

Reality Therapy: Take Control of Your Future Today

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Reality therapy is an approach to psychotherapy and counseling. It was developed by the psychiatrist Dr. William Glasser in 1965. Reality therapy is considered a cognitive-behavioural approach to treatment .

The reality therapy approach to counseling and problem-solving focuses on the here-and-now of the client and how to create a better future. Typically, clients seek to discover what they really want and whether what they are currently doing (how they are choosing to behave) is actually bringing them nearer to, or further away from, that goal.

Reality therapy is more than a counseling technique. Reality therapy is a problem solving method that works well with people who are experiencing problems they want help solving, as well as those who are having problems and appear to not want any assistance. Reality therapy also provides an excellent model for helping individuals solve their own problems objectively and serves as the ideal questioning series during coaching sessions.

The underlying key to reality therapy is the relationship that is established with the person who needs the help. This is most critical when you are attempting to help someone who doesn't really want your help, such as a non-voluntary client, a resistant student or sometimes even your own child. Without a positive relationship, you have no influence.

Reality therapy provides a model of building relationships by instructing helpers to create a need-satisfying counseling environment. The five basic needs of all humans are survival; love and belonging; power; freedom and fun. So, in a helping relationship, the helper must create an environment where it is possible for the person being helped to feel safe; to feel connected to the helper in some way; to be listened to and respected; to have some choices; and to have some fun or learning with the helper. After creating this need-satisfying environment and working hard to maintain it throughout the relationship, the helper can move on to the actual problem.

After hearing the person's story, the helper needs to determine what the ideal solution would look like from the other person's point of view. So, for example, if the person were complaining about a fight he had with his girlfriend, ask the question, What do you want to happen? How do you want this to work out? It is critical to get a specific picture of what the ideal solution will look like from the perspective of the person experiencing the problem. The helper is leading him or her away from the problem and into a problem-solution mode. In this way, the focus is off the past and the problem, which cannot be changed. The focus instead is on the behavior the person can create to move himself in the direction of the solution he wants.

The next step is to take an inventory of all the things the person is doing to get the situation to work out the way they want. The helper asks the person to list the steps they're taking to reach their goal. Typically, the person will only list positive things, but the helper must ask them to consider everything that is both helping and hindering progress. The helper may add observations of their

own. The point is to get as complete a picture as possible. In addition to considering one's outward behavior, ask about their thoughts, feelings and physiology (if appropriate), as well.

The next step is the most crucial in the entire process. The helper asks helpees if their current behavior is likely to get them what they say they want. If the person is already aware what they're doing is not working, they're already in distress and ready to try something different. The helper assists the client by helping them find a solution.

On the other hand, if the person is unaware they need help, this self-evaluation step helps the client evaluate their behavior and recognize the need to do things differently. It generally creates enough discomfort to at least look at alternatives.

The final step in the reality therapy process is to help the helpee come up with a plan to do something more effective. This is best accomplished by helping the person focus on those things within their control--their own thoughts and actions. We don't help a depressed person by simply saying, "Cheer up!" People cannot directly control their feelings but they can directly control their actions and thinking. Similarly, people like to focus their time and attention on what others could and should do to give them what they want, but attempting to control others is generally a fruitless activity. Helping people to focus on changing their own behavior and thoughts is generally the goal of reality therapy.

Background

Reality therapy was developed at the Veterans Administration hospital in Los Angeles in the early 1960s by Dr. William Glasser and his mentor and teacher, psychiatrist Dr. G. L. Harrington. In 1965 Dr. Glasser published the book Reality Therapy in the United States. The term refers to a process that is people-friendly and people-centered and has nothing to do with giving people a dose of reality (as a threat or punishment), but rather helps people to recognize how fantasy can distract them from their better choices (what they can control) in life.

By the 1970s, the concepts were extended into what Dr. Glasser then called "Control Theory," a term used in the title of several of his books. By the mid-1990s, the still evolving concepts were better described as "choice theory," a term conceived and proposed by the Irish reality therapy practitioner Christine O'Brien Shanahan at the 1995 IRTI Conference in Waterford, Ireland and subsequently adopted by Dr. Glasser. The practice of reality therapy remains a cornerstone of the larger body of his work.

Process

Involvement

Establishing a relationship with the client is believed to be the most important factor in all types of therapy. Without this relationship, the other steps will not be effective. This is also known as developing a "good" rapport with the client.

In extreme cases, the therapist may be the only person in the client's life who is willing to put up with the client's behavior long enough to establish a relationship, which can require a great deal of patience from the therapist. In other cases, the client is a part of many relationships, but just needs a relationship with a more consistently positive emphasis.

