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The effectiveness of reality therapy on functional flexibility and distress tolerance of married women

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Abstract

This research aimed to determine the effectiveness of reality therapy on behavioral flexibility and distress tolerance of married women. The present research was semi-experimental with pre-test and post-test with a control group and a 2-month follow-up; The sample was selected from 38 married women who referred to counseling centers in Tehran in 2018 who responded to the functional flexibility questionnaire of Connor and Davidson (2003) and distress tolerance of Simmons and Gaher (2005). Among them, 24 women were selected and randomly replaced in two reality therapy experimental groups (12 women) and the control group (12 women). The experimental group underwent Glasser's (2008) reality therapy intervention for eight 90-minute sessions, and the control group did not receive any intervention. Data were analyzed using repeated measures mixed analysis of variance. The results indicated the effect of reality therapy intervention on flexibility ($F = 12.14$, $P = 0.004$) and distress tolerance ($F = 12.14$, $P = 0.004$) and the stability of this effect in the follow-up phase. The research results suggest evidence that reality therapy intervention is a suitable method for improving and increasing functional flexibility and distress tolerance in married women.

Keywords: *functional flexibility, distress tolerance, reality therapy.*

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Introduction

The family is the first and unique social institution that considers the health and well-being of a society to be dependent on the health and satisfaction of its members (Mikaili, Rahimi, and Sedaghat, 2017). It is necessary to strengthen family life, to make it stable and durable, and to change the type of attitude and the way couples interact with each other (Fatholeh Zadeh, Mirsifi Fard, Kazemi, Rostami, and Navabinejad, 2017). From the point of view of couple therapists, functional flexibility is one of the influential variables in marital relationships (Elliott, Hsiao, Kimbrell, DeBeer, Gulliver, et al., 2019). Functional flexibility is a broad concept. It refers to the ability to adapt the person's cognitive representations and appropriate adaptation in facing adversity and psychological trauma with any source that is meaningfully psychologically stressful (Allen & Bulk, 2018). such as family and personal severe health problems, work environment, or financial pressures.

The concept related to the flexible structure is distress tolerance, which Simmons and Gaher (2005) define as a person's ability to deal with negative emotions (Rahmati & Saber, 2017). At the same time, other perspectives consider how information is processed (Williams, Thompson, & Andrews, 2013). Research results indicate that distress tolerance affects the evaluation and consequences of experiencing negative emotions (McKillop & Devitt, 2013). Couples who have a healthy and conflict-free married life and are successful in their married life have correct communication patterns and have a more positive view of people and life. This makes them feel valued, and this valuable feeling directly affects these people's distress tolerance (Amin al-Raia, Kazemian, and Esmaeili, 2016).

One of the effective therapeutic interventions to improve the quality of marital relationships and improve marital satisfaction and functional flexibility is reality therapy intervention. Glasser (2008, quoted by Sahibi, 2015) believes in his theory that reality therapy is about choosing better; But before that, each person should understand the reason for their bad choices. The reality therapy theory says that we choose all our actions, including our feelings of misery (Khalili et al., 2016).

Reality therapy is an educational approach to improving couples' relationships, and its goal is to help couples become aware of their own reality and responsibility, explore their positive and destructive behavior, develop empathy and intimacy, and develop effective communication and problem-solving skills. Therefore, based on the research findings and literature and the importance of the further scientific investigation, this research was conducted to determine the effectiveness of reality therapy on functional flexibility and distress tolerance in women to test the following questions:

1. Does reality therapy intervention increase women's functional flexibility and distress tolerance?
2. Does the effect of reality therapy intervention on women's functional flexibility and distress tolerance remain stable in the follow-up phase?

Method

The research method was quasi-experimental with a pre-test, post-test design with a control group and a three-month follow-up and a sample was selected from among married women who had referred to the inner voice counseling centers, Rahnama and the counseling clinic of Mehr Hospital in Tehran in 2018. After the public call was announced in these centers, 38 married women who

volunteered to participate in the research, observing the principle of confidentiality and cooperation with consent, expressed their consent to complete functional flexibility and distress tolerance questionnaires. Among them, 24 women were selected according to the criteria for entering the research and were randomly assigned to two experimental groups of reality therapy (12 women) and the control group (12 women).

Materials

1. Connor-Davidson action flexibility scale. This 25-item scale was created by Connor and Davidson (2003) and measures the functional flexibility construct in five-point Likert scales ranging from 0=completely false to always true=4, and its scoring range is from 0 to 100. The reliability of this scale in this study was obtained by calculating Cronbach's alpha of 0.84.

2. Simmons and Gaher Distress Tolerance Questionnaire. This scale has 15 items by Simmons and Gaher, 2005; Was made. The items on this scale are scored based on a five-point Likert scale from 1 to 5. High scores on this scale indicate high distress tolerance. Simmons and Gaher, 2005; Cronbach's alpha coefficient of this scale was reported as 0.82, and its internal consistency after six months was 0.61 (Dry Organ, 2012). In this study, Cronbach's alpha coefficient for the total distress tolerance score was 0.89.

