

# Using Reality Therapy With Difficult and Resistant People

by

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Reality therapy is a down-to-earth method for counseling, supervising, and managing people. It is quite applicable to the field of corrections in that it was started by William Glasser, M.D., (1965) when he worked at the Ventura School for Girls in California. Even though it is widely used, there remain many misconceptions about it. Among the erroneous ideas which I have heard are:

- Myth #1. Reality therapy is an advice giving, dictatorial, negatively confrontive theory.
- Myth #2. Reality therapy is a simplified version of behaviorism.
- Myth #3. Reality therapy deals only with symptoms.
- Myth #4. Reality therapy is a vague, unclear methodology.

In fact, the opposite of the above statements is true.

1. *Reality therapy involves listening emphatically.* The helper encourages clients to discuss their wants, behaviors, plans, etc. Skilled practitioners listen to feelings such as frustration, resentment, guilt, anger, hatred and the entire range of human emotion. The reality therapist helps the client to link the feelings to actions so that they both can be changed for the better. Dealing with the resistant person more effectively is based on knowing how to listen and what to listen for.
2. Far from being a watered-down behaviorist form of psychology, *the users of the principles of reality therapy believe that external stimuli do not determine our behavior.* Rather, behavior is chosen to fulfill the human needs of belonging or involvement with people, power or achievement, fun or enjoyment, freedom or autonomy, and survival or physiological needs (Glasser, 1986). These needs are in-born and are the basic motivators of all behavior. When people resist, they are choosing behaviors which they believe will fulfill their needs.
3. *Reality therapy deals with human choice, which is hardly a superficial entity.* It is complex and deep rooted. Moreover, when a person makes better choices, forms more effective habits, gets along better with society and leads a productive family and business life, he/she has made changes that are profound.

In teaching and practicing reality therapy, there is little jargon or technical vocabulary. The use of Anglo-Saxon terminology rather than Latin derivatives is intentional. Reality therapy is not difficult to understand. It is also not easy to practice with resistant people.

4. At one time, the delivery system for reality therapy

was described as "the eight steps". Such an expression is now outdated. The current expression of the principles is "The Cycle of Counseling" (Wubbolding, 1988). More specifically, the procedures are seen as a system summarized in the "WDEP" system (Wubbolding, 1990). These are not steps, but should be seen as an interconnected system, each part of which is used as appropriate for each client at a given moment. W means that clients define their *wants*, i.e., what they want from society, their families, friends, etc. These wants are related to the five needs. D implies they identify what they are *doing*, also their feelings, their self-talk, etc. E means they are led to conduct a searching *evaluation* of their wants, their behavior, etc. Though there are seven forms of evaluation (Wubbolding, 1990), the most important one, "is what I'm doing helping me?" is emphasized. Helping clients evaluate their resisting behavior serves to help them choose more effectively. P involves making simple, attainable, measurable and repetitive *plans*. This is the goal of the counseling. For "to fail to plan is to plan to fail."

In summary, reality therapy is very effective in dealing with difficult people who often exhibit resistive and uncooperative behaviors. It is humane and direct. It is a clear delivery system, but allows the user a wide range of creativity. And above all, it is based on a solid theory of brain functioning called control theory or control system theory.

## References

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