Current behavior and evaluating your behavior

The psychotherapist must focus the client on current behavior rather than past experiences.

The therapist asks the client to make a value judgment about his or her current behavior (which presumably is not beneficial, otherwise the client may not have negative consequences from behavior motivating enough to seek therapy). In many cases the therapist must press the client to examine the effects of his or her behavior, but it is important that the judgment be made by the client and not the therapist.

Planning possible behavior

Plan some behavior that is likely to work better. The client is likely to need some suggestions and prompting from the therapist, but it helps if the plan itself comes from the client. It is important that the initial steps be small enough that the client is almost certain to succeed, in order to build confidence.

In many cases, the client's problem is the result of a bad relationship with someone, and since the client can't change anyone else's behavior, the therapist will focus on things the client can do unilaterally. The client may be concerned that the other person will take advantage of this and not reciprocate, but in most cases a change in behavior will ease the tension enough that the other person also backs off. If this doesn't happen, the therapist will also encourage the client to build more positive relationships with other people. The relationship with the therapist sustains the client long enough for them to establish these other relationships.

Commitment to the plan

The participant must make a commitment to carry out the plan. This is important because many clients will do things for the therapist that they would not do just for themselves. In some cases it can be helpful to make the commitment in writing.

No Excuses, No Punishment, Never Give Up

If there is no punishment, then there is no reason to accept excuses (note that punishment can be ineffective with clients who expect to fail, see Learned helplessness). The therapist insists that the client either carries out the plan, or comes up with a more feasible plan. If the therapist maintains a good relationship with the client, it can be very hard to resist carrying out a plan that the client has agreed would be feasible. If the plan is too ambitious for the client's current abilities, then the therapist and the client work out a different plan.

Principles

Focus on the present and avoid discussing the past because all human problems are caused by unsatisfying present relationships.

Avoid discussing symptoms and complaints as much as possible since these are often the ineffective ways that counselees choose to deal with (and hold on to) unsatisfying relationships.

Understand the concept of total behavior, which means focus on what counselees can do directly-act and think. Spend less time on what they cannot do directly; that is, changing their feelings and physiology. Feelings and physiology can be changed indirectly, but only if there is a change in the acting and thinking.

Avoid criticizing, blaming and/or complaining and help counselees to do the same. By doing this, they learn to avoid these extremely harmful external control behaviors that destroy relationships.

Remain non-judgmental and non-coercive, but encourage people to judge all they are doing by the Choice Theory axiom: Is what I am doing getting me closer to the people I need? If the choice of behaviors is not getting people closer, then the counselor works to help them find new behaviors that lead to a better connection.

Teach counselees that legitimate or not, excuses stand directly in the way of their making needed connections.

Focus on specifics. Find out as soon as possible who counselees are disconnected from and work to help them choose reconnecting behaviors. If they are completely disconnected, focus on helping them find a new connection.

Help them make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate their progress. Based on their experience, counselors may suggest plans, but should not give the message that there is only one plan. A plan is always open to revision or rejection by the counselee.

Be patient and supportive but keep focusing on the source of the problem, disconnectedness. Counselees who have been disconnected for a long time will find it difficult to reconnect. They are often so involved in the symptom they are choosing that they have lost sight of the fact that they need to reconnect. Help them to understand, through teaching them Choice Theory and encouraging them to read the book, Choice Theory: A New Psychology of Personal Freedom, that whatever their complaint, reconnecting is the best possible solution to their problem.

Applications

In education, reality therapy can be used as a basis for the entire school's classroom management plan. Schools that conform to the characteristics of Glasser's theories are known as Quality Schools.

Approach

Reality therapy is centered on our five basic, genetically endowed needs.

These needs are classified under five headings. The first is our primary and physical need for:

Survival (including food, clothing, nourishment, shelter, personal security).

And the following four are psychological.

Connecting, belonging, love (including groups as well as families or loved ones).

Power (including learning, achievement and feeling worthwhile, winning, and competence).

Freedom (including independence, autonomy, one's own 'space').

Fun (including pleasure and enjoyment).

One of the core principles of reality therapy is that, whether we are aware of it or not, we are acting (behaving) to meet these needs all the time. But we don't necessarily act effectively. Socializing with people is an effective way to meet our need for belonging. Sitting in a corner and crying in the hope that people will come to us is generally an ineffective way of meeting that need - it may work, but it is painful and carries a terribly high price for ourselves and others.

