



The effectiveness of Reality Therapy on Emotional Balance & Responsibility of adolescents

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ABSTRACT

Background and Aim: Emotional balance is an important index in the psycho-social health of adolescents, and based on this, it seems necessary to identify the effects of therapeutic approaches that can play a role in this regard. This research was conducted with the aim of investigating the effectiveness of reality therapy on the emotional balance and responsibility of adolescents. **Methods:** The research method was quasi-experimental with pre-test, post-test, follow-up test and control group. The statistical population included all teenage girls of the second secondary level of Bojnord who were studying in one of the schools of this city in the academic year of 1400-01. From among these people, 40 students who were willing to participate in the research and met the entry criteria were selected by available sampling method and were randomly divided into two groups of 20 people, experimental and control. The tools of data collection were Watson et al.'s (1988) emotional balance questionnaires and Gough et al.'s (1952) responsibility scale. The data obtained from these questionnaires were analyzed by analysis of variance with repeated measurements. **Results:** The results indicated that reality therapy is effective on the emotional balance and responsibility of adolescents ($P < 0.01$). **Conclusion:** Based on these findings, it can be said that reality therapy can have good effects on the psycho-social condition of students.



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Introduction

Adolescence is considered a sensitive and important age, and one of the particularly important structures among adolescents is emotional balance. Emotional balance is defined as a person's psychological, emotional and physical ability to show a natural reaction to natural stimuli and related factors (Al-Mashan, 2021). Emotional balance is the origin of successful behaviors and habits, and at the same time, it is appropriate for the situations that happen to the person, which results in self-esteem and self-confidence and individual success, getting pleasure from doing social activities and rational optimism and not pessimism (Daun & Jin, 2021; Hernandez et al., 2018). Emotional balance is very important in human life, and according to Daun and Jin (2012), emotional balance is the main way for a person to reach ontological security. This structure is very important in mental health and shapes the way a person is satisfied with life. According to research conducted in this field, people with higher emotional balance adapt better to life and its challenges (Bansud, 2013). Also, poor emotional balance can lead to uncontrollable behaviors, lack of impulse control, criminal behaviors, and eventually delinquency (Daun and Jin, 2021). Emotional balance and positive emotional expression are associated with increasing social competence and reducing incompatibility in different periods of life (Hernandez et al., 2018); Therefore, emotional balance is considered an important indicator in the psycho-social health of adolescents, and based on this, it seems necessary to identify the effects of therapeutic approaches that can play a role in this regard.

Another indicator that is very important in adolescence is responsibility. Responsibility has been defined as a person's continuous commitment to conduct behavior in ethical ways and by improving the quality of life of individuals and their families, as well as improving the social environment and society on a much wider scale (Chaudrelot, 2020; Korshon, Bhattacharya and Swain, 2014). Responsibility is one of the constructs that has a great impact on the social interactions of humans and determines the direction of these interactions to a large extent (Revan, 2018). The review of the research background shows that social responsibility has a significant effect on psychological health as well as the prevention of mental disorders. In this

regard, Meltzer, Bebbington, Dennis, Jenkins, McManus, and Bruga (2013) state that responsibility leads to a decrease in the feeling of loneliness in people with mental disorders and ultimately to a decrease in the amount of disorders of these people. The results of Huismans, Clement, Whiteley, Gonzalez and Sheehy's studies (2019) have also shown that people who have responsibility have higher psychological capital. Also, responsibility creates positive human relations, increases interactions, success and satisfaction (Cheng, Luano and Serafim, 2014). Therefore, responsibility is a set of social skills that can be improved and learned during the learning process. In addition, in mental health, improving social skills, improving the individual and social life of a person is effective and to some extent prevents him from developing mental disorders and problems (Chauderlot, 2020; Cohen-Almagor, 2018). Based on this, it is of special importance among teenagers and it is appropriate to pay attention to effective approaches in this structure. One of the approaches that can be effective in promoting teenagers' responsibility as well as their emotional balance and interpersonal sensitivity is reality therapy.

