

The Effectiveness of Reality Therapy on the Improvement of Couples' Family Functioning

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Background & Aims of the Study: Disorder or disturbance in family functioning is a serious threatens for family member's mental health and community health. Current study intended to examine the reality therapy on the improvement of couple's family functioning.

Materials and methods: The design of the study is as quasi-experiment research (pre-test and post-test with follow up and control group). Statistical population consists all couples referring to the psychological and counseling centers of Rasht city in 2012. Samples were selected at first by Convenience sampling method and after completing family assessment device, and obtaining score for enter to research, were placement using random sampling method in two experimental and control groups (N = 8 couples per group). The experimental group participated in 12 sessions of group counseling based on reality therapy and control group received no intervention. The gathered data was analyzed using covariance analysis.

Results: The results show that there are significant differences between the pre-test and post test scores of the experimental group. This difference is significant at the level of 0.05. Therefore it seems that reality therapy improved the family functioning of couples.

Conclusion: The results indicated that reality therapy group counseling can improve the family functioning, thus, using this approach in order to improve and strengthen the family functioning of couples is recommended.

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Background

Many social problems such as drug addiction, divorce, severe marital conflicts, threaten the mental health of family members and also the wellbeing of whole community. In counseling process of any type, many of the problems that clients mention are rooted in family and marital relationships. People, who seek help for mental

health, often have problems with their marital relationships and family functioning. Family functioning is one of the most important indicators of mental health of family members, as well as guaranteeing the health of the community. Family dysfunction creates a lot of psychological problems in family members (1-6).

The whole family functioning can be considered based on the McMaster model in different dimension such as Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning (7). Various theories of family therapy have certain arguments and strategies. Each of them consider family and explain the family functioning in different ways. Reality therapy is one method of treatment that can be effective in improving family functioning and several researches have shown its effectiveness on family and marital quality of life (8, 9).

Glaser (1998) presented his new theory called choice theory. All the things that humans do, are behaviors And almost all of our behaviors are selected. Behavior consists of four components namely performance, thinking, feeling and physiology. Individuals could directly control on two components of performance and thinking and indirectly control on feeling and physiology. Choice theory focuses on two components of thinking and feeling. In choice theory, the emphasis is on five basic human needs. These needs are internal, universal, dynamic and consistent with each other. Survival, Love, Power, Freedom and Fun are the basic needs according to the choice theory (10).

Most couples fail because of differences in the intensity of their basic needs. If couples understand the impact of their five basic needs and by implementing the principles of choice theory from beginning of their marital life in order to satisfy their needs, in conclusion, they will make significant progress in improving marital relations (11). In other words, the main aim of choice theory is to educate the couples to learn the basic needs of themselves and their

partners, avoid the use of control methods, and try to have an appropriate choices. Choice theory with a clear structure and focuses on current problems of clients, has been used in the individual and group treatments and also in couple and family therapy. In this type of treatment, there exist the cognitive and behavioral aspects (10).

Reality therapy approach is based on choice theory and pay attention to meeting the basic needs, respecting to the rights of others, selection and control of behavior, responsibility for personal behavior, the fact of paying attention to the common sense and Value judgments about responsible behavior. In addition, based on this approach, human beings are able to learn giving and taking love, having goals and planning for them, accepting and admitting the reality, in order to acquire healthy identity (12).

Several studies have shown the effectiveness of reality therapy on reducing the family and marital problems and improving the communication and satisfaction of family members (8, 13-16). Due to the lack of skills and knowledge, many problems exist in the families. Reality therapy approach has an educational role and can be useful in prevention and solving many issues of families (13, 14). In fact, according to the several studies that have shown that reality therapy by increasing the knowledge and marital skills of couples, help them to learn and practice as well (8, 15).

Aims of the study: Reality therapy is among those theories resulted from the thoughts and studies of Western scientists and experts developed in social and cultural conditions different from Iran. Therefore, it is necessary for such theories to be tested by Iranian counselors and therapists in order to prevent any harm to the clients and clarify the extent of

their competence before supplying them to the public. Considering that the healthy functioning of family is associated with increased health and well-being of family members (1-6), this study intended to examine the effectiveness of reality therapy group counseling on the improvement of couple's family functioning.

Materials & Methods

This study is a semi-experimental research with pretest-posttest and follow-up design with control group. Convenience sampling method was used, and for the implementation of sampling an advertisement to take part in counseling group sessions was published by the researcher and distributed to psychological and counseling centers and school parents and teachers' communities. After diagnostic interviews, couples were chosen for the selection process to attend the sessions and meet the inclusion criteria (having the cut scores at pre-test questionnaire, age range of 45-20 years, awareness of the problem, and lack of acute physical and mental disorders). Selected couples were randomly assigned in an experimental and a control group. For the experimental group-counseling sessions with a reality therapy approach were held separately. Before the implementation of the independent variable (group counseling practices) pre-test (Family Assessment Device) was performed. After the implementation of the independent variable, Family Assessment Device was performed again. The results of each experimental group were compared with the control group. Furthermore, after two months in the follow-up phase Family Assessment Device was performed one more time. The measurement instrument used for the dependent variable in this study was the Family Assessment Device (FAD).

