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.

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**Learning Objective**

This lesson provides an overview of Reality Therapy and its underlying theory, Choice Theory, as well as an understanding of addictions from the point of view of Choice Theory and how it can be of value to recovery programs and addictions counselling. Clinicians will learn how Reality Therapy can be applied to the stages of recovery, especially maintenance and relapse prevention.

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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.”2 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.”3

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 empathetically 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 constitutes 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?
3. How do you know they see it that way?
4. How would you like them to see you?
5. How much influence do you think you have in improving your relationships right now?
6. What do you have control over and what do you not have control over?
7. In your circle of acquaintances, who could be a possible friend?

Larry gives alcohol a positive value, despite the fact that it has become addictive and has resulted in array of accompanying problems. With little hard work and effort, Larry gains the illusion of want and need satisfaction. The alcohol gradually takes the place of effortful choices to establish healthy relationships, maintain satisfaction in his world of work, or cultivate an absorbing pastime.

The goal of the reality therapist is to help Larry choose to stop drinking, to significantly reduce his intake, to undergo detoxification, or to enter a program of recovery, thereby rebuilding his life by replacing alcohol with more healthy need-satisfying wants/pictures in his quality world. Essential to these positive, but difficult, changes is helping Larry connect or reconnect with people who care about and support him. The cornerstone of this connectedness is found in Alcoholics Anonymous or similar groups. By working with such a program, Larry begins to put a negative perceptual value on alcohol as his problem-solver and to follow-through on realistically doable plans reflected in the “just for today” philosophy.

The question remains, what methodology does a reality therapist employ when counseling Larry individually or in groups?

A Choice Theory Understanding of Addictive Behavior

The Choice Theory understanding of addiction is compatible with the various schools of thought about its origin: genetic or learned. Some people initially choose specific destructive coping behaviors, such as drinking, overeating, using drugs, gambling, and others, in an attempt to fulfill current unmet needs and wants. Addictions often result from a profound condition of unmet or violated needs and wants symptomized by emotional trauma, loss, abandonment, abuse, stress, and many others.

Case Study Example: Larry

Larry, 33, has a strong need for fun but experiences much failure and rejection by his friends. He seeks to fulfill his inner needs for love and belonging, power and self-worth, and fun and freedom from pain, but he is unable to find effective ways to satisfy them. Alcohol provides an easy and illusory substance for momentary satisfaction. Over a period of time, he inserts alcohol deep into his quality world as a need-satisfying picture. As a result, he repeatedly chooses to drink excessively, following the axiom, “First, the man takes a drink. Then the drink takes a drink. Then the drink takes the man.”

The Practice of Reality Therapy: Environment and Procedures

Environment:

Establishing a warm, empathic, and trusting counseling relationship or therapeutic alliance is the necessary foundation for the effective use of Reality Therapy. Therapeutic movement occurs when the therapist is seen as having the confidence and belief in the future success and growth of the client. Wubbolding has delineated specific toxic behaviors that diminish the therapeutic relationship. These include arguing, belittling, criticizing, demeaning, getting lost in excuses, etc. Helpful or tonic behaviors include use of attending skills, reframing, empathy, use of silence, and many
others. Wubbolding and Brickell add, "these 'do's' and 'don'ts' are not only presented for ... use in therapy, but many are also useful to teach directly to clients for use in their families, offices, classrooms, and, indeed, in almost every human interaction."5

Procedures: WDEP Guidelines

Wubbolding8,11 has formulated a useful acronym for remembering and teaching specific interventions. This framework provides a sense of progression and development that assists therapists to lead clients to a greater sense of personal responsibility. The Wants, Doing, Self-evaluation, Procedures (WDEP) formulation represents a flexible and adaptable system, with each letter containing a cluster of ideas and a range of possible interventions. The WDEP guidelines constitute a collaborative approach in which therapist and client join together in determining goals and plans of action.

W = Wants

With skillful questioning, the practitioner of Reality Therapy helps clients formulate and clarify their wants and goals: what they want from the recovery program, from family and friends, from the people around them, and most importantly, from themselves. Clients formulate verbally or in writing how much energy or how hard they wish to work at satisfying their wants.

Many clients have difficulty prioritizing their wants. Oftentimes, all of their wants seem to have a high priority: "I want what I want when I want it, and I want it now" is a description of a quality world where the fulfillment of many wants appears to be an urgent necessity. Consequently, a major step in recovery is helping clients and families prioritize their mental picture albums of wants, desires, goals, and hopes for the future.

