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The effectiveness of group reality therapy on mental health and self-esteem of students

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ABSTRACT

The current research was conducted with the aim of the effectiveness of group reality therapy on the students' mental health and self-esteem. The research population includes all the PNU students, Karaj branch who were studying in the educational year of 2014-2015. In this research 40 students were selected through the random sampling method available as the research sample volume. Here, 20 students were selected through random sampling method available as the research sample volume that participated in the group reality therapy and 20 more students were selected as the control group. The method applied in this research is semi empirical with two groups of experimental and control. The experimental group was placed under 9, 90 minute sessions of group reality therapy. To collect data the Goldberg 28 question general health questionnaire and the Copper Smith 58 question self-esteem questionnaire were used. To analyze data, the descriptive statistics (average, standard deviation,...) as well as inferential statistics (covariance analysis) were applied. Results indicated that the average mental health scores in the experimental group's posttest are lower than that of the posttest in the control group. Also, the average self-esteem scores in the experimental group's posttest are higher than that of the posttest in the control group. It is, thus, concluded that group reality therapy is influential in promoting the mental health and self-esteem of the students.

Keywords: group reality therapy, mental health, Self-esteem.

INTRODUCTION

With the start of the academic years, one of the most important life stages begins, because one can during the educational period prepare himself for the life after education. If people look at the educational period at the University Simply for obtaining a degree for finding a suitable job, the possibility of the fact that this period will leave amazing effects on the peoples' lives will be weak.

Reality therapy is a series of techniques, methods and instruments which aimed at helping people in order to move from ineffective behaviors towards effective behaviors, from destructive choices to constructive choices and more importantly, from a dissatisfactory lifestyle to a satisfactory one [1]. The very basis of group reality therapy is constituted by a self-evaluation process, because the environment prevailing on the group helps members of the group to have a proper assessment of their own behaviors [2]. In this treatment method, facing with reality, accepting responsibility, understanding fundamental needs, moral judgment about whether a behavior is good or no, concentrating on here and now, internal control and consequently attaining the identity of success which is directly related wit self-esteem and self-confidence are under emphasis [3]. The very basis of group reality therapy is constituted by a self-evaluation process, because the environment prevailing on the group helps members of the group to have a proper assessment of their own behaviors [2]. Using group reality therapy method is founded on some research findings which point out that the individual will create some variations in him in the light of the

existence of motivational effects of the group. Meanwhile, group activities which make the individual aware his own previous unknown problems will engender in sedation of the person, because the individual will reach this conclusion that others are also faced with such problems [4]. Reality therapy is a method based on doing. The therapist along with the client will create an acquirable program containing several positive stages, which will put him in the direction of satisfaction of the needs. Wabelling and Brickle has made use of acronym WDEP (wants, direction, self-evaluation, planning) for describing methods executed in reality therapy. Reality therapy asks some questions to discover perceptions and wants of the clients. These questions include: W: what are wants and perceptions of the client ?; D: what are clients doing in the area of doing, thinking, feeling and physiology right now?; E: How are clients doing things which get him closer to his wants and needs?; P: How should the planning be for changing [5].

