Reality therapy was developed by William Glasser, who wrote a book of the same name in the 1960s. This type of counseling suggests that all psychiatric subjects have the same basic underlying problem, namely an inability to fulfill their essential needs. Specific problems, like alcoholism or misbehavior in school, are the symptoms and not the problem. Troublesome symptoms occur when a person cannot or will not meet their needs.

Language of reality therapy

Essential needs can be broken down into two categories. One is the need to love and be loved at all times during the course of a lifetime. The other is the need to feel worthwhile to oneself and others. In order to feel worthwhile, one must maintain a satisfactory standard of behavior. In other words, if a person is drinking to avoid facing reality, then he or she is not maintaining a satisfactory standard of behavior and not feeling worthwhile. Everyone has these essential needs but peoples’s abilities to fulfill them vary.

The process of fulfilling the essential needs requires, first and foremost, involvement with other people who are in touch with the reality of the world. Without involvement with other people, we try to fulfill the basic needs in unhealthy ways, like overeating or abusing drugs. Not knowing how to fulfill essential needs always leads to pain, either physical or emotional, for the client or those around him or her. Reality therapy holds that any time a person comes to therapy, they are lacking a true involvement with a healthy person. A therapist can be the person who becomes healthily involved with a client. Since fulfilling essential needs is part of person’s present life, reality therapy does not concern itself with a client’s past. Neither does this type of therapy deal with unconscious mental processes. In these two ways reality therapy is very different from other forms of psychology like psychoanalysis.

Reality therapy tends not to use typical psychology labels, like “neurotic” or “dysfunctional,” because these terms tend to stereotype people. Responsibility and irresponsibility are two terms commonly used in reality therapy. Responsibility refers to the ability to fulfill one’s needs and to do so in a way that doesn’t interfere with someone else fulfilling their needs. Irresponsible people cannot fulfill their own needs, or they fulfill their needs at the cost of negatively affecting someone else. For example, responsible students do their own homework. Irresponsible students look for someone else to do their work. If a parent does the homework for the child, the parent is also being irresponsible. The student who doesn’t do their homework is harming his or her learning process and being a burden on those around them. The parent who does the homework is harming the student by not teaching that child responsibility. Reality therapy holds that we learn responsibility through involvement with another responsible person. We can learn and re-learn responsibility at any time in life.

Procedure

The procedure of reality therapy is basically three-fold. First, an involvement must be established between the therapist and the client. This means a firm emotional bond must be established fairly quickly through discussing all aspects of a client’s current life. This way the client begins to understand that the therapist cares and also that the therapist is a responsible person who can help clarify the reality of the client’s world. It has been suggested that through this involvement a client also develops increased self-worth. Once involvement has been established, the therapist begins rejecting the unrealistic or irresponsible behavior of the client. The therapist points out irresponsible behavior. Irresponsible behavior is never justified, nor is it viewed as caused by anyone but the client. The therapist expects and encourages new behavior that is builds confidence in the client. Finally, the therapist acts as a guide or a teacher of responsible behavior. Clients learn that happiness can only be gained by being responsible. A therapist illuminates a client’s hopes, helps a person expand a range of interests, and teaches a client to recognize his or her own needs and use new behaviors to fulfill those needs.

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Further Reading


Further Information


Reflective listening

Listening practice used by psychotherapists that requires focus, intent, and very active participation.

Very often in Western culture, listening is considered to be the passive part of a conversation while
speaking is seen as active. Reflective listening practices requires focus, intent, and very active participation. The term stems from work done by psychologist Carl Rogers who developed client-centered therapy. Rogers believed that by listening intently to the client, a therapist could determine best what the client needed. This was unlike psychoanalysis, which had more formula-like approaches that were used for all patients. Rogers wrote about reflection of attitudes, which asserts that a therapist needs to have empathic understanding with his/her client. Empathic understanding means understanding a person from his or her frame of reference. What a therapist attempts to do is reconstruct what the client is thinking and feeling and to relay this understanding back to the client. By explaining that he or she understands what the client is saying, a therapist is establishing a trust and clarifying the client’s expression. For example, a client may make a statement like, “My mother is such a jerk. She’s always telling me what to do and won’t let me do anything I want to do.” The therapist who uses reflective listening might respond by saying, “So you feel frustrated because you’re mother treats you like a child instead of an adult.” This will allow the client to feel understood and open up even more about his or her feelings about being a teenager. Alternately, a client may feel misunderstood and then try again to explain what he or she is thinking or feeling. This will also allow a therapist to make sure he or she is understanding the client.

By re-stating or reflecting what clients have expressed, the clients then listen to what they have said in a new way. They hear their feelings and thoughts in a different voice and can look at their life through another’s eyes. Such therapy also helps a client to feel validated. This type of re-stating what has been heard is also called mirroring. This technique can be used in one-to-one therapy or group therapy.

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Further Reading

Reflexes

Movements or involuntary responses initiated by an external stimulus which do not require input from the brain.

In a simple reflex, a sensory receptor initiates a nerve impulse in an afferent sensory nerve fiber which conducts it to the spinal cord. In the gray matter of the spinal cord, the afferent nerve impulse is fired over the synaptic gap to an efferent motor fiber which passes along the impulse to the appropriate muscle, producing the reflex.

There are other reflexes which involve neural pathways connected to the brain. When an ice cube is touched, cold receptors in the skin are stimulated and that afferent information is transmitted to the gray matter of the spinal cord, where it then travels via axons in the white matter to the brain. There, the sensory information is analyzed and movement such as dropping the ice cube (or keeping hold of it) may be initiated. This message is sent down the axons of the white matter to the appropriate motor nerves in the gray matter. This efferent motor information travels to the muscles which initiate the reflex.

Rehabilitation

A process geared toward helping persons suffering from an injury, disease, or other debilitating condition to reach their highest possible level of self-sufficiency.

Rehabilitation begins once a debilitating condition has been evaluated and treatment is either in progress or completed. Impairments are evaluated for their effects on the individual’s psychological, social, and vocational functioning. Depending on the type of disability involved, “self-sufficiency” may mean a full-time job, employment in a sheltered workshop, or simply an independent living situation. Rehabilitation involves a combination of medicine, therapy, education, or vocational training. There are special centers for various mental and physical problems that require rehabilitation, including psychiatric disorders, mental retardation, alcohol dependence, brain and spinal cord injuries, stroke, burns, and other physically disabling conditions.

The goal of medical rehabilitation is the restoration of normal functioning to the greatest degree possible. Specialties involved include physical, occupational, and speech therapy, recreation, psychology, and social work. Medical rehabilitation facilities often include an “activi-