Reality Therapy in Recovery

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Introduction

Reality Therapy is a method that has been used effectively in addictions treatment and recovery programs for more than 30 years, and has been successfully integrated with other therapies and approaches, including 12-step-based treatment programs.

Background of Reality Therapy

In the mid 1960s, psychiatrist William Glasser developed Reality Therapy in two settings: a psychiatric hospital and a correctional facility, both in the Los Angeles area.

Early in his career, Glasser moved away from the psychoanalytic basis of his training, preferring instead to help patients deal with the current realities of their lives. He wanted to help them satisfy what he believed to be the two most important psychological needs—"The need to love and be loved and the need to feel that we are worthwhile to ourselves and others." Glasser contended then, and continues to teach today, that the continued failure to meet these two needs satisfactorily is the basis of most long-term psychological problems, unhappiness, many physical health problems, and even much of what is classified as mental health disorders.

Additionally, from his own extensive practice and observations, Glasser found that patients were able to make dramatic changes in their lives when they took responsibility for their own behaviors, rather than seeing themselves as victimized by their own impulses, their past history, their external circumstances, or other people.

Although the concepts of need satisfaction, responsibility, and choice, as well as the focus on current reality are still essential and fundamental, the theory and practice have been developed and refined considerably. This makes it an even more effective approach when applied to both drug addiction treatment and relapse prevention.

Choice Theory: Overview

Choice Theory provides an understanding of human motivation and behavior from a psychological and—to some extent—a physiological point of view. It can be summarized in six main principles.

1. Human beings are motivated by five internal needs or genetic instructions (see Figure 1).

2. Through human relationships, human beings meet the most prominent needs: love and belonging.

3. People develop specific pictures or wants related to their five needs. The collection of these wants is called the “Quality World.”

4. Behavior is chosen and consists of four components: action, cognition, feelings, and physiology.

5. Because behavior is chosen, human beings enjoy the ability to make selections and are therefore responsible for their selections.

6. Behavior is purposeful: to impact the outer world so as to gain the perception of satisfying the wants in the quality world and at least one need connected to it.

Basic Needs and Internal Motivation:

According to Choice Theory, we are internally motivated to generate behavior in an attempt to fulfill one or more of our five genetic and universal human needs (Figure 1). Choice Theory suggests that people fulfill their needs from moment to moment. Selection of specific behaviors depends on each person’s perception of which need is strongest and which want is most pressing or tempting at a given time.

Although the survival need is a prerequisite for satisfying other needs, the system of needs in Choice Theory is not a hierarchy as in Maslow’s theory. In fact, the most prominent needs are love and belonging. Human beings often feel lonely, disconnected, and worthless if this need is unmet for a prolonged period of time. Some people even choose to violate their own needs for survival through suicide and other destructive behaviors—such as addictions—when the need for love and belonging go unmet.

As an internal control psychology, the Choice Theory maintains that motivation and behavior originate from within, not from any external stimuli. External stimuli are pieces of information that a person can choose to act on or to ignore. These choices result from a judgment about their positive or negative effects on need satisfaction. The inability to fulfill psychological needs for a long period of time, especially love/belonging and power/self worth, can create a sense of inner emptiness. For some people, drinking, abusing drugs, gambling, excessive eating, etc., appear to be effective ways to fill the emptiness. Yet, if sustained,
these behaviors can often spiral into an addiction. The debate about whether this spiraling into addiction includes a genetic predisposition or is a learned behavior continues.

Practitioners of Reality Therapy accept and communicate the goal of helping clients deal with the range of presenting problems. In addition, they help clients find ways to meet their needs more effectively and meaningfully both on a short-term and a long-term basis, thereby reducing the likelihood of future relapse.

The Importance of Healthy Relationships

The absence of healthy relationships, intimacy, and connectedness—the lack of love and belonging—results in pain and suffering and a wide range of accompanying problems. So important is the satisfaction of the need for belonging that Glasser stated, “most long-term psychological problems are, at their core, relationship problems.” Similarly, the renowned cardiologist Dean Ornish, MD, founder of the Preventive Medicine Research Institute in Sausalito, CA, states, “love and intimacy are at the root of what makes us sick and what makes us well, what causes sadness and what brings happiness, what makes us suffer and what leads to healing.”

