

The Effectiveness of Reality Therapy on Emotional Disorders of emotional Divorced Women

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Abstract

Purpose: The purpose of this study was to determine the effectiveness of therapeutic reality on decreasing Emotional Disorders of Divorce Women. **Methodology:** The research method was semi-experimental with pretest-posttest design, control and follow-up group. The statistical population of the study consisted of all women referring to counseling centers of Tehran in 1395 in 150 people who were emotionally divorced according to Gateman's 1998 emotional divorce questionnaire and 30 of them were randomly selected and replaced with random assignment and age matching in two groups (experimental and control group). Both groups responded to a difficult questionnaire as posttest for excitement regulation by Graz and Roemer (2004) after answering both groups a difficult questionnaire as posttest for excitement regulation by Graz and Roemer as a Pre-test and 8 Session selection Teaching Theory for the experimental group. The research was analyzed using multivariate analysis of variance. **Findings:** The results of the data analysis indicated that there is a significant difference between marital conflicts and marital disturbance of hope therapy group and the control group by removing the effect of pre-test variable ($P < 0.01$). **Discussion:** Divorce Women while receiving reality instructions can manage their emotions and apply them in a very authentic way and at the same time cope with their situation as a reality in their life.

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1. Introduction

Marital consistency defined as consistency of couples with everyday life and changing living conditions and proper adaptation of these conditions in a specified period (Spanier, 1976; quoted by Ozten & Cologne, 2014). Also it is a changing process, including four aspects of the performance of couples in common life include marital satisfaction, commitment to marriage, consensus and unity in marital life and manifestation and expressing emotions and feelings within marriage. Couples who agree with each other are satisfied with their marital life, express satisfaction with the personality characteristics of their partner, enjoy companionship with their family, and solve life problems together and ultimately enjoy their marital and sexual life. In this regard, some families do not have consistency and satisfaction in their marital life consequently they find no other remedy except divorce. As a result, these divorced families were emotionally disaffected and potentially find the position for emotional failure. so they need to receive some especial instruction for improvement especially reality therapy.

2. Literature review

As conflicts in couples' relationships increase, incompatibility and dissatisfaction increase too (Soleimani, Najafi, Ahmadi, Javidi, Hosseini Kamkar & et al., 2015). Divorce is one of the worst events in life and has been associated with increasing vulnerability to diseases and other causes of death, as well as an increased risk of early death (Sarbara and Kwan, 2017). Several theories have proposed in explaining the causes of divorce. A theory assumes when the exterior criteria of one of the couple's changes and chooses a better option, marital relationship becomes faint. The second theory suggests that the purpose of marriage is to achieve a high level of security and certainty, and when this does not achieve, divorce occurs. The third theory deals with learning. When couples get married, they are not well aware of the extent of their matching with others. They learn over time, and divorces occur when couples find they are not in line (Marinesco, 2017).

Separation and divorce, which today have become important events in people's lives, have put a significant number of people under the influence of economic, social and psychological consequences (Doyle & Steyr, 2014). The divorce rate in Iran is fluctuating from 11 to 16 percent according to the statistics available in different years, and the total statistics indicate that it increases (Bakhshi Pour, Asadi, Kiani, Shiralipour and Ahmad Dost, 2012). This high divorce rate in the country shows only that portion of the marital conflict that has been referred to the judicial authorities and led to the separation of couples, and it is evident that and it is evident that the existence of conflicts in families is not limited to cases of formal divorce (Gahani Dowlat Abad, 1396).

Divorce divided into two categories: 1) Obvious divorce: Divorce forms that the couples formally divorced from the court and 2) Hidden divorces: This type of divorce is not apparent for cultural, value, spiritual, barriers, and rules that are in the way of couples. In this type of divorce, couples live alone, while their other relationships completely cut off or are without enthusiasm. This type of divorce called emotional divorce (Salehi Amiri, Hekmatpour and Fadaei, 2015). Some scholars have identified emotional divorce as the first step in the process of divorce, which means that marital relationship is deteriorating and a sense of strangeness replaces it.