William Glasser developed reality therapy and is primarily designed to promote self-control and responsible decision-making. Reality therapy aims to help clients take control of their lives (Orholser, 2019; Safari, Suleimanian and Jajermi, 2021). Reality therapy is based on the opinion that people always behave in a way to control the world and themselves in order to satisfy their needs and this style of control can play a role in the occurrence of psychological problems of people (Keyboghadi, Darvizah and Asadzadeh, 2021). Nevertheless, people are able to have more satisfaction in life by accepting responsibility for their behavior (Falah et al., 2021; Sepas et al., 2021). According to reality therapy, only the person can control and control his life, not others. According to this approach, undesirable behaviors lead to unhealthy relationships (Glasser, 2013; Hunter, 2021). According to Glaser (translation by Sahibi, 2019), we need to feel valuable, and this valuable feeling requires that we have a correct evaluation of ourselves. Standards, ethics, values, or performing right and wrong behavior are the conditions for reaching a sense of worth in humans, and reality therapy addresses these issues precisely (Rosidi, Satoyo, and Parvanto,

2018; Kamsari, Keshavarz Afshar, Gadami, and Akhr, 2021). Therefore, this approach can help teenagers to deal with their upcoming crises by strengthening personal evaluation and self-control (Kim & Jang, 2019; Honeycutt & Flip, 2019; Varnier, Lamberts, and Port, 2020). Based on this, it is able to be effective in various variables among these people, while the effects of this approach among this group of society have yet to be paid much attention. Therefore, the current research, understanding this importance, seeks to find the answer to whether reality therapy is effective on adolescents' emotional balance and responsibility.

Method

The present research is one of the applied research that was carried out using a semi-experimental method. The statistical population included all teenage girls of the second secondary level of Bojnoord who were studying in one of the schools of this city in the academic year 2020-21. Among these people, 40 students willing to participate in the research and met the entry criteria were selected using the accessible method and were randomly divided into two groups of 20 people, experimental and control.

Entry criteria: female gender, at least 15 years old, no corona disease, ability to attend meetings, no incurable disease, no drug or alcohol addiction.

Exclusion criteria: suffering from corona disease or any other incurable disease, drug or alcohol addiction, absence of more than one session in the treatment process, delay of more than three sessions.

Descriptive statistics and analysis of variance with repeated measurements were used for statistical analysis and data analysis using SPSS-24 software.

Tools

1. Emotional balance questionnaire. The emotional balance scale was prepared by Watson, Clark and Telegman (1988) to evaluate positive and negative emotions. It contains 20 items, 10 words are considered for each positive and negative emotional dimension, and with those two mood dimensions, "negative emotion"

is measured by 5 words on the right side and "positive emotion" is measured by 5 words on the left side. Therefore, each subscale has 10 items. The items are on a 5-point Likert scale from 1=very little to 5=very much (Bakhshipour and Dozhkam, 2005). If the time frame refers to the current week, the state form of emotion is measured, and if a longer period of time is considered, the characteristic form is measured. The psychometric properties of the scale in Watson et al.'s research (1988) have been reported by calculating Cronbach's alpha for positive affect from 0.86 to 0.90 for negative affect from 0.84 to 0.87. In a research by Fakhri Rezaei, Pakdaman and Ebrahimi (2012), the reliability of this test was reported as 0.87 for positive affect and 0.86 for negative affect.

2. Responsibility questionnaire. This scale was developed by Gough et al. (1952). The original version of this questionnaire has 56 items that are graded as correct and incorrect, and 1 for correct and 0 for incorrect. The reliability of this questionnaire was reported by Abolhosni Ranjbar and Shariat Jafari (2012) using Cronbach's alpha coefficient of 0.81. For formal validity, the said questionnaire was given to university professors and experts after re-translation by Akbarzadeh et al. (2014). The opinions of these people in order to measure the items of each spectrum, finally led to the selection of suitable items for each spectrum and the validity of the questionnaire was confirmed. Also, in the research of Akbarzadeh et al. (2014), the reliability coefficient of this questionnaire was obtained using Cronbach's alpha method of 0.76.

3. Reality therapy protocol. The reality therapy protocol included 8 therapy sessions, which were extracted based on Glasser's therapy protocol (translation by Sahibi, 2020) and is as follows:

Table 1. Summary of reality therapy training sessions

Session	content
1	Explanation of the rules/familiarity with the group and its goals
2	Teaching the concepts of reality therapy theory, introducing why and how people behave and helping members to become more familiar with themselves and their basic needs (knowing the 5 basic human needs and examining the importance of meeting these needs).
3	Examining people's goals in life and determining their purposefulness. Teaching decision-making skills and examining changes in thoughts, feelings, actions, physiological in the present time
4	Quadruple conflicts, introduction and explanation of quadruple conflicts and compulsive behaviors - determining the level of access or failure of group members to use the current behavior and action for education