Family Assessment Device (FAD): FAD is a self-report measure based on the McMaster Model of Family Functioning (MMFF) and

describes the structural and organizational properties of the family group and the patterns of transactions among family members. The measure consists of seven scales including a General Functioning scale which incorporates items from each of the other scales. The remaining six scales assess the six dimensions of the MMFF which include: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and general functioning. FAD is comprised of 60 statements about a family; respondents are asked to rate each item on a four-point Likert-type rating scale ranging from (1) "Strongly agree" to (5) "Strongly disagree" to indicate how well each statement describes their own family. Higher scores indicate worse levels of family functioning. Through Iranian investigations, the validity and reliability of the measure were reported favorable (17).

The structure of group counseling sessions

The regularly scheduled meetings held each week for two hours had been arranged as following: in the beginning of each session, participants' questions were answered in relation to the weekly duties and their obligations of each week were checked. Then, the current session subjects were discussed with the participants, and at the end of each session adequate explanation were given regarding assignment for the next week.

First Session: introducing, expressing the rules and goals of group, strengthen the relationships of group members.

Second session: choice theory and five basic needs (Survival, Love, Power, Freedom and Fun) training, explaining about the impact of five basic needs on family functioning.

Third session: introducing and explaining about Behavior and its components namely performance, thinking, feeling and physiology.



Forth session: introducing and explaining about internal and external control.

Fifth session: training of pleasant relation and attachment between couples, introducing and explaining about destructive patterns of behaviors.

Sixth session: effective communication patterns training.

Seventh Session: surveying the behaviors of family members in order to meet their basic needs.

Eighth Session: introducing and explaining about responsive behaviors in family system.

Ninth session: Skillful questions in order to achieve the goals.

Tenth Session: discussion about the concept of creativity.

Eleventh Session: discussion about the positive changes.

Twelfth session: follow up session.

Data analysis:

The collected data were analyzed by SPSS 22 using covariance.

Table 1) Descriptive statistics on the pre-test, post-test and follow-up phases

Componen ts	Groups	Pretest		Posttest		Follow up	
		M	SD	M	S	M	SD
Problem solving	Experim ental	20.5	2.2	15. 4	2.4	16. 54	3.49
	Control	20.7	2.4	20. 8	2.9	21. 41	3.23
Communic ation	Experim ental	20.6	2.1	13. 5	2.4	14. 44	2.19
	Control	20.2	2.3	20. 3	2.0	21. 42	3.12
Role	Experim ental	28.1	2.5	15. 4	2.9	16. 45	2.81
	Control	28.3	3.1	29. 2	3.2	30. 67	3.81
Affective responsive ness	Experim ental	27.6	2.3	12. 5	1.5	13. 19	3.44
	Control	26.5	3.9	27. 9	4.0	28. 33	3.22
Affective involveme nt	Experim ental	21.7	2.6	16. 2	2.4	17. 51	2.55
	Control	21.4	2.3	21. 5	1.0	22. 57	2.38
Behavior control	Experim ental	29.8	2.3	20. 2	1.3	21. 71	3.47
	Control	29.4	3.3	29. 4	3.4	30. 26	3.22
General Functionin g	Experim ental	38.8	2.5	35. 1	3.5	36. 48	3.69
	Control	38.5	2.8	39. 1	4.2	40. 55	4.78

Variables descriptive statistics on the pre-test post-test and follow-up phases are shown in Table 1. Considering the structure of the present study which is a pretest-posttest and follow-up research with a control group, the best method to analyze the data is covariance analysis. So, before conducting the analysis, test assumptions were examined. Box test results showed that with considering the insignificance of the related amount, the homogeneity of variance covariance matrix is confirmed. The significance level of F was more than $P \geq 0.05$. Therefore, variances difference is not statistically significant and assumption of equal variances is confirmed. The results of covariance analysis are shown in Table 2.

Results

The mean age of Participant was 34.18 with a standard deviation of 3.15. Average number of children in the sample was 1.97. Majority of Participant had a diploma degree. In table 1, the descriptive data variables are reported.

