



Investigating effectiveness of group counseling with reality therapy approach on self-esteem of addicted boys having at most 20 years old

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ABSTRACT

This study is a quasi-experimental research that aimed to investigate the effectiveness of group counseling with reality therapy approach on increasing self-esteem of addicted boys having at most 20 years old. For this purpose, from those visiting public and private addiction treatment clinics and by using available sampling technique, 30 participants were selected and randomly placed into two groups: experimental and control. Data analysis showed that the self-esteem of the addicted boys who had received group counseling with reality therapy approach was significantly higher than that for those had not received group counseling with reality therapy approach. In other words, group counseling with reality therapy approach significantly increased the self-esteem of addicted boys.

Keywords: Group counseling, reality therapy, self-esteem, addiction

INTRODUCTION

Among the main objectives of every community is training people that in addition to having physical health have also social and mental health. However, many social problems threaten human societies. Because of the abundance of problems in different societies, people are not secure of these social harms and may fall within them. One of the well-known problems at the present era is drug phenomenon. Drug leads to the exploitation of people in the society, because among the prominent characteristics of addict people are inability, weakness and indifference in the face with personal, social and family issues. Drug is one of the most important problems of today's societies. Because of the geographical, political, social and cultural situations that our country has, tendency of adolescents and young people to addiction is quite likely. One of the worst disasters in human societies is the problem of drug and addiction, which deprives people from their power of thought, creativity, ability, effort and creativity and destroys the family foundation as well as endangers religious beliefs and unfortunately is growing day by day [15].

With increasing the complexity of life in the present era, the adolescent period has become longer and the border between childhood and adulthood has become more uncertain. Although the legal age of graduating from high school, university or marriage can recognize the adulthood, but none of these do not guarantee that a teenager is ready to accept some specific responsibility. A child with many of attitudes, emotions, skills and dependencies in his early period of life enter the adulthood stage, but in reality in most cases, he is not ready enough to enter this new world. So, many of youths during the ages of 20 to 30 complete those part of their skills, self-awareness and self-esteem that has not completed in the previous years.

In fact, self-esteem is the amount of value that person perceive for himself. Cooper Smith (1927) defines the self-esteem as the evaluation that individual do of himself. Pervin (2001) and theorists such as Ellis and Rogers believe that when individual in the face with problems of life do act based on awareness and relying on his capabilities

resolves the problems successfully then attributed more valuable to himself, which in turn will lead to promotion of his self-esteem.

In the reality therapy, the identity is examined from the treatment perspective and divides into two categories: success identity and failure identity. Glaser suggests that one of the main features of unsuccessful people is that they feel strongly the sense of being alone. They feel that they have many problems and difficulties in their life and when facing with the reality become unhappy, anxious and sorrowful. At the beginning, the identity of all children is the success identity, but later at the age of 4 to 5 years old, the failure identity also appears. Failure identity formation coincides with the age that the child starts going to school.

Glaser used the Choice Theory to explain addiction in 1985. This theory is used widely to treat every addicting disorder, including drugs, sexuality affairs, food and work [5]. About the causes of tendency of people to drug addiction, he believes that people with failure identity are prone to surrender, to show ill symptoms and inconsistency or even obtaining negative drug business. It is possible that these people use the surrounding and failure thoughts to reduce the pain [16].

MATERIALS AND METHODS

Population, sample and sampling method

In this study, a maximum capacity of 15 people was considered for each group, which is also desirable for considering the participant's drop. To select the sample, the available sampling method is used. After performing the test with respect to the cut-off point of 25 and with respect to the clinical interviews done with participants when filling the questionnaire, from 56 patients, 30 participant that their self-esteem score was below the cut-off point were selected and then randomly were divided into two test groups so that each group had 15 members. The reason for selecting 15 members in each group was that we had aimed to do the treatment in a group manner.

RESULTS

Cooper Smith's Self-Esteem Scale: to assess the self-esteem of participants we used the self-esteem questionnaire proposed by Cooper Smith (1967). This questionnaire has been widely used in psychological researches in recent years. Its first form has 58 items, 8 of which are lie detector. The scoring approach in this test is binary. It is obvious that the least score that an individual can have is zero and the maximum value is 50. People receiving higher scores in this test score have higher self-esteem so that those received a score lower or higher than 25 were considered as people with low and high self-esteem, respectively. The validity of the questionnaire is widely confirmed in the literature, as Kahani (1994) refer to Smith (1979), Baicher (1971), Campbell (1956) and Morsi (1971). In a research done in Iran by Poorshafei, the reliability of the questionnaire using the Split Half method was determined equal to 0.083. Nissi (1984), citing Hojatkah (1996), first translated the questionnaire and then calculated for it the reliability and validity coefficients. The validity of the test, which was calculated based on the correlations between scores of this test and scores of the final year average of 230 male and female students, was equal to 96% and 71% for boys and girls, respectively. As well as reliability of the questionnaire, using the open-test technique was obtained 90% and 92% for boys and girls, respectively.

