if he chose Speck Homes, he would stay
> with us until we decided he was rehabilitated. . . .
> At Speck Homes the staff would determine when he was
> responsible enough to return to society. Vincent would
> have to stay long enough to show us he could be
> responsible for every phase of his life. . . . We
> explained a little about our philosophy of therapy and
> living, which is completely based on the principles of
> Reality Therapy, which we explain in greater detail
> after a boy enters.[70]

On what basis is the staff determining when a boy has reached

rehabilitation? Are they using an assumed basic value system? "At Speck

Homes, you will be dealing with personal responsibilities. All boiled

down, it simply means that there is a pay-off for everything that you do,

and you've got to accept that pay-off."[71]

> The problem with Vincent was how to figure out a way to
> teach him to give and receive warmth and care when he
> did not understand what they were. . . . First, we
> talked about not doing to the dog what he would not
> want our counselors to do to him, like ignore the dog
> or be unkind to him. Then we talked about his not
> treating the other boys as he would not want to be
> treated. It was, simply, the Golden Rule- treat the
> other boys as you would want to be treated.[72]

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70 M.L. Goard, "The Road Back" What Are You Doing? Naomi Glasser, Ed.,
(New York, NY: Harper and Row, 1980), 190-191.

71 Ibid., 192.

72 Ibid., 200-201.

Apparently the staff is using the Golden rule as a basic foundational value

system. If a delinquent girl who prostitutes herself said that it would be

acceptable for her daughter to become a prostitute, Reality Therapy would

consider her response as being irresponsible. The Reality Therapist is

basing his theory on an assumed basic value system that should be possessed

by everyone. Maybe this delinquent girl is in denial and down deep she

really believes that her prostitution is wrong. At least her guilt

feelings will manifest unless her conscience has been seared to the point

of reprobation. Perhaps there is no hope in Reality Therapy for the

reprobate client.

MODIFIED REALITY THERAPY

In September of 1996 I visited the Mid-Atlantic Teen Challenge program

located in Newport News Virginia. In my personal interview with the

clinical director, Chris S. Ruhlen, I found that their program is a

Modified Reality Therapy, utilizing confession and restitution. The

founder of the program, Emory O. DeBusk, Jr., has recorded a sixty percent

success rate among graduates after five years. An evaluation of their

program (ADM 77-425) may be obtained from the United States Department of

Health and Education, Division of Resources Development, Rockville, MD

20852. Mr. Ruhlen stated that personal responsibility and positive

addiction are important parts of recovery. The boys themselves establish a

positive peer pressure by confronting each other with irresponsible

behavior. They together establish positive addictions that overcome their

negative substance addictions. The book <u>Positive Peer Culture</u>[73] can give

insight to the extreme power of peer culture. But, peer culture can be

used in a positive way to facilitate a Reality Therapy. This faith-based

Reality Therapy program, which includes confession and restitution,

continues to have great success. The client confesses to his Voice of

Transcendence and his restitution is to the people he has harmed.

POSITIVE ADDICTION

George Shuba, one of the players on the 1953 championship Brooklyn

Dodgers, described his natural swing to author Roger Kahn as a positive

addiction. He began religiously swinging a bat in his basement at the age

of sixteen and over the years developed a positive addiction.

> The only way he could have done it was far beyond what
> we usually call will-power. If all he had was will-
> power, I don't believe he could have gone so long;
> there had to be something else; and right then,
> although I hadn't any idea how, I came to the
> conclusion that what had happened was that he became
> addicted to swinging the bat. . . . He swung that bat
> for a period of time, probably three or four months, on
> pure will-power, then slowly, and with no awareness, he
> became addicted to this exercise.[74]

A person is a creature of habit, and we do most things by habit. According

to Alcoholics Anonymous, "It takes at least twenty one days to form a

habit, but once formed it can never be cured or removed. It must be put to

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73 H. Vorrath, <u>Positive Peer Culture</u> (New York, NY: Adline, 1985)

74 W. Glasser, <u>Positive Addiction</u> (New York, NY:
Harper and Row, 1976), 39.

sleep and over powered by an opposite positive habit or addiction."[75]

"The habit capacity is always there. You can't avoid habitual living, because this is the way God made you."[76] "Breaking a habit is a two-sided enterprise that requires regular, structured, endurance in putting off and putting on. Dehabituation involves rehabituation. If the new habit is vague and indefinite, the abuser will vacillate."[77] Irresponsible behavior can sometimes be like a negative habit. Reality Therapy needs to include the positive addiction influence to put to sleep the many so-called mental symptoms that clients will dearly cling to. It is not that the client does not want to change but his habit of irresponsible behavior will be influencing him in a powerful way. Sometimes it may be necessary to call upon the Voice of Transcendence to overcome the habit of irresponsible behavior. Once personal control has been regained, then Reality Therapy can begin to work. The theory that the client is always in control and able to make a choice of behavior is a weak point in Reality Therapy. But, Reality Therapy's positive addiction program seems to be working at the Newport News, Virginia, Mid-Atlantic Teen Challenge Center.

Dealing with the resulting guilt of violating an assumed basic value system is a modification that needs to be added to Reality Therapy treatment. The confession and restitution, along with a demand for

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75 Overcomer's Recovery Handbook (Omaha, NE: Overcomer's Center Press, 1991), 31.