Through the skillful use of Reality Therapy, addicted individuals and their families are expected to gradually awaken to the central role of healthy relationships in their recovery programs. Therefore, reality therapists, keenly aware of the importance of the therapeutic alliance (of which more is written below) focus much of the therapy on how clients interact with partners, family, friends, coworkers, supervisors, and others. Clients are led to effectively self-evaluate their actions and how they affect others.

The Quality World

As human beings develop, their five needs remain the same. They develop very specific ways to fulfill these general motivators by building in their memories and perceptions a mental picture album or a highly desirable collection of specific wants, or “the quality world.” This quality world includes people, places, objects, food, drinks, ideas, beliefs, values, goals, experiences, and ideals that they believe the possession of will add quality to their lives. For the sake of simplicity, this range of high-quality pictures are referred to here as “wants.” These wants activate an individual’s behavioral system.

As the therapeutic process develops, the practitioner helps clients to clarify and prioritize their wants and to fulfill them in more effective and responsible ways—that is, without the use of addictive behaviors and without infringing on the rights and needs of others.

Total Behavior

The difference between what people want and what they perceive they are getting, technically called “frustration,” prompts a specific behavioral choice. Every chosen behavior is considered in this theory as total and holistic, consisting of four components: action, cognition, feelings or emotions, and physiology. The latter includes brain chemistry.

How we act and think are the most controllable components of our behavior. The least voluntary components, feelings and physiology, are less immediately controllable and are changed by how we act and think. Therefore, while feelings, such as guilt, anger, shame, and resentment—as well as physiology, including physical symptoms, overall health, and hygiene—are acknowledged and discussed by in Reality Therapy, the practitioner endeavors to assist clients to connect feelings and physiology to their thinking and actions by asking them, for example, the following questions:

1. When you were feeling anxious and angry before the meeting yesterday, what were you thinking about at that time?

2. Do you have any physical effects from your anxiety and anger, like headaches or other aches and pains?

3. It seems that when you feel depressed, you don’t want to do anything. Then you get bored and that’s when you start thinking about drinking again. Do you think that
there's a link between your inactivity, feelings of depression, and thoughts about drinking again?

4. When you repeatedly tell yourself you're no good, what does that do to you inside?

5. How does that kind of self-talk affect your energy?

Clearly, the effective use of Reality Therapy focuses on what clients have most control over: their actions and their thinking. Changes in actions result in cognitive changes, emotional changes, and physiological changes. These changes take time. Most often, there is a time lag, for example, between the choice to act cheerfully and the feeling of cheerfulness. Conversely, like the actor in Waiting for Godot, some clients choose to put their lives on hold and remain stuck, waiting until they feel better before making essential decisions to act.

Choice and Personal Responsibility

Choosing behavior and its corollary—that we are responsible for our behavior—constitutes the foundational principles of Choice Theory and the delivery system Reality Therapy. Glasser states, “all of your significant conscious behaviors ... that have anything directly to do with satisfying basic needs, are chosen.” It follows, then, that we are capable of change. Choosing an ineffective behavior implies that people can choose its opposite. Regardless of what has been done to them, what they have done in the past, or if their needs have been previously unmet or violated, it is within their power to make more responsible and need-satisfying choices today and in the future.

The practitioner of Reality Therapy, in any helping capacity, interacts with clients by recognizing the futility of repeatedly analyzing the past, searching for early childhood conflicts, or labelling every previous misery. Because behavior is prompted by contemporary motives, the practitioner provides assistance by encouraging both client and family to review how well the five needs are being met.

Questions Practitioners Can Ask Include:

1. Do you believe that your need for involvement with people is being met satisfactorily?


3. What do you enjoy and how do you have fun, other than by indulging in alcohol and drug abuse?

By encouraging the client to take action and by refraining from blaming and criticizing him/her, the practitioner attempts to help the client and family see their actions as controllable choices rather than the result of external coercion. The practitioner empathically attempts to help clients realize that positive choices usually have positive results and that negative choices usually have negative and even destructive consequences. Clients and families are led by practitioners to conduct in-depth self-evaluations of the effectiveness of their choices, the attainability of their wants, and their willingness to make better lives for themselves.

Perception of Reality

People's perceptions of the world around them, their past and present experiences, and themselves constitute their reality at that point in time. Helping clients evaluate and re-evaluate their perceptions is a crucial part of the Reality Therapy process. Do they see their control as inside of them or outside of them? Do they see the world as against them, neutral toward them, or potentially on their side?

Examples of Perception Questions Might Include:

1. What do you see as the pluses and minuses of your drinking right now?

2. How does your family see it?