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5	Recognizing current behavior and feelings, and downplaying the past in current behavior and emphasizing internal control over employment/education.
6	Acquainting the members with their responsibilities and helping them to accept and increase their responsibility towards the choice of behaviors and solutions that lead to a tendency towards disappointment and a decrease in happiness.
7	Teaching ten principles of choice theory
8	Receiving feedback from previous meetings (reviewing previous meetings and summarizing), reviewing and re-emphasizing the acceptance of responsibility by members

Results

The mean and standard deviation of the age of the experimental group (reality therapy) was 16.45 (0.99) and the control group was 16.35 (1.09) years. In order to investigate the

differences between groups, multivariate and univariate factorial repeated measurement variance analysis was used. In order to check the normality of the distribution of the variables, the Shapiro-Wilk test was used, the results of which are presented in Table 2.

Table 2. The results of the Shapiro-Wilk test to check the normality of the distribution of variables

Variable		Reality Therapy		Control	
		Statistics	Sig	Statistics	Sig
Emotional balance	Positive emotion	0/91	0/07	0/98	0/93
	Negative emotion	0/96	0/54	0/95	0/33
Responsibility		0/94	0/27	0/94	0/24

The results of Table 2 show that the distribution of all group variables is normal ($P < 0.05$). To

check the homogeneity of variances, Levene's test of equality of variances was used.

Table 3. The results of Levene's test to check the equality of variance of Emotional balance in Reality

Variable	Pre-test		Post-test		Follow-up		
	F	Sig	F	Sig	F	Sig	
Positive	1/84		0/18	1/86	0/18	0/85	0/36
Negative	1/10		0/30	2/59	0/14	1/36	0/25
Responsibility	0/07		0/79	3/31	0/08	0/80	0/38

In this test, a significance level greater than $P < 0.05$ was obtained, which means that the data did not question the assumption of the equality of variances. To check the assumption of homogeneity of variance-covariance matrices from the M test. Box was used, the obtained significance was greater than $P < 0.05$ and the

matrices were equal ($P < 0.05$, $F = 1.30$, Box' $M = 28.15$). Examining Bartlett's sphericity hypothesis also showed a moderate and significant correlation between the dimensions of emotional balance ($P < 0.01$, $X^2 = 17.87$). In the following, the results of the multivariate test are given in Table 4.

Table 4. Examination of differences between groups in the dimensions of emotional balance and

Variable	Change source	Sum of squares	Df	Mean squares	F	Sig	Eta square
Positive emotion	Test	500/45	1/28	390/48	10/49	0/001	0/22
	Group	1116/30	1	1116/30	58/42	0/001	0/61
	Group*test	180/35	1/28	140/72	3/78	0/05	0/09
Negative emotion	Test	116/55	1/09	106/55	4/37	0/04	0/10
	Group	200/21	1	200/21	11/22	0/002	0/23
	Group*test	240/42	1/09	219/78	9/01	0/004	0/19
Responsibility	Test	1237/65	1/35	919/88	8/20	0/003	0/18

Group	2244/68	1	2244/68	21/11	0/001	0/36
Group*test	1201/65	1/35	893/12	7/97	0/003	0/17

The results of Table 4 show a significant difference between the two groups of reality therapy and control in the dimensions of emotional balance and responsibility according to the stages of the test, group membership and

the interactive effect of the test and group membership ($P < 0.05$). The results of Bonferroni's post hoc test to compare the averages according to the test stages in the reality therapy and control groups are given in Table 5.

Table 5. Bonferroni's post hoc test to compare the average dimensions of Emotional balance and Responsibility according to the stages of the test in the Reality Therapy and Control groups.

Variable	Group	Pre-test -Post-test		Pre-test-Follow-		Post-test-	
		Mean diff.	Sig	Mean diff.	Sig	Mean diff.	Sig
Positive emotion	Reality Therapy	-6/20	0/03	-7/45	0/007	-1/25	0/22
	Control	-1/95	0/50	-1/65	0/71	0/30	0/99
Negative emotion	Reality Therapy	4/10	0/05	5/70	0/007	1/60	0/001
	Control	-0/65	0/99	-1/05	0/99	-0/40	0/99
Responsibility	Reality Therapy	-13/40	0/006	-12/75	0/007	0/65	0/84
	Control	-0/45	0/99	0/30	0/99	0/75	0/99

Table 5 shows that the scores of positive affect and responsibility in the experimental group increased from pre-test to post-test and pre-test to follow-up and there is a significant difference ($P < 0.05$). However, no significant change is observed from post-test to follow-up. ($P < 0.05$). Other results regarding negative affect show that in the experimental group, from pre-test to post-test and follow-up, as well as from post-test to follow-up, the averages decreased and there is a significant difference ($P < 0.05$). This means that reality therapy is effective in responsibility in teenagers.

