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## Reality Therapy and the Labyrinth: A Strategy for Practice

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*This paper presents a strategy for the use of the labyrinth as an adjunctive feature of reality therapy (RT). The introduction of the paper overviews complementary and alternative practices and positions labyrinth work within this context. A literature review that includes brief descriptions of RT and the person-in-environment perspective, history of the labyrinth, and uses of the labyrinth for various purposes will be explained. A discussion of the walking and finger types of labyrinths that are useful for therapy will be presented. The stages of labyrinth work in the context of RT will be described. Implications for the use of the labyrinth as an adjunctive method will be explored.*

**KEYWORDS** *Reality therapy, labyrinth, walking labyrinth, finger labyrinth*

During the past 14 years, labyrinth walking has been included as a component of complementary and alternative medicine offered at a number of medical centers through the United States. The first labyrinth was built in 1997 at California Pacific Medical Center in San Francisco (Scherwitz et al., 2003) as part of an integrative medicine clinic. The contemporary use of the labyrinth has been primarily focused on meditation, healing, and psychotherapy (Artress, 1995; Johnson, 2001). At one psychiatric hospital in the southeast United States, the labyrinth is placed in the hospital gymnasium the last week of each month for individuals to walk (personal communication with Reverend Jeanne Miller-Clark, 2002). Reverend Miller-Clark reported

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that clients experiencing depression, anxiety, and life transitions have found the labyrinth to be helpful as an adjunctive part of psychotherapy with their therapists. The labyrinth has become more popular as an adjunctive method to psychotherapy in the mid- to late 1990s (Artress, 1995; Harris, 2002).

Complementary and alternative medicine (CAM) practices were estimated to be used by 4 of 10 adults during a 12-month period in a report published by the Centers for Disease Control (Barnes, Bloom, & Nahin, 2008). CAM includes a range of ancient to new-age approaches to prevention and treatment of disease. The various methods include mind-body-spirit therapies such as meditation; yoga; tai chi; social support; spiritual practices; *qi gong*; and labyrinth walking (Sugar, 2008). The continued use of CAM by 40% of the population suggests that these methods are effective to those engaging in the various healing practices (Barnes et al., 2008).

While the use of the labyrinth in medical settings has been of benefit to clients, the use of the labyrinth in agency and private practice settings can also be an effective adjunctive process that complements other therapeutic methods such as reality therapy (RT), narrative therapy, rationale emotive behavior therapy, and cognitive-behavioral therapy. The labyrinth provides a metaphorical stage upon which to engage in therapeutic work. The metaphor of the pathway allows clients to walk a circuitous path from the entrance to the middle of the labyrinth. While the labyrinth can be used in combination with the therapies listed above, it has the potential to be of benefit when used as an adjunctive method with a number of other therapeutic approaches as well. In this paper, RT was chosen as the therapeutic example because of its cognitive-behavioral focus and the effective manner in which the questions of RT are well constructed. RT assists the individual to gain insight and meaning as the individual works through the three stages of the labyrinth experience.

This paper will provide a review of RT, the person-in-environment perspective, and the labyrinth including the history, application, and types of labyrinths. A strategy that suggests how to apply the questions of RT will be presented and will be integrated with the beginning, middle, and ending stages of labyrinth work. Finally, the implications of applying the labyrinth as an adjunctive method in RT will be presented.

## REALITY THERAPY, PERSON-IN-ENVIRONMENT PERSPECTIVE, AND THE LABYRINTH

This literature review will discuss RT, the person-in-environment perspective, the use of the labyrinth in psychotherapy, and the association among them. The remainder of the paper will describe the process by which RT and the labyrinth can effectively be employed by the psychotherapist.

## Reality Therapy

Reality therapy (Glasser, 1967) was developed by William Glasser, who asserted, "Reality therapy teaches that we need NOT be victims of our *past* or our *present* unless we choose to be" (Glasser, n.d.). RT focuses on five needs: power, love and belonging, freedom, fun, and survival (Glasser, n.d.). The survival need is met by individuals experiencing normal life circumstances, and the other four needs (power, love and belonging, freedom, and fun) are areas in which individuals experience difficulty in social functioning (Glasser, 1967). In RT, the therapist asks the following three questions of the individual to assess whether the individual's basic needs are being met: "What do you want? What are you doing to get what you want? Is it working?"