Group therapy is a therapeutic method which is widely accepted and in which constructive interactions are used between members and interventions are applied for training so that members are assisted to accept responsibility against feelings of themselves encouragement in attention to reality and consequences of the current behavior and perceiving that which he thinks [6]. Reality therapy is considered as one of the most recent counseling and psychotherapy approaches and is based on theory of control and choice. It considers the cause of psychological problems in peoples' choices and personal lack of responsibility to satisfy his needs; in this therapy, it is attempted that people meet their own underlying needs through better choices. Therapists maintain that the basic problem of most therapy seekers is the loss of satisfactory relations when interacting with people to whom they [7-8]. Reality therapy is a series of theoretical and practical principles which was raised in the 50s by Glasser and by 1965, its basics was disseminated in the book of reality therapy in a coherent and organized way [9]. This approach, via publishing book of Mind Stations found a new direction. In this Book, Glasser addressed the experiment of deep personality of man and offered it under the title of Behavior control of perception psychology. This theory maintains the act of brain is to obtain perceptions in relation with that which is wanted from the environment. In other words, that which is perceived by man and not that which exists in fact and fulfills is controlled by him. Reality therapy pivot is learning a more effective choice. Instead of becoming victims of conditions out of control people will assume responsibility of their own lives [10]. For Glasser, all the acts we do are behavior and almost all our behaviors are chosen and choices are navigated with internal instincts and basic needs. The basic of reality therapy is that we are responsible against that which we decide. The fundamental assumption is that the only thing we can control is our current life of ours. Glasser's reality therapy is one of the therapeutic interventions which are common in the area of cognitive psychology for describing man; it also determines behavioral rules and the way satisfaction, success and consent is attained. In this treatment method, facing with reality, accepting responsibility, understanding fundamental needs, moral judgment about whether a behavior is good or no, concentrating on here and now, internal control and consequently attaining the identity of success which is directly related with self-esteem and self-confidence are under emphasis [10]. Reality therapy makes individual understand he can control over his life, helps him to escape being controlled by outside forces and teaches him to exercise all the controls from inside of himself. The Glasser's method teaches people to choose their own situations and accept their responsibilities. They are also taught to choose better situations and they are helped to have better choices. This therapeutic method will make people be responsible

Based on the done research such factors as self- esteem, interpersonal skills, establishing a favorable relationship, determining the goal, decision making, problem solving and determining and identifying personal values have a positive role in preventing or reducing all sorts of mental disorders and behavioral malpractices [11].

Self-esteem is the degree of value that has internal self- concept information for the person, thus, emanating from the personal beliefs about all the traits and characteristics existing in him. For mental health experts, self- concept is of great importance, because the personal conception of his own personality will greatly determine his impression with self-concept to his environment. These two factors pave the way for the type of his conducts [12]. Self-esteem is the satisfaction of the person from himself and the feeling of being valuable [13]. In other words, by self- esteem it is meant, how people think about themselves, how much they care for themselves and are pleased with their performance, how they feel with respect to familial, educational and social problems and in the end, how much the level of coordination and closeness of their ideal self and real self is [14].

Based on the humanistic theory by Maslow, when the person feels the others like him, and feels obligation, he is placed in a situation where two types of needs to respect will motivate him. Anyone needs to have value and respect for himself in the form of self- respect and needs others to respect him in the form of stature, approval and social achievement. Satisfying the needs with self-esteem allows the person to be confident of his own abilities, values, and sufficiency. This will aid him to be fruitful and meritorious in all of his life aspects. When he lacks esteem, he feels humility, desperation and hopelessness and is not that confident to get along with the problems [15]. Feelings, opinions about competencies, merits and one's traits determine self-esteem. To Laporte and Sevigny having good

self-esteem means: to be aware of one's abilities and weaknesses and to accept oneself with what is more personal and valuable. This means that to shoulder ones. Responsibilities, to approve of oneself, to respond one's needs, to have aim, and to choose ways to attain them, good self-esteem brings personal integrity and attention for others [16]. Self-esteem in addition to being part of the mental health correlates with the academic achievement. Many researchers have delved into the relationship between the positive self-esteem and high scores at school [17]. One of the main health aspects is mental health. Given the WHO's definition, mental health is defined as the competency to communicate coordinately and harmoniously with others, to reform social and personal environment, to solve conflicts and personal inclinations rationally, equally and appropriately [18]. The term mental health has an extended concept that includes mental well-being, the feeling of self-ability, sufficiency, understanding inter generation solidarity and the ability to recognize potential intelligence and emotional talents in the personal, in such a way that the person can understand his own abilities, adapt with his common life stresses and become helpful and effective professionally [19]. Today, in most countries across the world, strenuous efforts to become industrialized and higher population growth on the other hand, it is urbanization and immigration that are at the focus point. Following these fundamental changes social- mental problems as well as stresses are on the rise and the world witnesses major changes in the epidemic of the diseases and peoples' health needs so that psychological diseases are top of the list of the factors creating disability and premature deaths. High outbreaks of these diseases and chronic long term disabilities have engendered in then fact these diseases to be taken the priority of officials [20]. By the way, health is the necessary condition for playing social roles and man can have activities when he enjoys health [21].