Table 2) Test results of reality therapy effectiveness on the improvement family functioning dimensions at posttest

Components	Group	M	S	F	Sig	Eta																																																								
Problem solving	Experimental	15.75	2.49	5.75	0.04	0.45																																																								
	Control	20.13	2.99				Communication	Experimental	13.13	2.47	38.79	0.01	0.75	Control	20.75	2.03	Roles	Experimental	15.25	2.96	117.54	0.01	0.84	Control	29.88	3.23	Affective responsiveness	Experimental	12.38	1.51	112.31	0.01	0.84	Control	27.63	4.07	Affective involvement	Experimental	16.88	2.48	17.04	0.01	0.66	Control	21.01	1.07	Behavior Control	Experimental	20.38	1.31	38.96	0.01	0.79	Control	29.13	3.48	General functioning	Experimental	35.25	3.54	7.74	0.05
Communication	Experimental	13.13	2.47	38.79	0.01	0.75																																																								
	Control	20.75	2.03				Roles	Experimental	15.25	2.96	117.54	0.01	0.84	Control	29.88	3.23	Affective responsiveness	Experimental	12.38	1.51	112.31	0.01	0.84	Control	27.63	4.07	Affective involvement	Experimental	16.88	2.48	17.04	0.01	0.66	Control	21.01	1.07	Behavior Control	Experimental	20.38	1.31	38.96	0.01	0.79	Control	29.13	3.48	General functioning	Experimental	35.25	3.54	7.74	0.05	0.40	Control	39.63	4.22						
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	Control	29.88	3.23				Affective responsiveness	Experimental	12.38	1.51	112.31	0.01	0.84	Control	27.63	4.07	Affective involvement	Experimental	16.88	2.48	17.04	0.01	0.66	Control	21.01	1.07	Behavior Control	Experimental	20.38	1.31	38.96	0.01	0.79	Control	29.13	3.48	General functioning	Experimental	35.25	3.54	7.74	0.05	0.40	Control	39.63	4.22																
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	Control	39.63	4.22																																																											

As shown in the above table, reality group-counseling was effective on the improvement of family functioning dimensions, and the experimental group had a better performance than the control group ($P < 0.05$). In the following, the results of follow-up phase covariance analysis are reported.

Table 3) Test results of reality therapy effectiveness on the improvement family functioning dimensions at follow-up

Components	Group	M	S	F	Sig	Eta																																																								
Problem solving	Experimental	16.54	3.4	5.9	0.04	0.44																																																								
	Control	21.41	3.2				Communication	Experimental	16.45	2.8	39	0.01	0.73	Control	30.67	3.8	Roles	Experimental	17.51	2.5	115	0.01	0.82	Control	22.57	2.3	Affective responsiveness	Experimental	36.48	3.6	110	0.01	0.81	Control	40.55	4.7	Affective involvement	Experimental	14.44	2.4	13	0.01	0.61	Control	21.42	2.1	Behavior Control	Experimental	13.19	3.1	16	0.01	0.64	Control	28.33	3.2	General functioning	Experimental	21.71	3.4	4.6	0.05
Communication	Experimental	16.45	2.8	39	0.01	0.73																																																								
	Control	30.67	3.8				Roles	Experimental	17.51	2.5	115	0.01	0.82	Control	22.57	2.3	Affective responsiveness	Experimental	36.48	3.6	110	0.01	0.81	Control	40.55	4.7	Affective involvement	Experimental	14.44	2.4	13	0.01	0.61	Control	21.42	2.1	Behavior Control	Experimental	13.19	3.1	16	0.01	0.64	Control	28.33	3.2	General functioning	Experimental	21.71	3.4	4.6	0.05	0.39	Control	30.26	3.32						
Roles	Experimental	17.51	2.5	115	0.01	0.82																																																								
	Control	22.57	2.3				Affective responsiveness	Experimental	36.48	3.6	110	0.01	0.81	Control	40.55	4.7	Affective involvement	Experimental	14.44	2.4	13	0.01	0.61	Control	21.42	2.1	Behavior Control	Experimental	13.19	3.1	16	0.01	0.64	Control	28.33	3.2	General functioning	Experimental	21.71	3.4	4.6	0.05	0.39	Control	30.26	3.32																
Affective responsiveness	Experimental	36.48	3.6	110	0.01	0.81																																																								
	Control	40.55	4.7				Affective involvement	Experimental	14.44	2.4	13	0.01	0.61	Control	21.42	2.1	Behavior Control	Experimental	13.19	3.1	16	0.01	0.64	Control	28.33	3.2	General functioning	Experimental	21.71	3.4	4.6	0.05	0.39	Control	30.26	3.32																										
Affective involvement	Experimental	14.44	2.4	13	0.01	0.61																																																								
	Control	21.42	2.1				Behavior Control	Experimental	13.19	3.1	16	0.01	0.64	Control	28.33	3.2	General functioning	Experimental	21.71	3.4	4.6	0.05	0.39	Control	30.26	3.32																																				
Behavior Control	Experimental	13.19	3.1	16	0.01	0.64																																																								
	Control	28.33	3.2				General functioning	Experimental	21.71	3.4	4.6	0.05	0.39	Control	30.26	3.32																																														
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	Control	30.26	3.32																																																											

As shown in Table 3, reality group-counseling was also effective on the improvement of family functioning dimensions at follow-up ($P < 0.05$).