When people's traditional view of divorce disappears and the emotional needs of the husband and wife do not meet in the family, it exacerbates the context for emotional divorce (Parvin, Kalantari, Davoudi, and Mohammadi, 2011). Emotional divorce is one of the most stressful aspects of couples' relationships and a serious problem in Iran, which directly affects the quality of couples'

relationships (Bazuki, Tavakol and Bolaje, 2015; Talebpour, Vaziri and Marzardani, 2015). Divorced women experience sophisticated emotions, including anger, sadness and fear (James, 2015). If there is dissatisfaction and incongruity for any reason in the family, a situation of failure and anger will have provided. Anger can also cause dissatisfaction by creating anger and distress and this vicious circle adds deterioration of conditions, dissatisfaction and anger (Aftab, Karbala'i, Mohammad Majooni, and Taghi Leo, 1393). Human beings are inherently social beings. Social interactions often require the regulation of individual behavior and responses.

Therefore, individuals often (consciously and unconsciously) find themselves in exciting stimulating situations that require emotional regulation in those situations. Excitements generally viewed as responses provided by the human body and are necessary for adaptation to different challenges and needs (Kuhn, Ichhoff, Scheler, Leard, Foxx et al., 2014). According to Graz and Roemer (2004), emotional regulation is a multi-dimensional concept as follows: 1) Awareness and understanding of emotions; 2) acceptance of emotions; 3) ability to control impulsive behaviors in accordance with desired goals during the experience of negative emotions; 4) the ability to use emotional regulation strategies in positions Flexible to set up emotional responses to address environmental goals and requirements.

Approximate absence each or all of these abilities cause emotion regulation difficulties or emotional disturbance. Therapeutic reality is a method based on common sense and emotional conflict. In Glaser's view, man has two basic needs: loving and be loved. If man cannot satisfy these two basic needs, the identity of the failure will grow in him. If man cannot satisfy these two basic needs, the identity of the failure will grow in him. Failure to communicate emotionally with others makes so that the individual denies this need and avoids contact with other people and conflicts with them. In this case, the individual's attention focused on himself. In other words, "self-conflict" will find. This theory is based on the quality of identity, its formation and transformation because human behavior is unexplainable in the face of anxiety and discomfort (Smakhani Akbari Nejad, Etemadi and Nasirinejad, 1393; Jahromi and Mesinabadi, 2014).

In this regard, Qurashi and Behbodi (1396) found instruction of reality group therapy can have applied as an appropriate and effective way to increase academic self-efficacy and to regulate the excitement of students in therapeutic and clinical interventions. Achieving a safe society requires a healthy family and a healthy family can be achieved if its members have a mental health and good relationship with each other. Therefore, if family members and their relationships are healthy, they will have a positive impact on society. The most important issue in marriage and the formation of a family is peace which obtained by individuals (Nazari, Karbala'i Mohammad MiGooni, Taqi Lu and Aftab, subtitles). It looks reality therapy can be used in populations such as divorced women and women who have emotional divorces. However, in this context, there is a gap in research, so the purpose of the research was to answer the following question: Is the reality therapy has an effective role on the reduction of emotional disorder of women who have emotional divorced?

3. Methodology

Participants responded questionnaires in the form of group and researcher interviewed them about research goals and getting their informed consent after providing the same explanation for the participants who, volunteered to visit counseling centers after viewing the recall of participation in the medical reality groups. Then, among those who had emotional divorce based on emotional divorce scale, they selected according to the criteria for entering and leaving the research, and randomly assigned to two groups by matching age. The experimental group received

realistic therapy training for 120 minutes in eight weekly sessions, but no treatment didn't perform in the control group. The participants completed regulation difficulty questionnaire in both groups.