Khaleghi Abbas Abadi addressed "The impacts of group reality therapy on increasing mental health and happiness of high school girl students" and suggested that this method has been effective on increasing mental health and happiness of high school girl students [22]. In a research, Aghaee addressed the impacts of reality therapy on increasing hopefulness and mental health and women's fertility rate receiving donated ovaries and showed that this method is effective on increasing their mental health and happiness[23]. Results by Moosavi Asl with the heading of effectiveness of training reality therapy in a group manner on responsibility taking and self-esteem of female students indicated that reality therapy will raise their responsibility taking and self-esteem. Moradi Shahr Babak et al illustrated in a research that group reality therapy will increase self-esteem among students [25]. Kim indicated that reality therapy will cause positives changes in the components of internal control, self-esteem and facing stress [26]. Peterson et al have examined the impacts of reality therapy and theory of choice on students' self-concept among Taiwan University. They presented training of choice theory and group counseling of reality therapy to 217 students[27]. These interventions were positive for helping students in order that they have achievement and positive self-concept. Findings revealed that both guidelines are effective on fostering positive self-concept of students. Kim addressed the impacts of group counseling of reality therapy on addiction level to the Internet and self-esteem of Korean students. The experimental group participated in a group counseling program of reality therapy for two days a week and for five consecutive weeks. The control group received no interventions, Findings showed that therapeutic program reduced addiction level of subjects and their self-esteem rose[28].

Many researchers have indicated that most of the mental and emotional problems and disorders have roots in social issues [29]. Thus, it can be concluded that training life skills could exert positive impacts on peoples' lives. The academic years for the students are the critical stage of mental health development. Their self-evaluation is challenged and their judgments are criticized by external factors and this period is a stage of declined self-value [30]. Also, in order to remove individualistic psychotherapy related constraints, including higher costs, shortage of proficient therapists and also the level of time needed and by considering group psychotherapy privileges like group coherence, insight and learning arising from interaction, totality as meaning having a common pain and fostering emotional evacuation, a special therapeutic approach was applied about the client thus, group reality therapy to the students that are helpful and constructive in promoting their mental health and self-esteem are of paramount importance. The paper attempts to answer the question: Is group reality therapy effective on the mental health and self-esteem of the students? Based on what went by the paper aims to study in a practical process the mental health and self-esteem of the Karaj students on two groups of control and experimental using group reality therap.

MATERIALS AND METHODS

The research population includes all the PNU B.A. students, Karaj branch who were studying in the educational year of 2014-2015. The statistical sample of the experimental group includes 20 students who voluntarily participated in the group reality therapy and the statistical sample of the control group too includes 20 students who didn't participate in the group reality therapy (they were selected randomly in hand). The experimental group was placed under 9, 90 minute sessions of group reality therapy while the control group didn't receive any training. To analyze data, the descriptive statistics (average, standard deviation,...) as well as inferential statistics (covariance analysis) were applied.

Measurement tools**General health questionnaire (GHQ)**

GHQ questionnaire was designed by Goldberg in 1972 to measure the mental health. This test has 28 questions, including four subscales of physical complaints, anxiety, social functions and depression [31]. To score, the simple Lickert method (0-1-2-3) was applied. In this test, the cutting off point for sieving has been estimated at 23 .In other words, the trainees scoring less than 23 were not qualified for the patience [32]. In examining the fourfold subscales of the physical signs, anxiety and sleeplessness, social function disorder and grave depression, if the trainee score above 14, he /she has problem with that scale, the reliability of the GHQ 28 was reported as %81 in various research [33].

