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**EFFECTIVENESS OF GROUP REALITY THERAPY ON IMPROVED INTIMACY  
AND ADJUSTMENT**

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**ABSTRACT**

The purpose of this study is to determine the effectiveness of group *reality therapy* developed by Glasser on intimacy and adjustment of couples with problems referred to the private counseling centers (Sokhan Ashna and Ra'ad) in 2014. Pre-test was performed for experiment and control groups. The independent variable which was the group *reality therapy* was examined for the experiment group. Then, post-test was performed for the experiment and control groups. The convenient method was used for sampling. WIQ and MAT were completed by 25 couples recruited to participate in counseling sessions. Of those, 20 couples with the lowest scores on WIQ and MAT were selected. Then, these 20 couples were randomly assigned to two experimental and control groups (10 couples for each group). Independent variable which was the group *reality therapy* was examined for the experiment group. Couples were trained in 8 sessions (one session per week for 1:30 h); then, post-test was run for two experimental and control groups. The control group did not receive training. The results showed that group *reality therapy* influenced intimacy and adjustment; moreover, the results were different for different genders.

**Keywords: Adjustment, intimacy, reality therapy**

## INTRODUCTION

Family, as a social institution, is becoming more complex as other social institutions; membership and continued life in a family requires more skills than before. These skills may include love, compassion and affection which can cause intimacy and vitality of the relationship [1]. One of the purposes of marriage is to achieve peace in the light of a consistent and intimate relationship. Intimacy and adjustment influence the quality of marriage. The evidence suggests that modern couples encounter severe difficulties to establish and maintain a friendly relationship [2]. The main reasons of marriage are typically love and affection, life partnership, satisfaction of emotional and psychological needs, happiness and pleasure. Fundamental changes in reasons of marriage require a change in expectations, duties, roles and skills of partners to achieve these objectives and requirements [3]. Adjustment is a process which occurs throughout the life, because it requires compliant tastes, identification of personal traits, establishment of behavioral rules and formation of relationships. Therefore, adjustment is an evolutionary process between spouses [4]. Improved relationship between spouses seems necessary to avoid the problem and have a satisfying happy life. In general, different

models and approaches have been developed to improve and enrich the marriage and the relationship between spouses [5]. One of the well-known theories is Glasser's reality therapy reality therapy which describes the behavioral problems and interpersonal relationships differently and provides different solutions for them. According to Glasser, abnormal behavior results from the failure identity, neglected reality, failure in self-evaluation and behaviors which are followed by undesirable consequences. Glasser believes that marital conflicts and problems are caused by irresponsible and incorrect behaviors. The best treatment is to change behavior by useful and constructive actions. The purpose of this study is to determine the effectiveness of group reality therapy on intimacy of couples and to determine the effectiveness of group RTon adjustment. The Glasser's reality therapy is performed on two groups of spouses with intense problems to evaluate the effect of reality therapy on improved intimacy of couples [1].

### Theoretical Background

Reality therapy focuses on solving problems and coping with the realities of the society through effective choices. This approach significantly considers the behavioral

changes to satisfy needs. RT in which realism, responsibility and knowledge of right and wrong and their relationship with everyday life are emphasized was formed by Glasser and became a special theory which is practically used in education and everyday life of people [1]. Reality therapy has been developed to help people to control their behavior and make the good choices. This theory is based on control theory, which assumes that people are responsible for their lives and what they think, feel and act [6]. Reality therapy can be used both in groups and individually to provide mental health in different organizations of a society and in schools which are an understandable, non-technical system based on common sense. It is more focused on results and success. Reality therapy states that people choose their behaviors and they are responsible for their lives, what they do, feel and think. This approach helps people to control their behavior and make better choices for their life [7]. Growth means moving forward, being aware of self, facilitating and achieving personal growth. If this growth is stopped, one loses the characteristics of spontaneity and flexibility to new experience. Glasser theory assumes that people try to control their lives and meet their needs [8.]. The most important event in the process of

growth and development is that one can achieve a successfully positive personal identity. Unadjusted personality is equal to the failure identity. Psychological problems are formed through the lack of responsibility in adopting behaviors and formal relationships. According to Glasser, there are two types of identity: success identity and failure identity. Identity is the need for being separated and distinct from others from birth to end of life; identity exists in all cultures. Identity is the way one sees himself as a human being in relation to others [9]. The basic objective of reality therapy is to find effective ways to meet the needs and learn to control life. RT believes that the two basic requirements of human include exchange of love and feeling of valuableness. These requirements are important in the formation of one's identity.