The psychoanalytic movement has influenced the development of RT (Arlow, 2000; Glasser, n.d.). For instance, the individual is in a setting where the individual experiences spontaneous thoughts and feelings and is comfortable to share these with the therapist, who is an uncritical observer wanting to understand the individual's circumstances in order to provide guidance (Glasser, 1967). The individual gains insight through interpretation and recognizing the power of transference in the relationship between the individual and the therapist (Arlow, 2000).

While RT is a specific method of therapy that utilizes questions to process the individual's work, the labyrinth provides a stage upon which to work through the questions of RT. Like the three questions of RT, the labyrinth is completed in three stages. Stage one coincides with the first question of RT: "What do you want?" During stage one, the individual walks into the labyrinth looking to let go of things in life that are blocking the individual's path. By focusing on letting go of behaviors, beliefs, or feelings that are not working, the individual develops an image of a new direction in life. Then the individual is able to move to stage two of the labyrinth walk. Stage two takes place in the center of the labyrinth. At this stage, the individual seeks insights about the reflection that took place in stage one. "What am I doing to get what I want?" is addressed at the center of the labyrinth, which is stage two of the walk. Next, in stage three as the individual leaves the center and walks out of the labyrinth, the concentration is on the question "Is it working?" Stage three is a time in which the individual plans to emerge from the labyrinth work with a clearer understanding or insight into the concerns that were the focus of the work. The joining of RT with its three therapeutic questions and the labyrinth with its three stage process allows for individuals to holistically work through therapeutic issues.

## Person-in-Environment

The person-in-environment (PIE) perspective (Karls & O'Keefe, 2008) depicts the individual in the context of the individual's life space and focuses on

functioning in the social environment. The PIE conceptualizes the individual in relationship to the physical and social environment (Karls & O'Keefe, 2008). All elements of the environment that affect the individual are often described in an ecomap (Hartman, 1995). The ecomap illustrates persons, places, things, service providers, organizations, other resources, and situations imposing on the individual's life circumstances into a holistic picture of the individual's life space.

While the PIE is a perspective that allows practitioners to describe the individual's situation in life, the labyrinth provides a simulated space in which the individual might work. The labyrinth is a discrete instrument whose foundation is contained within a circle that has a single circuitous pathway leading inward and outward. The labyrinth provides a stage upon which the individual may encounter the various elements in the ecomap. Like the social environment, the labyrinth encompasses space where the individual can simulate strategies toward resolution of issues. This simulated experience engenders the condition for the possibility of a solution to the problem. The questions reflected upon during the labyrinth experience are essential parts of the road map to the solution of the individual's therapeutic issue(s). The walk through the labyrinth mirrors the environment of the individual's life (e.g., all of the elements of the ecomap) and can be explored in the safe confines of the labyrinthine milieu with the therapist as a fellow traveler.

## The Labyrinth

The labyrinth is an archetypal symbol of wholeness that includes an unobstructed path from the entrance to the center (Bord, 1976; Jung, 1968). Many of the walking labyrinths that have been constructed in the United States since 1995 are modeled after the 11-circuit labyrinth on the floor of Chartres Cathedral in France (see Figure 1); other labyrinth patterns image the classic 7-circuit labyrinth (see Figure 2).

## History of the Labyrinth

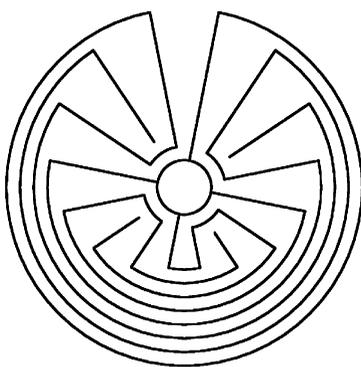
Past uses of the labyrinth have included, but are not limited to, religious ritual, time keeping, and for good luck. The earliest labyrinths were drawn on walls or other surfaces. Gambitus, an anthropologist, reported that she discovered some of the earliest evidence of labyrinth-like images on a figure in the Ukraine dated 15,000 to 18,000 BCE (as cited in Schaper & Camp, 2000). Different cultures have used the labyrinth for various purposes ranging from religious ritual to personal symbol. Full-sized walking labyrinths were developed approximately 1,500 years ago. One labyrinth was discovered