Cooper Smith self-esteem questionnaire

Includes 58 items that has yes or no answers; the items of each of the subscales are: 26 item general scale, 8 item social scale, 8 item family scale, 8 item professional;-educational scales, 8 item lie scale. The subscale scores as well as the overall score will provide the possibility of determining a situation in which qualified people possess a positive understanding of themselves [34]. Cooper Smith et al, (1990), have reported the retest coefficients of this questionnaire in two stages after 5 weeks at 0/88 and at 0/70 after 3 years [35].

Summary of sessions

First session: Introducing reality therapy programs, theory of choice and doing the pretest

Second session: Regulating rules and objectives of the group and also theory of choice

Third session: Familiarity of the members with the quality off taking responsibility of their own conducts and familiarity of them with significance and necessity of responsibility taking in life

Fourth session: Introducing five basic needs of human being like love and belonging, freedom and power of choice, progress and power, recreation and physiologic need for survival

Fifth session: Familiarity of members with basic needs in a real life and the effects of basic needs in life and their ability in choosing the best way for meeting basic needs

Sixth session: Familiarity of members with the quality of planning and resolving problems in the current life

Seventh and eighth session: Familiarity with theory of choice and its role in personal behaviors, resolving conflicts, general behavior components notion of qualitative world, contradiction and the ability to face it, finding alternative activities, destructive behaviors, linking behaviors

Ninth session: Posttest administration

RESULTS

The aim of the present research was to ascertain the efficacy of group reality therapy on the metal health and self-esteem of the people addicted with drugs where information about descriptive scores on mental health and self-esteem are provided in the pretest and posttest in the control and experimental groups and results of a report on the slopes homogeneity assumption as well as the test results of the covariance analysis on the average scores of the pretest and posttest in the two groups with respect to, mental health and self-esteem are also listed.

Table 1. Descriptive information of mental health scores and self-esteem in the pretests and posttest of the control and experimental groups

Group	Stage	Mental health		Self esteem	
		Average	Standard deviation	Average	Standard deviation
Experimental	Pretest	25.5	3.45	29.1	2.31
	Posttest	17.7	2.85	33.7	2.62
Control	Pretest	25.75	3.58	29.2	2.52
	Posttest	25.1	2.75	29.15	2.11

The content of the table (1) shows the descriptive information in the pretest and posttest with regards to mental health among the control and experiment groups. The average mental health of the people in the experimental group in the pretest is 25/5 and 17/7 in the posttest while the same number for the students' mental health in the other group are 25/ 75and 25/1respectively .Also the content of the table shows the descriptive information in the pretest and posttest with regards to self -esteem among the control and experiment groups. The average Self esteem of the people in the experimental group in the pretest is 29/1 and 33/7 in the posttest while the same number for the students' Self esteem in the other group are 29/2 and 29/15 respectively.

Table 2. The results of the homogeneity of slopes assumption test

Variables	Sum of Squares	d.f	Mean Square	F	Sig	Eta square
Group	0.007	1	0.007	0.002	0.76	0.003
Pretest	131.601	1	131.601	30.836	.001	.461
Pretest* group	9.995	1	9.995	2.342	.135	.061
Error	153.640	36	4.268			

Findings of table (2) indicate that the homogeneity of slopes with the value of $F(1,36)=2/34$ for mental health has not been significant, hence, the homogeneity assumption of the regression slopes has been fulfilled for the variable of mental health. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following table (3).

Table 3. Results of the covariance analysis on the average pretest and posttest averages in the control and experimental groups with regards to mental health

Variables	changes sources	Sum of Squares	d.f	Mean Square	F	Sig	Eta square
Mental health	Pretest	134.365	1	134.365	30.382	.001	.451
	Group	527.311	1	527.311	119.232	.001	.763
	Error	163.635	37	4.423			

The content of table(3) indicates that the F value ($F=119/232$) and significance level of (0/001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, **group reality therapy** are effective on the mental health of the students.