In helping people to meet their needs more effectively, reality therapy applies an educational approach. Unconscious processes and dreams do not play any role in reality therapy [8]. The goal of reality therapy is to trigger responsibility and establish a successful identity. According to control theory and reality therapy, a spouse should be aware to not to make the other spouse do something which he truly do not want to do. Adjustment is an evolutionary process

between spouses; adjustment must occur during the marriage. Adjustment needs to recognize individual differences and personality traits and form behavioral patterns and specific relationships between spouses [9]. The lack of intimacy in marriage is one of the indicators of marital problems [10].

### LITERATURE REVIEW

Wei-Hsiu and Yuan-Yu (2012) evaluated the effect of stress reality therapy on ICU nursing staff. Ahmadi (2012) studied the effectiveness of reality therapy group counseling on those students who suffer from an identity crisis and poor mental health. Nematzadeh and Hosseini Sheikhy (2014) examined the effectiveness of group reality therapy on increased happiness of 12 teachers in ten 90-minute sessions. According to Hoon Lee (2009), RT is an evolving technology for treatment of a wide range of medical and psychological conditions. Olia et al (2011) determined the effectiveness of marital enrichment on increased intimacy. A part of enrichment was conflict resolution and problem solving. Farahbakhsh and Ghanbari-Hashemabadi (2006) evaluated the effectiveness of reality therapy on reduced stress and increased intimacy after perceived infidelity.

### MATERIALS AND METHODS

Population of this study included all spouses with intense problems referred to two counselling centers, Sokhan Ashnaand Ra'ad, Tehran, in 2014 to solve their marital problems. Initially, 25 couples were recruited by convenient sampling method to participate in counseling sessions; these couples were asked to complete the Waring Intimacy Questionnaire (WIQ) and Marital Adjustment Test (MAT). Out of these 25 couples, those with the lowest scores on WIQ and MAT (20 couples) were selected for the study. Then, these 20 couples were randomly assigned to two experimental and control groups (10 couples in each group). The hypotheses are as follows:

1. Group reality therapy influences intimacy of couples.
2. Group reality therapy influences adjustment of couples.
3. Effectiveness of group reality therapy is different on intimacy of different genders.
4. Effectiveness of group reality therapy is different on adjustment of different genders.

### Reliability and Validity

In the psychological literature, MAT is known as a valid test for measuring marital satisfaction. The internal consistency was

estimated by Spearman-Brown formula and the coefficient of correlation was equal to 0.90. MAT developed by Locke and Wallace is highly valid for known groups and with different scores for adjusted or unadjusted couples. The scores of MAT are highly correlated, whereby highly valid. MAT is a scale to predict future adjustment. This test is translated into Persian and edited by Mazaheri. In another study, the validity obtained by Cronbach's alpha and split-half was 0.71 and 0.91, respectively.

## RESULTS

First, data was described by mean and standard deviation. The mean scores of intimacy were reported for the experiment and control groups in the pre-test (58.56 and 58.7, respectively) and post-test (84.5 and 57.43, respectively). The mean scores of adjustment were reported for the experiment and control groups in the pre-test (83.86 and 85.66, respectively) and post-test (90 and 86.13, respectively). The mean scores of intimacy were reported for women and men in the pre-test (59.56 and 57.7, respectively) and post-test (72.76 and 69.16, respectively). The mean scores of adjustment were reported for women and men in the pre-test (84.4 and 85.13, respectively) and post-test (91.86 and 84.86, respectively).

The hypotheses were tested by multivariate analysis of covariance (ANCOVA) because of interval data, pre-test and post-test, two experimental and control groups, as well as the effect of independent variable on the dependent variables to prevent the damage caused by pre-test to post-test. The significant levels of intimacy and adjustment (F-Levine) were  $>0.05$ ; thus, the null hypothesis was confirmed that the variances of the two groups were equal in these scores. In relation to above scores, one of the conditions of covariance was satisfied. The value of index is significant at 0.69, which is  $>0.05$ ; thus, the suggested model is fitted.