**FIGURE 1** Chartres-like eleven-circuit labyrinth (color figure available online).

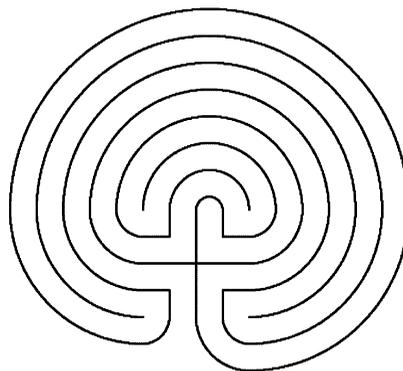
among the Nayca people who used the labyrinth for a ritual procession to honor the spirits they represented in ritual ceremonies (Westbury, 2001). The Chinese used labyrinths as a way to keep time in ceremonial rituals. In Sweden, Finland, and Estonia, labyrinths were used as symbols of protection by fisherman to insure a good catch (Westbury, 2001).

An 11-circuit labyrinth pattern was placed on the floor of Chartres Cathedral in France during the twelfth century. It has been speculated that the purpose of the labyrinth was to allow pilgrims to use it as a substitute for a pilgrimage to the Holy Land (Artress, 1995; Wallace-Murphy & Hopkins, 2009). Wallace-Murphy and Hopkins suggest that the bishop would dance through the labyrinth with parishioners as part of a religious ritual.



**Man-in-the Maze**

Southwest United States



**Classical Labyrinth**

Crete

**FIGURE 2** Classic seven-circuit labyrinth (color figure available online).

## Contemporary Application of the Labyrinth

The recent use of the labyrinth for psychotherapeutic purposes emerged in the 1990s when Reverend Lauren Artress (1995) visited Chartres Cathedral. Subsequent to her visit to France, Reverend Artress had two labyrinths of similar 11-circuit design constructed at Grace Cathedral in San Francisco. Reverend Artress is responsible for the current renewal of the use of labyrinths for spiritual, creative, and psychotherapeutic purposes. Many Chartres-like labyrinths have been built in the United States during the past 15 years. The labyrinth has been used by a number of therapists to assist clients who are seeking insight and healing (Bloos & O'Connor, 2004; Harris 1999, 2002, 2008). Reverend Miller-Clark gave an example of an individual who was able to work to resolve grief issues by walking the labyrinth (personal communication with Reverend Jeanne Miller-Clark, 2002). She reported that the grieving individual commented that the labyrinth was like the path of his life, that he realized in walking the labyrinth that life is about constant change, and that he gained an insight that allowed him to let go and move on with his life.

In the current literature, there are several studies about the use of the labyrinth as an adjunctive practice. The two-person finger labyrinth facilitates the experience of intuitive flashes and increased problem solving abilities (see Figure 3). Also *finger walking* can decrease the time required for therapeutic intervention (Harris, 2002, 2008).

Bloos and O'Connor (2004) discussed the use of the labyrinth in narrative therapy, pointing out the similarities between narrative therapy and labyrinth work. This experience offers the individual the possibility of alternative solutions to the issue(s) the individual brings to therapy. The labyrinth becomes a territory that provides a stage for a psychodrama where the individual constructs new meaning about life events (Bloos & O'Connor,



**FIGURE 3** Two-person Intuipath finger labyrinth (color figure available online).

2004). Peel (2004) observes that the use of the labyrinth can be effective in family therapy. The labyrinth becomes neutral ground in which family members can join to address problems they encounter. The labyrinth work allows the therapist to “observe family members in a situation requiring cooperation” (Peel, 2004, p. 290). Peel cautions that one must assess the family’s opinions about spiritual matters to decide whether the labyrinth might be a beneficial tool in therapy.