4. Finding

Mean and standard deviation of participants age of experimental and control group were respectively 33.35, 2.61, 34.87, 2.75. The two groups did not have a significant difference in mean age ($p < 0.05$, $t(28) = 0.477$). This suggests that the two groups were homogeneous in terms of age. Mean and standard deviation of participant spouses age of experimental and control group were respectively 37.60, 3.68, 37.93, and 3.30. The two groups did not differ significantly in terms of the mean age of the spouse ($p < 0.05$, $t(28) = 0.261$). The mean and standard deviation of common life years for the experimental and control group were respectively 7.86, 3.2, 8.75, 8.75 and 3.72 respectively. The two groups did not have a significant difference in terms of mean years of common life ($P < 0.05$, $t(28) = 0.538$). In the experimental group, 10 participants had one child and five participants had two children, and in the control group, 13 people had one child and two people had two children. Using Chi-square Pearson test ($\chi^2(1) = 1.677$, $P > 0.05$) showed that the two groups did not differ significantly in terms of the number of children.

Education level of eight individuals and six individuals respectively in experimental and control group was lower and bachelor degree. In addition, Education level of seven individuals and nine individuals respectively in experimental and control group was higher and master degree. Using Chi-square Pearson test ($\chi^2(1) = 0.536$, $P > 0.05$) showed the two groups did not differ significantly in terms of educational level. Education level of six participant spouses and seven participants respectively in experimental and control group was lower and bachelor degree. Education level of nine participant spouses and eight participants respectively in experimental and control group was lower and master degree. Using Chi-square Pearson test ($\chi^2(1) = 0.136$, $P > 0.05$) showed the spouses of two groups did not differ significantly in terms of educational level. Groups in two stages of pre-test and post-test.

Table 1. Mean, standard deviation and Shapiro-Wilk's index of emotional disorder components in the pre- and post-test stages

Test		Experimental group		Control group	
		Pre-test	Post-test	Pre-test	Post-test
Disapproving emotional responses	M	20.40	15.20	18.87	17.40
	S	2.59	4.38	4.53	5.45
	S-W	0.934(NS)	0.971(NS)	0.895(NS)	0.950(NS)
Difficulty in conducting purposeful behavior	M	18.27	10.20	16.87	15.92
	S	2.46	2.11	3.50	4.06
	S-W	0.914(NS)	0.931(NS)	0.987(NS)	0.982(NS)
Difficulty controlling the impulse	M	21.73	21.80	19.70	20.00
	S	2.34	1.74	4.23	4.24
	S-W	0.906(NS)	0.938(NS)	0.886(NS)	0.869($p=0.033$)
Lack of emotional awareness	M	28.47	20.60	26.73	25.80
	S	3.07	2.67	3.41	2.54
	S-W	0.924(NS)	0.954(NS)	0.869($p=0.021$)	0.920(NS)
Limited access to emotional regulation strategies	M	26.53	14.73	24.53	24.66
	S	4.48	2.84	6.30	6.00
	S-W	0.920(NS)	0.909(NS)	0.912(NS)	0.910(NS)
Lack of clarity of emotion	M	13.70	9.07	10.93	10.86
	S	3.34	1.57	3.32	2.53
	S-W	0.922(NS)	0.897(NS)	0.859($p=0.024$)	0.945(NS)

Note: Statistical index, M mean, S standard deviation, S-W Shapiro-Wilk index, NS non-significant

Table 1 shows Shapiro-Wilk's index of emotional disorder components. Indicators related to difficulty component in controlling impulse at post-test stage of control group ($p = 0.033$, $\Omega = 0.869$), Lack of emotional awareness in the pre-test stage of the control group ($p = 0.021$, $\Omega = 0.986$) and the lack of clarity of emotion in the pre-test stage of the control group ($p = 0.024$, $\Omega = 0.859$) is meaningful in level 0.05. However, with regard to the significance level, it can say that the deviation from the assumption of the normal distribution is not severe and it can expect that this amount of deviation from the assumption does not affect the results of the analysis.

A. Independence test of pre-test variables from group membership variable

Multivariate variance analysis test applied to test this assumption. Results showed value F is not significant at the level of 0.05 ($p = 0.347$, $F(6 \text{ and } 23) = 1.190$). This indicates that there is no significant difference between the two experimental and control groups in terms of the components of emotional disorder. The assumption of the independence of the pre-test variables from group membership existed among research data.

B. Equivalence test for error variances: Levene Test applied to test the equation of variance, the emotional disorder components' error in the post-test stage between two groups. Table 2 shows the results of the Levene test.