Findings

The Z statistic of the Kolmogorov-Smirnov test is not significant for all research variables in all groups. Therefore, it can be concluded that the distribution of variables is normal. Also, the findings showed that the F statistic of Levine's test to check the homogeneity of the variance of the variables in the research groups for the dependent variables (functional flexibility and distress tolerance) is not significant. These findings

show that the variance of these variables is homogeneous in the groups. Also, Mokhli's W statistic for functional flexibility and distress tolerance is significant at 0.01 level. This finding shows that the variance of the differences between the levels of the dependent variable is not significant. Therefore, the assumption of sphericity has been met.

The results of variance analysis of reality therapy intervention were effective on the functional flexibility score ($P = 0.001$) with an effect size of 0.38 and on distress tolerance ($P = 0.001$) with an effect size of 0.49.

The comparison of the three stages in the reality therapy test groups and the control group showed that the difference in functional flexibility and distress tolerance in the post-test and follow-up stages compared to the pre-test was significant and this effect remained stable until the follow-up stage. While in the control group, these differences are not significant.

Discussion

The results of data analysis showed that the experimental group with the reality therapy approach had an effect on increasing the flexibility of action and distress tolerance in women.

There are many traditional beliefs and schemas in the culture of cognitive systems in our country among individuals and families. Both these beliefs that refraining from expressing feelings and emotions, both positive and negative, are considered positive. Also, expressing emotions shows weakness and incapacity for them and suppressing emotions and feelings is considered a value (Borna et al., 2016). Emotional discovery, emotional-cognitive reconstruction, availability, emotional responsiveness of the spouse, creating

empathy, unconditional positive acceptance of one of the spouses leads to emotional responsiveness and expressing emotional insecurities in his spouse "completing incomplete emotional gestalts". Finally, each couple experiences an emotional safe space (Johnson, 2013). It seems that the emotional components are the most important and at the same time the foundation of married life of couples. Also, the interventions used in these approaches can play an important role in increasing the flexibility of couples' actions, considering the cognitive and emotional structure of Iranian couples (Raisi et al., 2008).

Therapists who use a reality therapy perspective help each member of the couple develop a greater capacity for commitment. They also help couples to become more aware of their initial conflicts by reviewing their personal and family past and help each other in this way. Therefore, it seems that more time and sessions are needed for reality therapy to be more effective than other modern approaches (Fatholahzadeh et al., 2017).

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

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

References

Allen, R. C., & Palk, G. (2018). Development of recommendations and guidelines for

strengthening resilience in emergency department nurses. *Traumatology*. Advance online publication.

- Andami Khoshk, A. (2013). The mediating role of resilience in the relationship between cognitive emotion regulation and distress tolerance with life satisfaction. Master's thesis, Faculty of Educational Sciences and Psychology, Allameh Tabatabai University.
- Anderson. H. (2012). *A Spirituality for Family living*. In Walsh. F. *Spiritual Resource in Family therapy*. New York: Guilford Press
- Aneesa, A., Najma, I. M., & Noreen, A. K. (2013). Family communication and family system as the predictors of family satisfaction in adolescents. *Journal of Psychology*, 10(6): 258- 264.
- Arifpour, A., Shojaei, F. S., Hatami, M., & Mahdavi, H. (2019). Prediction of resilience based on regulation of emotional cognition and guilt in women with breast cancer. *Applied Psychology Quarterly*, 13(4); 526-509.
- Borna, Mahya., Hasanabadi, H., & Ghanbari Hashimabadi, B. A. (2015). Comparing the effectiveness of group couple therapy based on emotion-oriented approach and reality therapy on marital satisfaction of couples. *Journal of Clinical Psychology*, 7(4 consecutive 28); 37-44.
- Connor, K, M; Davidson, J. R. T (2003). Development of a new resilience scale: The connor- Davidson Resilience Scale (CD-RISC). *Journal of Depression and Anxiety*, 18: 76- 82.
- Denton, W.H., Wittenborn, A.K., & Golden, R.N. (2010). Augmenting Antidepressant Medication Treatment of Depressed Women with Emotionally Focused Therapy for Couples: A Randomized Pilot Study. *Journal of Marital and Family Therapy*, 38(1), 23-38.
- Dutch, M. S., & Ratanasiripong, P. (2017). Marriage family therapist's attitudes toward evidencebased treatments and readiness for change. *Journal of Psychotherapy Integration*, 27(4), 540-547.
- Elliott, T. R., Hsiao, Y.-Y., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B., Kwok, O.-M., Morissette, S. B., & Meyer, E. C. (2019). Resilience facilitates adjustment through greater psychological flexibility among Iraq/Afghanistan war veterans with and without mild traumatic brain injury. *Rehabilitation Psychology*, 64(4), 383-397.