D = Doing

The practitioner helps clients describe in detail their total behavior (doing, thinking, feelings, and physiology/health). They ask clients how he or she spends his or her time, what thoughts and feelings are generated, and how this impacts physiology as well as substance abuse. This heightened awareness and self-insight is an essential step along the pathway of recovery.

In the counseling conversations, emphasis is placed on actions because people have more direct control over their actions than over their thinking, feelings, and physiology. The axiom, "you can act your way to a new way of thinking easier than you can think your way to a new way of acting" fits well with the D of the WDEP system.

E = Self-Evaluation

Helping clients conduct a searching inner self-evaluation constitutes the cornerstone of Reality Therapy. People change behavior only after accepting that what they are doing now is not working for them, is not helping them, and that a better choice would work to their advantage. The evaluation focuses on all four components of total behavior, but predominantly on doing/actions and thinking. Also, subjects to self-evaluation are wants and perceptions, especially perceptions of what is controllable and not controllable.

Sample questions include:

1. Is what you are doing helping or hurting you? What impact do your current actions have on the people around you? Is what you're doing getting you closer to the people you need?
2. Is what you want attainable?
3. How realistic is it to have what you want when you want it 100% of the time?
4. Is it really true that you are at the mercy of everyone around you and can exercise no control over your own actions?

The skilled practitioner of Reality Therapy understands that during the early stages of recovery, clients are impaired in their ability to make effective self-evaluations. They often need help, sometimes by direct teaching from the therapist about what is helpful, harmful, realistically obtainable, and impossible to achieve.


\[ P = \text{Planning} \]

Traveling the road of recovery implies effective plan making. Characteristics of effective plans are:

Simple— not complicated

Attainable— not overwhelming

Measurable— not vague or general

Immediate— as soon as possible, even within the next few minutes or hours, but not in the distant future

Controlled by the planner/client— not dependent on the choices or behaviors of other people

If self-evaluation is the cornerstone in the practice of Reality Therapy, SAMIC planning is the superstructure.

In summary, the WDEP system is analogous to a loose fitting overcoat; it is not a tight wet suit. In other words, even though the neophyte practitioner of Reality Therapy might implement the WDEP system somewhat mechanically, the continuous application of the WDEP system provides a structure for individual creativity and ingenuity.

**Reality Therapy Applied to Stages of Recovery**

Understanding the stages of change in recovery helps the user of Reality Therapy apply the WDEP system appropriately and differently to clients as they progress in their respective recoveries. Although there are a variety of recovery models, Prochaska and Di Clemente’s Trans Theoretical Stages of Change provides a particularly comprehensive, practical, and developmental sequence. Also like the various components of the WDEP system, these stages are not absolutely separate one from another. Rather, they often overlap and merge.

**Stage 1: Pre-Contemplation**

Though the problems associated with substance abuse are often very apparent to the family, friends, employers, and neighbors, the substance abuser at this stage is often unaware of problems associated with substance abuse and does not consider the need for behavioral change. By relating problems to life issues, self-talk is sometimes characterized by “I use alcohol or drugs (or other behaviors) because I have life problems. If the problems would go away, I wouldn’t drink or ‘use’ the substance.”

At this stage the practitioner of Reality Therapy builds a positive, supportive, non-judgmental, and trusting alliance. Questions include “What do you want from the people around you?” and “What do they want from you?” The intent is to raise awareness, rather than confront or challenge, and thereby subtly raise doubts in the clients’ minds about their current pattern of drinking or “using.”

The counter-productiveness of confrontational counselling styles has been well documented, particularly for the early stages of recovery.

**Stage 2: Contemplation**

Here, clients attain a higher level of awareness of problems and experience ambivalence about change. The substance abuse or other addictive behaviors have served as a crutch and “forever friend.” The thought of letting that go of these trusted companions creates fear and uncertainty.

The practitioner of Reality Therapy remains supportive and non-judgmental, but now becomes a “psychological mirror,” reflecting to clients discrepancies between their substance abusing behaviors and the previously-stated pictures or wants in their quality worlds, such as relationships, job, health, etc. Questions at this stage include, “What are you doing?” and “Is what you’re doing getting you what you want from the world around you?” The intention here is to subtly create doubt, uncertainty, and, indeed, some concern in clients—out of which they weigh the pluses and minuses of their behaviors.