Table 2. Levene's test about the equation of error variances

Emotional Disorder Components	F	df1	df2	sig
Disapproving emotional responses	3.598	1	28	0.068
Difficulty in conducting purposeful behavior	1.319	1	28	0.261
Difficulty controlling the impulse	2.521	1	28	0.124
Lack of emotional awareness	0.007	1	28	0.933
Limited access to emotional regulation strategies	1.785	1	28	0.192
Lack of clarity of emotion	0.139	1	28	0.712

Based on the results of Table 2, the error variances of all components of emotional disorder in the post-test stage in the two experimental and control groups did not differ significantly. Therefore, the equation of error variance for all components of emotional disorder is established.

C) Homogeneity test of slope regression line. Table 3 shows the results of homogeneity test of regression line slope between pretest and posttest of emotional disorder components in two groups of experiment and control.

Table 3. Comparison of regression line slope between pre-test and post-test of emotional disorder components in both experimental and control groups

Emotional Disorder Components	F	Significance level
Disapproving emotional responses	1.287	0.283
Difficulty in conducting purposeful behavior	0.781	0.665
Difficulty controlling the impulse	1.001	0.475
Lack of emotional awareness	1.512	0.183
Limited access to emotional regulation strategies	2.146	0.058
Lack of clarity of emotion	2.523	0.027

Based on the results of table 3, only the difference of the line slope between the pre-test and the post-test of the component of emotional insufficiency in the experimental and control groups is statistically significant. However, amount of deviation from the assumption is significant at the level 0.027. Filed (2013) believes that the deviation from the assumption at levels higher than 0.01

at the time of sample size equalization can neglected. Therefore, in accordance with the Filed view (2013), this amount of deviation from the assumption does not affect the results of the analysis. In the data test, multivariate covariance analysis applied. An analysis of the homogeneity assumption of the covariance matrices observed in the dependent variables of the "M-Box" statistic showed that the above assumption was established among the data ($P = 0.075$, $F = 1.476$, $\text{Box} = M = 40.470$). In addition, the results of the Bartlett Spitt test with a degree of freedom of 20, were significant at the level of 0/01 ($\chi^2=49.971$). This indicates that there is an acceptable level of correlation between the components of emotional disorder. Following by assuring assumptions establishment between collected data, multivariate analysis of covariance performed. The results showed that the value of F ($F(6 \text{ and } 17) = 27.718$, $p < 0.01$, partial $\eta^2 = 0.907$, Wilkes Lambda = 0.093) was significant at level 0.01. One-way covariance analysis applied to know the effect of independent variable on each component of emotional disorder. Table 4 shows one-way covariance analysis in comparison of emotional disorder components in two groups.

Table 4. One-way covariance analysis in evaluating the effect of independent variable implementation on emotional disorder components in two experimental and control groups

Variables	Asbg	Mse	F	Sig	η^2
Disapproving emotional responses	109.820	14.090	7.794	0.011	0.262
Difficulty in conducting purposeful behavior	303.397	4.803	63.168	0.001	0.742
Difficulty controlling the impulse	453.350	3.792	118.554	0.001	0.845
Lack of emotional awareness	237.966	3.165	75.177	0.001	0.774
Limited access to emotional regulation strategies	872.611	7.434	117.387	0.004	0.842
Lack of clarity of emotion	48.287	2.731	17.681	0.001	0.466

Not 1: Asbg stands for mean squares between groups, Mse Stands for Mean squares of error, sig stands for Significance level, η^2 stands for partial η^2 Note2: At all levels of the dependent variable, the degree of freedom of the group is equal to one and the degree of error of error is 22.

Independent variable implementation (therapy reality) is effective on non-acceptance of emotional responses ($F(1 \text{ and } 22) = 7.794$, $p < 0.05$) at level 0.05. Also, it is effective on performing difficulty of purposeful behavior ($F(1 \text{ and } 22) = 63.168$, $p < 0.01$) at level 0.05. It is effective on controlling impulse difficulty ($F(1 \text{ and } 22) = 118.554$, $p < 0.01$), lack of emotional awareness ($F(1 \text{ and } 22) = 75.177$, $p < 0.01$), limited access to emotional regulation strategies ($F(1 \text{ and } 22) = 117.387$, $p < 0.01$) at significance level 0.05. In addition, it influenced on lack of clarity of emotion ($F(1 \text{ and } 22) = 17.681$, $p < 0.01$) at level 0.01.