- Fatholahzadeh, N., Mirseififard, L. S., Kazemi, M., Saadati, N., & Navabinejad, Sh. (2017). The effectiveness of enriching married life based on choice theory on the quality of marital relationships and the intimacy of couples. *Applied Psychology Quarterly*, 11(3); 353-372.
- Glasser, W. (2008). *Theory of choice and life management*. Translation: Ali Sahebi, Publisher: Sayeh Sokhan.
- Johnson, S., & Zuccarini, D. (2010). Integrating Sex and Attachment in Emotionally Focused Couple Therapy. *Journal of Marital and Family Therapy*, 36(4), 431-445.
- Johnson, S.M. (2012). *The practice of emotionally focused couple therapy*. New York: Brunner – Rutledge.
- Keough, M.E., Riccardi, C.J., Timpano, K.R., Mitchell, M.A., & Schmidt, N.B. (2010). Anxiety Symptomatology: The Association with distress tolerance and anxiety sensitivity. *Behavior Therapy*, 41, 567-574.
- Khalili, Sh., Barzegar Kohnamoui, S., Sahebi, A., & Farahani, H. (2016). The effectiveness of intervention based on choice theory and reality therapy on marital satisfaction (single case study). *Applied Psychological Research*, 7(1): 1-24.
- MacKillop, J., & De Wit, H. (Eds). (2013). *The Wiley-Blackwell Handbook of Addiction Psychopharmacology*. John Wiley & Sons .
- Mahmoudpour, A., Farahbakhsh, K., Hosseini, B., & Baluchzadeh, E. (2018). Predicting women's marital commitment based on attachment, self-compassion and distress tolerance. *Bi-Quarterly Journal of Family Counseling and Psychotherapy*, 8(1), 84-65.
- Mohammadi, M., Jazayeri, A., Rafiei, A. H., Jokar, B., & Pourshahbaz, A. (2006). Investigating resilience factors in people at risk of drug abuse. *New Psychological Researches*, 1(2-3); 224-203.
- Nagaraja, A., Rajamma, R.N., & Viswanatha, R.S. (2012). Effect of parent's marital satisfaction, marital life period and type of family on their children mental health status. *Journal of Psychology*, 3(2):65-70.
- Rahmati, F., & Saber, S. (2017). Comparison of cognitive regulation of emotion and resilience in students addicted to the Internet and normal students. *Applied Psychology Quarterly*, 11(4); 594-579.
- Raisi, S. J., Mohammadi, K., Zarei, E., & Najarpourian, S. (2018). Comparison of the effectiveness of emotion-oriented couple therapy and the re-decision approach on increasing the resilience dimensions of married women. *Islamic Research Journal of Women and Family*, 6(12); 55-39.
- Sahebi Bazaz, L., Sudani, M., & Mehrabizadeh Honarmand, M. (2019). The effectiveness of emotion-oriented therapy on tolerance of failure and marital adjustment of couples referring to the consulting center of the oil company. *Journal of New Advances in Behavioral Sciences* 4(33); 59-83.
- Simons, J.S., Gaher, R.M.(2005). The distress tolerance scale: Development and validation of a self-report measure. *Motivation and Emotion*, 20(9), 83-102.
- Tie S, Poulsen Sh (2013). Emotionally focused couple therapy with couple's marital adjustment. *Contemporary Family Therapy*; 35(3): 393-402.
- Wiebe, A. S., & Johnson, M. S. (2017). Creating relationship that foster resilience in Emotionally Focused Therapy. *Current Opinion in Psychology*, 13, 65-69.
- Williams, A. D., Thompson, J., & Andrews, G. (2013). The impact of psychological distress tolerance in the treatment of depression. *Behaviour research and therapy*, 51(8), 469-475.
- Williamson, H. C., Rogge, R. D., Cobb, R. J., Johnson, M. D., Lawrence, E., & Bradbury, T. N. (2015). Risk moderates the outcome of relationship education: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 83(3), 617629.
- Yi-Frazier, J. P., Fladeboe, K., Klein, V., Eaton, L., Wharton, C., McCauley, E., & Rosenberg, A. R. (2017). Promoting Resilience in Stress Management for Parents (PRISM-P): An intervention for caregivers of youth with serious illness. *Families, Systems, & Health*, 35(3), 341–351.
- Zuccarini, D., Johnson, S.M., Dalgeish, T.L., & Makinen, J.A. (2013). Forgiveness and Reconciliation in Emotionally Focused Therapy for Couples: The Client Change Process and Therapist Interventions. *Journal of Marital Fam Ther*, 39(2), 14862.
- Zvolensky, M. J., Vujanovic, A. A., Bernstein, A., & Leyro, T. (2010). Distress tolerance: Theory, measurement, and relations to psychopathology. *Current Directions in Psychological Science*; 19(6), 406-410.