The review of literature about the labyrinth demonstrates that it has been used for a number of purposes through history including: protection, ritual ceremonies, good luck, spiritual and religious purposes, and healing purposes. In the late twentieth century, the discovery of the labyrinth’s adjunctive therapeutic potential has led to its use by psychotherapists, mental health therapists, and individuals who report that it has increased creativity, leads to personal insights about life direction, reduces stress, and contributes to healing and recovery from a stroke and other health conditions (Johnson, 2001).

## Types of Labyrinths

There are two types of labyrinths that can be used by therapists: the walking labyrinth and the finger labyrinth.

### WALKING LABYRINTHS

There are a growing number of public walking labyrinths across the United States and other countries. Permanent walking labyrinths can be found at churches, medical centers, rehabilitation centers, schools, and public parks. The portable walking labyrinth can be folded and moved to a location large enough to accommodate its being opened up for clients to walk. The labyrinth has been used for prayer and meditation, psychotherapy, healing, and inspiration. The kinesthetic element of the 11-circuit Chartres-like labyrinth allows the individual a significant period of time to move from beginning to the end of labyrinth work (Harris, 2008). The Chartres-like 11-circuit labyrinth is .8 mile from the entrance to the center (Artress, 1995). The pathway circles back and forth, coming close to the center and then away, finally ending in the center space. This process is accomplished by the individual’s focusing on a particular question or questions while walking. For instance, the individual may focus on the question: “What do I want in life?”

### FINGER LABYRINTHS

The finger labyrinth works the same way as a walking labyrinth (Harris, 2008); however, there are a few distinctive characteristics of the finger labyrinth. First, it is easier to access than walking labyrinths that may not

be readily available. Second, it is convenient to secure confidentiality as it can be used in the closed setting of the office. Third, it can provide two approaches, either the single or the two-person labyrinth. Harris's (2008) two-person labyrinth allows the therapist and individual to rest the labyrinth on their laps and travel the path in tandem while working on therapeutic issues. Harris (2008) asserts that the use of the two-person labyrinth leads to relaxation and more quickly allows for the establishment of rapport between therapist and individual.

### The Labyrinth Experience

The questions of RT fit well within the labyrinth experience. The authors have adapted four questions of RT (Beck, 1997; Turnage, Jacinto, & Kirven, 2003; Wubbolding & Brickell, 1997) and have configured them according to the beginning, middle, and end stages of the labyrinth walk and debriefing period after the individual completes labyrinth work. Generally, the time for an individual to walk the labyrinth may vary from 30 to 50 minutes. However, it should be noted that the time it takes to complete labyrinth work with an individual will vary greatly depending on the individual; therefore, it is important for the therapist to be flexible based on the differences among individuals and the time it will take them to complete their work. The stages of labyrinth work will be presented in this paper including the questions that are appropriate for each particular stage.

#### PREPARATION FOR THE LABYRINTH WALK AND PROCESSING OF THE EXPERIENCE

The therapist must decide whether using the labyrinth may be beneficial to an individual. The discretion of the therapist is important in considering the following: (1) readiness for labyrinth work; (2) need to refocus therapeutic work; (3) past therapeutic experiences, current therapeutic performance, and openness to new challenge; and (4) of central importance, the therapist's past experience with similar situations with regard to the use of the labyrinth. The optimal timing to use the labyrinth in therapy would vary depending on the individual; however, it might be effectively used at the early part of the working stage of therapy. First, the trajectory of therapy unfolds in stages and, prior to the use of the labyrinth, the therapist would establish rapport with the individual. Second, the therapist will complete an assessment and develop an intervention plan. Next, during the beginning of therapeutic work, the therapist will have the individual articulate the problem. While there may be optimal moments for the use of the labyrinth, the therapist should use discretion as to when and whether it would be appropriate. The labyrinth

experience generates therapeutic material that will be processed during the remainder of the time the individual is in therapy. In some circumstances, the individual may walk the labyrinth multiple times during therapy. The number of sessions required to work through life issues will vary so the labyrinth experience may be effectively used in the early or middle stage of work.