## ANALYSES

**First Hypothesis:** Group reality therapy influences intimacy of couples.

Table 1 summarizes the calculations for mutual effects of subjects for scores of intimacy. Considering the error (individual differences), the calculated level of significance ( $P=0.001$ ) is  $<0.05$ . Thus, group RT is effective (0.88) on marital intimacy. The null hypothesis is rejected by 0.95% confidence. Therefore, 88% of the total variance (individual differences) of the scores of intimacy can be explained by differences in experimental and control groups. The statistical power is equal to 1;

that is, there is a zero percent chance of Type I error.

**Second Hypothesis:** Group reality therapy influences adjustment of couples

Table 2 summarizes the calculations for mutual effects of subjects for scores of adjustment. Considering the error (individual differences), the calculated level of significance ( $P=0.001$ ) is  $<0.05$ . Thus, group RT is effective (0.19) on marital adjustment. The null hypothesis is rejected by 0.95% confidence. Therefore, 19% of the total variance (individual differences) of the scores of adjustment can be explained by differences in experimental and control groups. The statistical power is equal to 0.93; that is, there is 7% chance of Type I error.

**Third Hypothesis:** Effectiveness of group reality therapy is different on intimacy of different genders.

Table 3 summarizes the calculations for mutual effects of subjects for scores of intimacy. Considering the error (individual differences), the calculated level of significance ( $P=0.042$ ) is  $<0.05$ . Thus, gender is effective (0.07) on marital intimacy. The null hypothesis is rejected by 0.95% confidence. Therefore, 7% of the total variance (individual differences) of the scores of intimacy can be explained by

differences in women and men. The statistical power is equal to 0.53; that is, there is 47% chance of Type I error. The mean intimacy of women (72.76) is reported higher than that of men (69.16).

**Fourth Hypothesis:** Effectiveness of group reality therapy is different on adjustment of different genders.

Table 4 summarizes the calculations for mutual effects of subjects for scores of adjustment. Considering the error (individual differences), the calculated level of significance ( $P=0.001$ ) is  $<0.05$ . Thus, gender is effective (0.07) on marital adjustment. The null hypothesis is rejected by 0.95% confidence. Therefore, 7% of the total variance (individual differences) of the scores of adjustment can be explained by differences in women and men. The statistical power is equal to 0.29; that is, there is 29% chance of Type I error.

Women feel stronger empathy and adjustment than men. Women understand the inner feelings of others through facial expression, tone of voice and other nonverbal signs, at least better than men do. Generally, married women are fully trained to manage emotions; while men are not fully aware of the importance of this management for continuing marriage.

Table 1: calculations for mutual effects of RT subjects and controls for intimacy

Source	Group							Error		
Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Value	Statistical power	Sum of squares	Degree of freedom	Mean of squares
Intimacy	10915.57	1	10915.57	416.24	0.001	0.88	1	1416.09	54	26.22

P&lt;0.05

Table 2: calculations for mutual effects of RT subjects and controls for adjustment

Source	Group							Error		
Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Value	Statistical power	Sum of squares	Degree of freedom	Mean of squares
Adjustment	437.06	1	437.06	12.74	0.001	0.19	0.93	1851.85	54	34.29

P&lt;0.05

Table 3: calculations for mutual effects of women and men for intimacy

Source	Group							Error		
Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Value	Statistical power	Sum of squares	Degree of freedom	Mean of squares
Intimacy	114.005	1	114.005	4.34	0.042	0.07	0.53	1416.09	54	26.22

P&lt;0.05

Table 4: calculations for mutual effects of women and men for adjustment

Source	Group							Error		
Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Value	Statistical power	Sum of squares	Degree of freedom	Mean of squares
Adjustment	776.92	1	776.92	22.65	0.001	0.29	0.99	1851.85	54	34.29

P&lt;0.05

## DISCUSSION

1. The results obtained for the first hypothesis are consistent with Mehdizad (2013), Scott (2012), Nematzadeh and Hossein Sheikhy (2014), Peterson (1988). Moreover, Bokharaei (2006) showed that Effectiveness of group reality therapy is different on adjustment of different genders.