Conclusion

The results showed a significant difference between the two groups of reality therapy and control in the dimensions of emotional balance and responsibility according to the test stages, group membership and the interactive effect of the test and group membership. The results also show that the scores of positive affect and responsibility in the experimental group increased from pre-test to post-test and pre-test to follow-up and decreased in negative affect and there is a significant difference. However, no significant change is observed from post-test to follow-up. Therefore, reality therapy is effective on emotional balance in teenagers.

The result was consistent with the results of the following studies: Sepas et al. (2021); Fallah Baranjistanki et al. (2021); Keyghobadi et al. (2021); Kamsari et al. (2021); Safari et al. (2021); Badakhshan et al. (2021); Tahmasabzadeh et al. (2018); Rossidi et al. (2018); Orholser (2019); Kim and Jang (2019); Hunter (2021); Honeycutt and Philip (2019); and Varnier, Lamberts, and Port (2020).

In the resulting explanation, it should be said that reality therapy seeks to take responsibility in different mental and emotional dimensions, leading to the individual's internal evaluation and mastery over his thoughts and feelings (Kamsari et al., 2021; Safari et al., 2021). In this approach, the clients' abilities to control their emotions and emotions are considered, and explicit and clear ways are used to improve these abilities (Varnier et al., 2020). Reality therapy can help people to control their mild psychological and emotional disturbances and in cases where these emotional disturbances are at a deeper level such as complete withdrawal, it can successfully help people to fight with this situation. to improve their emotional performance (Kuri, translated by Seyed Mohammadi, 2021). In this approach, people learn to make better and more responsible choices in emotional situations that occur to them and increase their successful experiences in

various fields such as emotional and emotional control (Glasser, simple translation, 2018). In reality therapy, the main emphasis is on distinguishing true and positive feelings against false and negative feelings and accepting responsibility for actions corresponding to these feelings; (Reality therapy is based on the prediction that the client will accept personal responsibility for his health and this acceptance of responsibility helps the individual to strive for independence and maturity and performing these responsible actions in the emotional and emotional sphere helps the individual to cope with give more control to emotional expression (Rosidi et al., 2018; Kiqbadi et al., 2021; Glaser, special intelligent translation, 2016), which ultimately leads to a higher emotional control for the individual. It should be noted that basically reality therapy is based on Education is based on responsibility. The reality therapy approach seeks to promote a sense of self-worth among clients and therapists, and based on this approach, when a person has a sense of self-worth, he loves himself and loves others as well, which is the result of this process. It will be nothing but being accountable to yourself and others (Honeycutt & Philip, 2019).

It should be noted that reality therapy seeks to achieve a sense of freedom and autonomy. Based on this approach, when a person acts on the basis of freedom and autonomy, pursues his own life issues, and acts freely, he takes responsibility for what he does (Varnier et al., 2020). In this approach, clients discover the best possible ways to find a solution to their conflicts, and the emphasis is placed on meeting the basic needs of loving and being loved, along with a sense of worth (Corey, translated by Seyed Mohammadi, 2021; Warnier et al., 2020). Therefore, in the shadow of providing these basic needs, a person will be able to be responsible and take responsibility for his actions and thoughts (Schultz, translated by Gooderzi et al., 2021; Kim & Jang, 2019). In sum, responsibility and emotional balance are among the undeniable consequences of reality therapy and the result of the conditions that arise for the individual in the treatment environment and outside of it, in which the elements of freedom, self-worth and the need to love and be loved play a role.

Among the limitations of the current research is that only self-report tools (questionnaires) were used, the information obtained from self-reports may always be influenced by social desirability

bias and the participants in the research do not report their actual actions and behaviors. According to the research results, it is suggested to design and implement suitable support, educational, counseling and therapeutic services for students, especially teenage students, to reduce their psychological, emotional and social problems.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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