Discussion

The aim of current research was to investigate the effectiveness of reality therapy group counseling on family functioning of couples. Results showed that group-counseling based on reality therapy is effective on the improvement of family functioning. The results of current research in consistent with the other studies indicates that group counseling based reality therapy is effective on the improvement of Problem Solving, Communication, Roles, Affective Responsiveness and Affective Involvement, Behavior Control, and General Functioning (8, 13-16).

Choice theory makes people see problems as a challenge, without suffering severe psychological pressure, to solve their everyday problems. And also it can be said that, problem solving based on basic needs, create Interactive discussion about the need and Cause people to understand better the needs of their partners. Furthermore, it can be said that the necessary element to solve the problem based on the fundamental needs is discussion about the needs, which causes an individual to understand his partner's needs, and therefore solve the problem based on a common understanding. In addition, responsible behaviors cause couples to take heed about their responsibilities to one another (18).

Couples who are trying to control each other exploit an increasing number of violent and blaming methods against each other and their level of consistency and intimacy is low. Instead, in a marriage, that each of the spouses controls his/ her behavior, the level of blame and criticizing of the partner is little, and the level of marital harmony and intimacy is higher (19).

Roles are the repetitive patterns of behavior, which family members fulfill family functions with them. In order to keep a healthy and effective system, families are forced to apply some functions, and must be responsible in implementation of the roles. The issue also includes two essential allocations: responsibility and accountability. Among the important roles are providing resources and gender roles. Lack of sexual information and lack of sexual skills are the main reasons for the disorganization of the role and function of the family. By raising the knowledge of couples about sex, and by correcting the unrealistic sexual expectations, the sexual role of couples improves (20, 21).

The results of this study indicated that the effectiveness of group counseling in the form of reality therapy is effective in improving couples' emotional responses. In this method the quality, quantity, and appropriateness of

responses of couples to emotional stimuli are considered. In other words, the capacity of couples to emotional responses is considered (11). The ravages of marriage and marital non-satisfaction have a significant relationship with the beginning of the emotional disorders. While, the satisfactory marriages result in improving the health of marriage couples, preventing negative life events, and psychological problems. It can be said that the main objective of the choice theory is to teach couples to learn their and the basic needs of their spouses, to avoid the use of external control, and according to the concept of general behavior, to have more appropriate choices. The emotional mixture is the level of interest and concern of family to the certain activities of its members. Focus on the amount of interest to each other and how to express this interest are in a range of mixing styles. In explaining this part of the results, it can be estimated that the control reduction of spouse, the use of less destructive habits, closer attention to control own behavior, the love habits, informing partners about the severity of their needs, and a sense of responsibility in order to satisfy one's own and his/ her partner's needs can play important roles in the creation and improvement of the intimate relationship (11, 22).

The results of this study indicated an increase in control behavior. This component considers the parents' rules for their children, as well as the standards and expectations of behaviors of adults towards one another. This means that couples should be able to expect reasonable behaviors from each other, and behaviors that are not expected should be described to each other, which choice theory asserts.

Another result of the study suggests that the group therapy in the form of reality therapy has been able to increase the family's general performance. The empowerment programs, teach the skills that couples needed to face the challenges of married life, and prepares them to deal efficiently with marital problems. These

programs teach a set of skills to couples to prevent the occurrence and spread of marital problems and to improve family functioning (23, 24). One of the main reasons for the effectiveness of reality therapy in the follow up stage, is the assignments that are given to the couples. These assignments that are given to the couples provide opportunity to practice experiences. As results, they are more motivated to change.

Study limitations included the counselor's faithful emphasis on the application of the theory's techniques, due to specific requirement to conduct counseling sessions with a certain structure in terms of experimental qualifications. This study was conducted on individuals referring to counseling centers in Rasht, Iran which limited the generalizability of the study. It is recommended that similar studies be carried out in other parts of Iran, so a better judgment of the effectiveness of this method can be achieved. It is also suggested to examine the effectiveness of this approach on other various types of couples in terms of educational, cultural and employment matters.

Conclusion

Reality therapy based training is effective on the improvement of Problem Solving, Communication, Roles, Affective Responsiveness and Affective Involvement, Behavior Control, and General Functioning of couples. Using this approach is recommended in order to educate the essential skills to couples.

Footnotes

This article is excerpted from the author's Ph.D. thesis in counseling, Islamic Azad University, Science and Research Branch, Tehran, Iran. We appreciate the help of all couple participants to this study.

Conflict of Interest:

The authors declared no conflict of interest.

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