### Description of the Labyrinth Experience in the Context of Therapy

If the individual is willing to engage in labyrinth work, the therapist explains how the labyrinth works. The following is a script the therapist might use:

The labyrinth is a pathway that you will walk from the entry point to the center. The pathway is unobstructed; and you will be working on questions at each of the three stages of the experience. First, you will enter the labyrinth and reflect on your current circumstances that you are trying to change until you reach the center. Second, you will enter the center of the labyrinth where you will seek an insight or image that will assist you in arriving at a clear understanding. Your concern will be to determine what you are planning to do. Third, you will walk from the center back to the opening of the labyrinth. During your walk, you will reflect on how you will know if what you are doing is working and reflect on the inspirational word you select at the center. When you have completed your labyrinth walk, we will talk about your experience.

Showing a picture or sample of the labyrinth assists the individual in understanding what will be experienced (see Figures 1 and 2). The individual will identify the circuitous patterns of the labyrinth as similar to the patterns of the life path (personal communication with Reverend Jeanne Miller-Clark, 2002). The therapist reviews for the walker what to do and expect as the individual enters the labyrinth. Providing paper for notes may be helpful. The individual is aware that it is possible to stop along the way while walking the labyrinth. Times where the individual stops may be used for the purpose of reflection on an aspect of the therapeutic work.

### Beginning Stage

Reflecting on the answers to the questions of RT while traveling through the labyrinth can bring a range of insights and awarenesses about the individual's current life situation. When entering the labyrinth, the individual reflects on the question "What do I want?" The pathway into the labyrinth allows the individual to let go of and purge nonproductive ways of approaching life. This would include affective, behavioral, cognitive, emotional, and spiritual

aspects of life. In asking the question “What do I want?” the individual reviews personal goals and recognizes whether those goals are being met. The individual continues to work on letting go and seeking more productive ways of getting what is wanted in life.

### Middle Stage

The middle stage includes the time spent in the center of the labyrinth. Upon entering the center space, the individual is encouraged to savor the moment of arrival at the center by pausing for a few moments. Then, the individual is instructed to seek an insight or image that is relevant to the therapeutic quest. This activity allows the individual to anchor new insights, answers, and direction to the two questions of reflection during the beginning stage. The therapist will have the individual complete an art expression or journal notation to document the experience. The center space is a liminal place where the individual is betwixt and between being stuck within current life circumstances and moving forward. At this point, the individual can transform past ways of perceiving events into new productive ways of seeing the world and behaving in healthier ways. The center of the labyrinth is the territory in which affective, behavioral, cognitive, emotional, and spiritual transformation can take place.

The second question is “What am I doing to get what I want?” As the individual reflects on the second question, behaviors are visualized that lead to the individual’s goals. The individual then begins working on the middle stage in the experience.

At the center of the labyrinth, the therapist will engage the individual in conversation about the thoughts experienced on the walk from the entrance and insights gained. As part of the discussion, the individual and therapist will explicitly explore the questions of RT. First, “What do I want?” In response to this question, it is helpful to have the individual describe what the word *want* means with regard to therapeutic goals. Second, “What am I doing to get what I want?” The therapist has the individual construct a story that depicts successful completion of the task. Third, “How will I know if what I am doing is working?” Having the individual develop a list of behaviors and outcomes in response to the question will help anchor the experience in the memory. Engaging in a discussion of affective, behavioral, cognitive, emotional, and spiritual perspectives regarding the consequences of getting what the individual wants in a prosocial fashion will assist in shifting from unproductive to positive outcomes. The work in the center of the labyrinth is experienced as a shift in direction and is resolved with a new direction emerging from the work.