Use of Benfarani's post hoc test showed that the implementation of independent variable caused to decrease mean of all components of emotional disorder. Components of emotional disorder are as following: Lack of acceptance of emotional responses ($p < 0.05$, $SE = 1.569$, $\Delta x = 4.380$), Difficulty in performing purposeful behavior ($p < 0.01$, $SE = 0.916$, $\Delta x = 7.281$), difficulty in controlling impulse ($p < 0.01$, $SE = 0.814$, $\Delta x = 8.900$), Lack of emotional awareness ($p < 0.01$, $SE = 6.448$), 0.744 limited access to emotion regulation strategies ($p < 0.01$, $SE = 1.140$, $\Delta x = 12.347$), Lack of clarity of emotion ($p < 0.01$, $SE = 12.347$, $\Delta x = 904$) in the experimental group compared to the control group.

5. Discussion

In the analysis of the data of the present study, reality therapy education decreases the mean scores of emotional disorder in women who have emotional divorce. In explaining these findings, Glaser (2003; quoted from Amiri, Agha Mohammadi Sherbaf and Kimayee, 2012) acknowledges that people can make their lives better by deliberately choosing their feelings and behaviors. In the

summary of the therapy reality, or what is later called control theory, he insists that humans always behave in such a way as to control the world and themselves as part of the world in order to maintain their essential needs (Amiri et al., 1391). The reality therapy is based on the choice theory and believes that a person has the ability to choose and can correct its mistakes to meet these needs in order to satisfy its basic needs, including social attachment (love), progress and power, freedom, recreation, and the need for survival, and by assessing self.

Learning makes control and if it is not learned, psychopathology begins, which means unsuccessful satisfaction of these needs by repeating the wrong choices of the past. Therefore, getting control over choices and accepting responsibility for choices should be the subject of therapy. Person faces reality of his behaviors and choices and realizes that he (not the others and the world) is involved in his misery by therapy reality. He must abandon denial and realize that he must learn re-evaluate his wishes and behaviors in order to be able to make better choices to achieve life satisfaction and ultimately make a more flexible, meaningful and enjoyable life (Keshavarz Akhlaghi Ethical, 1389).

The model insists that abandoning personal responsibility or blaming others or society for problems is unacceptable because behavior is eligible. Since behaviors are chosen as a way to solve the failure of an undesirable connection, then more choices should be made when interacting with people who need them in life (Ramzi, Sepehri Shamlloo, Alipour and Zare, 1393). In a summing up, therapy reality realizes to one that he can control his life. Therapy reality helps him escape control of the outside forces of the world, and he teaches that all controls apply within. The goal of the therapy reality is that the person regained control of his or her life (Ahadi, Yousefi Loyeh, Salehi and Ahmadi, 2009). Emphasis on concepts such as control, accountability and choice can affect the coping strategies and the source of control of individuals. Selection theory of psychology is the internal control (Ramsey et al., 2014).

Based on Glaser's therapeutic reality approach, identification with personal self-assessment has a profound effect on human thinking, emotion, and targeting. The person will feel responsible, in spite of knowing what he wants to make of himself. When he works for a coherent identity, he feels more self-confident and heals his cognitive development with logical decisions and organization. following ways shapes identity 1) communication and conflict with oneself and others; 2) what the person likes and the efforts they are making to accomplish; 3) what Which others think about the person; 4) self-evaluation of the individual in relation to living conditions and the social, economic, physical and dressing conditions (Shafi Abadi and Gholam Hossein Ghashghaii, 2011). Each research has its own limitations. In this research, the researcher was not able to control the possible influencing variables, such as age and sex (Winstock, Weinberg, and Smarred-Dorover, 2017; Yu, Altonan, Brunge, Ristikari, Maius et al., 2017). Therefore, the variables mentioned in the future research examined.

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