So if life is unsatisfactory or we are distressed or in trouble, this approach advocates that one basic thing is to check carefully, whether we are succeeding in meeting our basic psychological needs for power, belonging, freedom and fun.

In this society the survival need is normally being met - it is in how we meet the four psychological needs that we run into trouble. Reality therapy holds that the key to behavior is to remain aware of what we presently want. This is because it maintains that what really drives us as social beings is our wants. We don't think of our needs as such. We think of what we want, we behave to get what we want, we fantasize about what we want, etc. But we often are not aware of either our real desires, or how our present actions are linked to these.

It is very much a therapy of hope, based on the conviction that we are products of the past but we do not have to go on being its victims.

Core ideas

Make plans and perform actions

The client's self-evaluation is a critical and crucial first step. A self-realization that something must change, realization and acceptance that change is, in fact, possible, leads to a plan for making better choices--plans that are at the heart of successful reality therapy. The counselor helps the client make a workable plan to reach a goal. It must be the client's plan, not the counselor's. The essence of a workable plan is that the client can implement it--it's based on things under the client's control. For example:

You can't make your spouse talk to you but you can talk to your spouse.

You can't make your teenage son treat you with respect but you can decide that you will no longer provide a laundry and catering service to a son who treats you with contempt.

You can't make the company give you a promotion but you can look for a promotion, lobby for it and apply for the job when it comes up.

Reality therapy strives to empower people by emphasizing the power of doing what is their control. Doing is at the heart of reality therapy.

Behavior

Behavior, in reality therapy and in William Glasser's choice theory terms, is composed of four aspects, or vectors: thinking, acting, feeling, and physiology. We can directly choose our thoughts and our acts; we have great difficulty in directly choosing our feelings and our physiology (sweaty palms, headaches, nervous tics, racing pulse, etc.)

Emotions (feelings) are a wonderful, immediate and alive source of information about how we are doing and whether we are happy with what is going on in our lives. But it is very hard to choose and to change our emotions directly. It is easier to change our thinking - to decide, for example, that we will no longer think of ourselves as victims or to decide that in our thoughts we will concentrate on what we can do rather than what we think everybody else ought to do. So Reality Therapists approach changing "what we do" as a key to changing how we feel and to getting what we want. These ideas are similar to those in other therapy movements such as Re-evaluation Counselling and Person-centered psychotherapy, although the former emphasizes emotional release as a method of clearing emotional hurt.

Control

Control is a key issue in reality therapy. Human beings need control to meet their needs: one person seeks control through position and money, and another wants to control their physical space. A client may be a teenager who bans parents from their room, someone who wants to chair

a committee, who wants an office with a corner and two windows, or who wants dinner on the table at precisely 6.30PM.

Control gets us into trouble in two primary ways: when we try to control other people, and when we use drugs and alcohol to give us a false sense of control. At the very heart of Choice Theory is the core belief that the only person I can really control is myself.

If I think I can control others I am moving in the direction of frustration. If I think others can control me (and so are to blame for all that goes on in my life) I tend to do nothing and again head for frustration.

There may indeed be things that "happen" to us and for which we are not personally responsible but we can choose how we handle these things. Trying to control other people is a vain naive hope, from the point of view of reality therapy. It is a never-ending battle, alienates us from others and causes endless pain and frustration.

This is why it is vital to stick to what is in our own control to do and to respect the right of other people to meet their needs.

We can, of course, get an instant sense of control from alcohol and some other drugs. This method of control, however, is false, and skewers the true level of control we have over ourselves. This creates an inconsistent level of control over ourselves, which creates even more dissonance in our personal control.

Focus on the present

While traditional psycho-analytic and counseling often focus on past events, reality therapy and choice theory solutions lie in the present and the future. Practitioners of reality therapy may visit the past but never dwell on it. In reality therapy, the past is seen as the source of our wants and of our ways of behaving, not as a cause.

This is because it is our present perceptions that influence our present behaviour and so it is these current perceptions that the reality therapy practitioner helps the client to work through.

Criticisms

Reality therapy at present is little known, and little tested. Its "one answer solves all" approach is likely to receive criticism similar to many other "one answer solves all" schools of therapy.

An opposing view to this is, that many other schools of therapy (especially cognitive approaches) focus on the present rather than the past, and that the concept of disconnection (or failure to

correctly perceive how motive and inner need/intent are linked), is in some form or other, at the root of dysfunction is also considered not unusual, according to several other accepted schools of therapy, from transpersonal psychology through neuro-linguistic programming to transactional analysis.

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