Providing feedback from self-assessment questionnaires and information on recommended and safe levels of consumption can be very helpful, as can feedback from family members and others regarding the impact of the clients’ behaviors. Arguing, belittling, criticizing, demeaning, and getting lost in excuses should be...
avoided. Rather, a supportive and non-confrontational style is recommended.

**Stage 3: Preparation**

Readiness for change emerges at this stage, but it is accompanied by uncertainty and anxiety. Clients need support, but they are ready for information and guidance regarding strategies for change, including appropriate detoxification options and primary care treatment plans. The helper remains friendly, yet appropriately firm, in helping clients consolidate their reasons for change and for treatment by reflecting on and pointing out discrepancies between current behaviors and quality world pictures. Similar questions used in stage 2 have a deeper response at this point: "Is what you're doing helping you or the people around you?" and "What is the impact of your current lifestyle on what you want in life regarding job, family, self-confidence, etc?"

**Stage 4: Action**

Client-initiated or agreed-upon specific behavioral change characterizes this stage. Altered behavioral changes include curtailment of substance abuse; undergoing detoxification, if necessary; entry into a treatment program; or attendance at Alcoholics Anonymous or similar support groups. The therapist provides support, encouragement, and active assistance in helping clients make SAMIC plans for change and treatment. Effective practitioner of Reality Therapy believe that primary care treatment programs are essential for helping clients evaluate their own behaviors and develop new ways to establish caring relationships.

Additionally, treatment facilities and programs can increase the quality of their services by incorporating Choice Theory and Reality Therapy into the philosophy of their delivery systems. Organizational self-assessment questions could include: Do clients feel a sense of belonging with staff and with other patients? Does the program deal with patients' senses of self-doubt, powerlessness, and feelings of being entrapped in an institution? How much freedom do patients enjoy regarding their own treatment program? Is the facility an enjoyable place, and does it exhibit a joyful and hopeful atmosphere?

**Stage 5: Maintenance**

During this stage, life becomes centered on issues other than addictive behaviors. The reality therapist helps clients deal with self-doubts about the value of abstinence, familial, and other relationships and employment issues and decisions, many of which have been submerged until now. At this point, the entire WDEP system of Reality Therapy is now applied to issues that transcend addictive behaviors. While committed to a "one day at a time" attitude, clients are expected to move beyond preoccupation with abstinence, are able to make long-range plans, and can see their lives in a broader perspective.

Helping clients find ways to satisfy their five basic needs—especially love/belonging and power/self-worth—in meaningful and satisfying ways serves as an antidote to future relapse.

**Stage 6: Relapse**

The process of recovery is one of incremental change,19 often characterized by steps forward and backward. For many recovering people, relapse is a reality. The reality therapist continues to intervene with support, empathy, and the skillful use of the WDEP system, both with the individual in recovery and with the family. Work at this stage focuses on helping all persons meet their five needs in satisfying ways.

**Conclusion**

The principles of Reality Therapy summarized as a WDEP system provide an effective method for working with clients and families at any stage of recovery. They also can be taught the principles as a self-help and personal development tool10 useful for creating and maintaining a happier, more need-satisfying, meaningful, and successful life free of addiction or dependency.
References


Questions Based On This Lesson

To earn CE credits, answer the following questions on your quiz response form.

1. Choice Theory is best described as:
   A. An off-shoot of Behavioral Therapy
   B. An internal control system
   C. A problem solving approach
   D. A theory used exclusively in drug rehabilitation

2. Reality Therapy embraces the idea that:
   A. Early childhood issues must be resolved before progress can be made in recovery
   B. Recovery is a steady, straight line process
   C. Human relationships are central to recovery
   D. People choose to be addicted

3. In applying the WDEP system to the stages of recovery:
   A. The therapist uses it more empathetically in the maintenance stage of recovery
   B. The therapist uses self-evaluation in the preparation stage but not at the contemplation stage of recovery
   C. The therapist applies the system mechanically at each stage of recovery
   D. The therapist chooses appropriate interventions for the presenting problems

4. Reality Therapy applied to recovery:
   A. Emphasizes improved human relationships as central to recovery
   B. Negates the need for 12-step programs
   C. Is based on techniques derived from Therapeutic Community principles
   D. A and C are both correct.

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