In addition to focusing on the third question of RT, the therapist will also want to have the individual select an inspirational word appropriate for the current life circumstances to carry out into the end stage of the walk. An

**TABLE 1** Inspirational Words

Ending and Beginning	Confidence	Bloom
Resilience	Discretion	Cheer
Healing	Faith	Congruence
Change of Direction	Nourish	Constancy
Meditation	New Start	Courage
Transformation	New Vision	Freedom
Self-Forgiveness	Purification	Give
Gratitude	Energy-Power	Goal in Sight
Kindness	Integrity	Harmony
Release	Responsibility	Hope
Celebrate	Encouragement	Jubilation
Inner Calling	Acceptance	Metamorphosis
Surrender	Compassion	Peace
Blessing	Abundance	Practical
Openness	Re-Birth	Prudence
Challenge	Compassion	Purpose
Forgiveness	Patience	Rejuvenation
Pride	Forgive	Relax
Humility	Integrity	Renew
Letting Go	Abundance	Serenity
Flexibility	Constancy	Spontaneity
Transcendence	Truth	Victory
Assertiveness	Boundaries	Wholesomeness

option for the therapist would be to have a container of cards with words of inspiration placed in the center of the walking labyrinth or on a table where the finger labyrinth is located. The cards might include such words as resilience, contentment, peace, letting go, joy, and other words that would uplift the individual (see Table 1). After work is completed in the center of the labyrinth, the individual is invited to take a card with an inspirational word and reflect on how the word of inspiration can be of assistance on the therapeutic journey.

### End Stage

The end stage involves walking from the center of the labyrinth to the entrance. Having defined, visualized, and planned how to manage a change in behavior, the focal question to reflect on as one journeys outward from the center will be “How will I know if what I am doing is working?” This third question of RT and the inspirational word are reflected upon in tandem as the individual walks back to the entrance of the labyrinth. On the way out, the therapist explores how the changes in feeling and shift in life circumstances would be different. It is helpful to remind the individual to reflect on the inspirational word when moving toward the exit. Upon exiting the labyrinth, the therapist may ask the individual to produce an art expression of the experience in the labyrinth. Art paper and drawing supplies may be used

to accomplish this task. The image or metaphor produced by the individual can anchor in the memory the experience of working through the questions of RT. The individual will realize there has been a shift in the perception of the issue brought to therapy. The use of the individual's metaphor in future therapeutic work will provide visual markers that can be of benefit in constructing the future. By seeing the intended future, the individual will be drawn toward the future goal or condition.

### Debriefing the Labyrinth Walk

Debriefing the labyrinth experience upon completion of the walk is critical. It is important to discuss the individual's interpretation of the questions of RT posed during the labyrinth walk. The therapist will assign homework to prepare for the next session. In order to punctuate insights, journal work will assist the individual in retelling the experience of the walk while anchoring key insights in the memory. Since the individual is to complete homework, it would be of benefit to begin the next session discussing the fourth question, "What will I do once I get what I want?" The therapist may want to explore the individual's artwork focusing on its meaning and discussing its implications for problem resolution. Also, a discussion of the inspirational word and its relevance to the individual's current life circumstances may further enhance therapeutic work.

## IMPLICATIONS FOR SOCIAL WORK PRACTICE

The PIE perspective of social work is reflected in the boundaries of the labyrinth that serve to provide a metaphorical environment that parallels the individual's current life situation. There are twists and turns and backtracking as one moves toward the center. The focus is on self-determination. The individual chooses to work the labyrinth and willingly takes part in the exercises involved in this therapeutic model. The use of the labyrinth as an adjunctive element of RT can move an individual from being stuck in verbal therapy to a place where physical movement, in association with affective, behavioral, cognitive, emotional, and spiritual processes, is able to solve the focal issues(s) of therapy.

The labyrinth provides an environment to engage in all of the senses in the individual's work. As the individual reflects on the questions of RT, a mindset that focuses on intending the resolution to the current problem is needed. The discussion includes searching for strengths the individual has demonstrated in the past when responding to adversity. The therapist assists in building on the past experiences of resilience in order to develop new strategies for dealing with life problems.

## Confidentiality

In preparing for the labyrinth walk, the therapist must consider issues related to confidentiality. When conducting labyrinth work in the therapist's office, there is little concern about confidentiality; however, if the therapist uses a public labyrinth, care must be exercised with regard to structuring a safe and confidential environment. Generally, public labyrinths are walked in silence, so there should not be conversation during the walk. The therapist would process the experience after the walk in a private place, most likely the therapist's office. It is in the safe environment of the therapist's office the individual might complete labyrinth work such as creating an art expression that represents the insights and emotions experienced on the walk.