Table 4. The results of the homogeneity of slopes assumption test

Variables	Sum of Squares	d.f	Mean Square	F	Sig.	Eta square
Group	0.006	1	0.006	0.004	0.952	0.001
Pretest	158.037	1	158.037	100.318	.000	.736
Pretest* group	1.225	1	1.225	.778	.384	.021
Error	56.713	36	1.575			

Findings of table (4) indicate that the homogeneity of slopes with the value of $F(1,36)=0/778$ for self-esteem has not been significant, hence, the homogeneity assumption of the regression slopes has been fulfilled for the variable of self-esteem. Given the above data, to examine the hypothesis in question the covariance was used whose results have been provided in the following table (5).

Table 5. Results of the covariance analysis on the average pretest and posttest averages in the control and experimental groups with regards to self-esteem

Variables	changes sources	Sum of Squares	d.f	Mean Square	F	Sig	Eta square
self-esteem	Pretest	156.812	1	156.812	100.141	.001	.730
	group	214.630	1	214.630	137.065	.001	.787
	Error	57.938	37	1.566			

The content of table (5) indicates that the F value ($F=137/065$) and significance level of (0/001) in the variable of group shows that there is difference between the two groups in the posttest. Based on the results, group reality therapy are effective on the self-esteem of the students.

DISCUSSION

The current research was conducted with the aim of the efficacy of group reality therapy on the students' mental health and self-esteem. According to the results of the research, we can understand that using group reality therapy could be effective in improving mental health and self-esteem. The results are in line with those of researches by Peterson et al [27], Kim [26], Kim [28], Mosavi Asl [24], Aghaei[23], Khaleghi Abas Abad [22], and Moradi et al [25]. To explain these findings, it can be said that, Reality therapy helps man to deeply face with reality of behaviors and choices and understand that he (not others) has a role in his own miseries. He is the one who must remove denial that he needs to learn a new assessment of his own behaviors and wants so that he can have better choices for reaching a satisfactory life and finally, to accomplish a more flexible, more meaningful and more enjoyable life. Principally, the most important problem of man and the only problem of mankind is long term dissatisfaction. The more you are dissatisfied, the more likely you will do to be better off, but it is unlikely to create a major change in your own behaviors [1]. Given that William Glasser, founder of reality therapy, states that mental problems arise from this fact that man thinks he is controlled by external forces; for example, an unhappy man blames others, society and past for his own depression and thus does not accept that responsibility. If such a person

would find out he would have chosen this situation by himself, he would certainly stand up and save himself from this situation. Reality therapy makes patient comprehend to have control over his life. It helps him to escape of being controlled by external forces and to exercise all the controls by himself. The aim of reality therapy is to help the client once again control his life. Glasser's way makes people understand that they have chosen the current situation and hence they have to accept this responsibility. The Glasser's method teaches people to choose their own situations and accept their responsibilities. They are also taught to choose better situations and they are helped to have better choices. This therapeutic method will make people be responsible.

Totally, group therapy provides an opportunity for the individual to speak about issues and problems, escape his feelings in the group and receive feedbacks. Thus, the individual, through participation in the group can strengthen his own social skills and have better relations with others. Group therapy will enable participants to form a social network with other members of the groups that he can make changes in life. Group therapy seekers could make use of group interactive interaction for increasing perception and acceptance of values and goals and learn some definite behaviors and attitudes, where this will result in improved mental health and self-esteem of students[36].

The results of the current research could have many applications for clinical psychologists, psychologists of counseling centers, students, deputyship for students' affairs, and students' deputyship of the ministry of sciences, research and technology of all the students. Lack of access to the IQ levels and exact economic and cultural situations and their impacts on the mental health and self-esteem of the students was one of the limitations. It is recommended that this subject be fulfilled at junior, high schools and in other places of the country and also, reality therapy be trained as a course credit at universities.

CONCLUSION

Group reality therapy affect positively the mental health and self-esteem of the students. Since, it is likely low mental health and self-esteem will affect the mental disorders as well as educational failure and act as obstacles on ten ways of success and achievement, thus, ways to increase self-esteem and mental health in students is of importance. In fact, Group reality therapy, by challenging negative thoughts, will boost planning for attaining goals, and strengthen self-esteem.

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