76 J.E. Adams, The Christian Counselor's Manual (Grand Rapids, MI: Baker Book House, 1973), 181.

77 Ibid., 188.

responsible behavior from a loving and caring therapist or peer group, is working as outcome studies are verifying. Donna Saunders, a PhD student at Howard University, is in the midst of a dissertation using the Mid-Atlantic Teen Challenge program as an example of a Modified Reality Therapy. The results of her study will be sent to research journals in the field of alcohol and drug treatment for publication.

JUST SAY NO

As a counselor at the Substance Abuse Program offered at the Rescue Mission in South East Roanoke, Virginia, I worked with many clients who had an underlying psycho-social problem that was exasperating their evident substance abuse problem. Reality Therapy was not offered at this program and the emphasis was only on recovery of substance abuse addiction. The psycho-social problems of the client were ignored as the so-called helpless addict struggled to overcome his psychological craving. The success of clients on this program was limited as Reality Therapy's "no excuse for irresponsible behavior" approach was ignored.

Although Reality Therapy's "Just Say No" philosophy may not work initially during detox,[78] it can work on the underlying psycho-social problem that may be causing the client to medicate himself with a substance abuse addiction. Once detoxification is complete, the client needs to be confronted with the reality of his irresponsible behavior that got him into his problem. The humanistic idea of "Just Say No", with your own will-

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78 A person, who is experiencing the withdrawal symptoms of detox, will do anything to stop the immediate pain. Thus, he is not in control of himself.

power, will not work with a client who does not have his free will. For example, a client, who is controlled by demons or who is controlled by pain during detoxification, can not "Just Say No." An outside influence must intervene to restore the free-will first. The voice of Transcendence and involved others working together must intervene on behalf of the client. "We know that people who need recovery live in denial. Therfore, we let the consequences of their addiction wake them up. When necessary we take part in an intervention to help them face reality."[79]

The client's behavior of attempting to medicate an underlying weakness in dealing with the reality of life's situations is irresponsible. Once the client is no longer helpless, then faith-based as well as psychiatric-based programs need to immediately apply Reality Therapy. Once Reality Therapy is applied, however, something needs to be done with the guilt that results from the realization that an assumed value system has been violated. For the best results, Reality Therapy should be modified to include confession to the Voice of Transcendence and restitution to the people who have been harmed.

The assumption that every individual possesses a basic value system needs to be researched. Purhaps this research will ground Reality Therapy philosophically. The Reality Therapy concept of doing what is realistic, responsible, and ethical assumes that everyone, indeed, has at least a basic idea of what is right and what is wrong. But, when the client's value system is used to judge right and wrong, self-regulation becomes impossible if that value system does not agree with, at least, a basic idea

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79 Overcomer's Recovery Handbook, 247.

of decent behavior. If the client has several conflicting value systems or

a system that disagrees with a basic idea of decent behavior, then the

Reality Therapist will attempt to teach the client the value system that he

presupposes to be possessed by everyone. Unless the concept of teaching an

assumed value system is grounded philosophically, however, Reality Therapy

is just one more of the many speculations proposed in psychology.

CONCLUSION

Although some mental illness may be caused by neurological function,

the term "Mental Illness" should only refer to psycho-social

relationships. The neurological illness that presents as mental illness

should be referred to as a physical illness. The term illness should not

be used when referring to psycho-social relationships because it implies

helplessness. Contrary to Reality Therapy theory, there are times when a

client may be without personal freedom and control (e.g. during detox).

For the most part, however, the client will have the freedom to choose his

behavior. Reality Therapy is an excellent treatment because it empowers

the client rather than reinforcing the clients helplessness. It does not

ignore the issue of ethics and the client's value system. Although a value

system can be constructed by reason or adopted from a society, there could

also be an absolute value system that is possessed by everyone. If one

does exist then Reality Therapy is justified in appealing to it. A value

system that supports the client's conscience should be one produced by a

source from outside of conscience in order for it to sound an alarm when

violated. An absolute value system is not easily identified without

reference to a voice of Transcendence. A reprobate or a socio-path, however, may not be aware of his value system, and therefore will not feel guilt. But if an absolute value system does exit, then it will produce a healthy, justified guilt when violated.

Here is a fundamental problem with Reality Therapy. It claims to judge right and wrong behavior as being responsible or irresponsible by the client's own conceived standards; but in actuality, it appeals to an assumed basic value system which is taught to the client once it has been determined that the client's value system is in conflict with at least a basic idea of decent behavior. In other words, it appeals to an assumed value system but then does not address the resulting guilt from violating that value system. A Modified Reality Therapy, on the other hand, would not ignore guilt. It would provide confession and restitution for a justified guilt and education for any self-imposed, contrived guilt.

Here is another foundational issue. An individual is able to choose to violate his value system, whether it be constructed rationally, adapted from society, or imputed by a voice of Transcendence, and thereby choose to suffer the consequences of his violation. The consequences may include a so-called "Mental illness" symptom. But, whatever the consequences, the answer, according to Reality Therapy, is a positive addiction to responsible behavior in a real world.

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