1. training and choice theory were effective on the reduced marital conflicts of housewives. Erfani and Akbari (2008) showed that the imago therapy on intimacy. Darbay (2007) reviewed the concepts of choice theory and Effectiveness of group reality therapy is different on adjustment of different genders.

on increased intimacy and showed that this intervention was effective on increased intimacy. Toscano (2010) found that people whose identities are not yet well formed are unstable in intimate relationships. In total, different studies available for the author suggest the significant effects of enrichment interventions on improved marital relations. Glasser theory explains how to make behavioral choices with an attempt to balance the needs. All human behaviors are to satisfy one or more basic needs, namely the need to love and be loved, freedom, entertainment, power and survival. According to Glasser theory, human control over his behavior is a conscious control, so that he chooses his own behavior and he is responsible for his choices. According to the second hypothesis, one of the fundamental aspects of adjustment is marriage. Successfully satisfactory marriage requires high level of independence and adjustment of spouses. Glasser's approach, which was educational, direct and applicable for spouses, appeared thoroughly as choice theory in recent decade. Glasser couple therapy, based on Crowe classification (1978), is a direct confronting method in which one observes and evaluates his behavior and promotes positive interpersonal behaviors. As he reports, the direct method is generally more successful

than the supportive and interpretive techniques. Couples who receive couple therapy by direct and confronting methods are more stable in the 18 months following therapy. In the case of internal and external controls, which are very similar to the concept of locus of control, many studies have been conducted that are consistent with results of the present study. According to these studies, the promoted internal locus of control increases adjustment, self-sacrifice and marital satisfaction. Several studies show that an internal locus of control is highly correlated to adjustment and self-sacrifice. Camp and Ganong (1995) showed that adjustment and self-sacrifice increased when internal locus of control promoted in both women and men. Adjustment and satisfaction are higher when the internal locus of control increases in men when compared to women. However, adjustment and self-sacrifice remain unchanged when internal locus of control increases in women. The results of the third hypothesis are consistent with Mirgain and Cordova (2007), Greef & Malherbe (2001), Larson et al (1998) and Heller and Wood (1998). To explain these findings, intimacy is different in men and women. Studies conducted on marriage have noted different styles of intimacy. For women, men are supportive, because men



discuss about their problems to find a solution. Men do not think that women bring up their problems to get close to them. Because of these differences, men mostly complain that women consistently complain and do not do anything to solve the problems. Men do not understand why women complain. Women provide a sense of intimacy by talking to friends and lovers. Men do not talk for intimacy. This can be reason for lower intimacy in men than in women. Some studies on gender differences in intimate relationships show that women gain higher scores of intimacy compared to men. Some also report that men can be intimate only in very close friendships. Some researchers believe that women are more intimate simply because intimacy has been conceptualized and measured in a biased form. Men will be as intimate as women will if intimacy includes sharing and closeness in social activities. The results of the fourth hypothesis are consistent with Mirgain and Cordova (2007), Greef and Malherbe (2001), Larson et al (1998) and Heller and Wood (1998). A study conducted on 264 couples showed that indeed the most important element for women - not men - in satisfaction with their relationship was the feeling of good relationship with their husbands. Ted Huston argues that women see intimacy and

adjustment as conversation on the problems, particularly on their relationship; however, men do not realize what their wives want. Houston has found that men are more willing to speak with their partners during the pre-marital phase; however, they spend less time to talk to their wives as soon as they marry. This increasing silence is due to the fact that men are more optimistic to their marriage. However, women, particularly in failed marriages, complain more than their husbands do. In fact, specific issues such as the frequency of sex, nurture of children, or the amount of savings and loan cannot strengthen or ruin the marriage. The decisive factor is that how spouses talk about their problems. Even an agreement on expression of disagreement can be a way to continue marriage. Couples need to overcome the internal differences in their gender when encountering strict inflexible feelings of each other.

## CONCLUSION

Observations show that women consider duplicity of men as a negative factor in their intimate relationships. For women, inconsistent couples will not experience a good life. A marriage without honesty and intimacy lacks trust and confidence full of anxiety and mental instability. For women, a complete love is first expressed by the

husband. To respond, women usually develop a mutual relationship with abundant love. A marriage will not be successfully intimate if a husband expects his wife to express love first.

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