## Benefits and Contraindications

One of the key benefits of labyrinth work is insight. Individuals who engage in labyrinth work often have flashes of insight while walking the terrain of the labyrinth. In addition, along with insights, each individual has a particular experience while walking. The combination of the experience (visual, auditory, kinesthetic) as it interacts with thoughts and a feeling assembles rich material to use in successive therapy sessions. For some individuals, the labyrinth experience may reduce the number of sessions needed to address the presenting problem (Harris, 2002, 2008).

Examples of those who can benefit from labyrinth work include those experiencing a life transition that is chosen or not, bereavement, grief, existential malaise, substance-dependent individuals who are substance-free, and individuals who are depressed or anxious and stabilized on appropriate medication. Those experiencing attachment issues could potentially benefit from labyrinth work; however, the individual's developmental level must be a factor considered by the therapist. In regard to individuals who experience trauma, the therapist would need to determine what type of trauma was experienced, the length of time the person has lived with the traumatic experience, and the potential for the individual to gain insight from the labyrinth experience. In cases of domestic violence survivors, it would be beneficial to use labyrinth work after the individual has left the abusive relationship and was in the process of reorganizing life circumstances (Turnage et al., 2003). Those who may not benefit from labyrinth work are would be those experiencing chronic and persistent mental illness, stabilized on medication, and experiencing psychotic symptoms.

## Long-term Effectiveness

The labyrinth provides a platform upon which to use the therapeutic method favored by the psychotherapist. The work can have long-term positive effects

on the individual. In walking the labyrinth, the individual learns a new skill that can be used in the future to address other life issues. Some walk the labyrinth on a regular basis (Johnson, 2001). Its multipurpose versatility supports meditation and reflection, which are exercised by many using the labyrinth under the guidance of a psychotherapist. One of the strengths is that prior to walking, the outcome of the work is uncertain, thereby offering an element of surprise as part of the experience. The pathway that goes back and forth around the circle finally arriving at the center often leads to periods of ambiguity and uncertainty during the walk. It is natural for individuals to experience the range of human emotions while engaging in labyrinth work. As with the path of life, the labyrinth walk may trigger a number of ambiguous ideas and emotions. The ambiguity becomes material for further exploration by the individual and therapist in successive therapy sessions after the initial labyrinth walk. The labyrinth walk, since it involves the entire body, imprints or anchors insights into the memory and can be retrieved when the individual experiences future situations similar to the one on which they are currently working.

## CONCLUSION

While labyrinth walking is an adjunctive method that may be used with a number of therapy methods, the questions of RT fit well with the stages encountered in the labyrinth walk. First, the individual encounters the present period in life and seeks to let go of issues on the journeys inward. Having used the strength of self-determination, the individual begins to take responsibility for the current life situation. Second, the individual enters the center space of the labyrinth, having let go of the past while seeking future direction. The center space allows the reflection on past experiences of overcoming adversity. The therapist is able to punctuate the individual's strengths in order to build additional strengths to overcome the current life challenge. The individual envisions a new direction and embraces the vision in order to move forward. While in the center of the labyrinth, an inspirational word is chosen to reflect on its relationship to the vision the individual has embraced. Third, in the walk from the center to the entrance, the environment is charged with anticipation of this new vision in response to the third question. Finally, using the fourth question of RT and the inspiration word as a focal point, the therapist debriefs the walk.

This paper provided a direction about the use of the labyrinth in RT that included the use of both the walking and finger labyrinth. Further, the questions of RT were used within the appropriate stages of the labyrinth walk. In the near future, further evidence-based research is necessary in order to determine the effectiveness of using the labyrinth with the questions of RT. Researchers might want to explore the possibilities of expanding the

use of the labyrinth with other therapeutic models such as solution-focused, rational emotional behavior therapy, and brief therapy. Future research on the use of the labyrinth in tandem with various therapeutic models will reveal its potential as an environment that produces insight and brings about change in the individual's perception of the presenting problem(s).

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