Research's findings

A) Single variable analysis: effect of group counseling on general self-esteem

Table 1: Descriptive indicators of the scores of general self-esteem questionnaire

Average	Standard error of the mean	Confidence interval		Variables
		Lower limit	Upper limit	Group
39.154 ^a	1.324	36.437	41.871	Experimental
28.913 ^a	1.324	26.196	31.629	Control

Table 1 shows that pretest had no significant effect [$F(1,27) = 0.466, p > 0.05$]. On the other hand, there is significant difference between the experimental and control groups for the general self-esteem [$F(1, 27) = 16.3896, p < 0.05$]. In other words, experimental counseling has significant effect (37.8%) on overall self-esteem.

Table 2: Pairwise comparison of group based on scores of self-esteem questionnaire

Group (I)	Group (J)	The average difference (I-J)	Standard error of the mean	Significance ^a	Confidence interval (95%)	
					Lower limit	Upper limit
Experimental	Control	10.242*	2.53	0	5.051	15.432
Control	Experimental	-10.242*	2.53	0	-15.43	-5.051

Table 2 shows the mean and standard deviation of general self-esteem for experimental group are 39.154 and 1.324, respectively, whereas the same values for the control group are 28.913 and 1.324, respectively. These values were calculated after applying the pretest. Although has had no significance, but it has corrected the means.

B) Multi-variable analysis: effect of group counseling on self-esteem dimensions

Table 3: Descriptive indicators of pretest's score of dimensions of self-esteem group questionnaire

	Group	Mean	Standard deviation	Number
Family	Experimental	6.13	1.06	15
	Control	4.4	0.737	15
	Total	5.27	1.258	30
Education	Experimental	7.67	0.488	15
	Control	5.53	0.743	15
	Total	6.6	1.248	30
Social	Experimental	6	1.069	15
	Control	3.33	0.617	15
	Total	4.67	1.605	30
General	Experimental	18.53	2.031	15
	Control	16.47	1.685	15
	Total	17.5	2.113	30

Sources of error	The dependent variable	Total squares	Degrees of freedom	Mean squares	F	Significance	Effect magnitude
Corrected Model	Family	31.362 ^a	5	6.272	10.378	0	0.684
	Education	39.404 ^b	5	7.881	32.635	0	0.872
	Social	64.214 ^c	5	12.843	29.489	0	0.86
	General	80.458 ^d	5	16.092	7.875	0	0.621
Intercept	Family	5.328	1	5.328	8.815	0.007	0.269
	Education	2.864	1	2.864	11.858	0.002	0.331
	Social	1.339	1	1.339	3.075	0.092	0.114
	General	30.418	1	30.418	14.886	0.001	0.383
Family (pre)	Family	0.375	1	0.375	0.621	0.438	0.025
	Education	1.404	1	1.404	5.813	0.024	0.195
	Social	1.906	1	1.906	4.377	0.047	0.154
	General	0.333	1	0.333	0.163	0.69	0.007
Education (pre)	Family	1.002	1	1.002	1.658	0.21	0.065
	Education	0.43	1	0.43	1.779	0.195	0.069
	Social	0.106	1	0.106	0.243	0.626	0.01
	General	10.75	1	10.75	5.261	0.031	0.18
Social (pre)	Family	2.374	1	2.374	3.929	0.059	0.141
	Education	0.041	1	0.041	0.17	0.683	0.007
	Social	8.396	1	8.396	19.278	0	0.445
	General	7.602	1	7.602	3.72	0.066	0.134
General (pre)	Family	0.406	1	0.406	0.671	0.421	0.027
	Education	0.076	1	0.076	0.313	0.581	0.013
	Social	0.368	1	0.368	0.845	0.367	0.034
	General	15.08	1	15.08	7.38	0.012	0.235
Group	Family	1.172	1	1.172	1.94	0.176	0.075
	Education	4.699	1	4.699	19.457	0	0.448
	Social	2.292	1	2.292	5.264	0.031	0.18
	General	14.452	1	14.452	7.072	0.014	0.228
Error	Family	14.505	24	0.604			
	Education	5.796	24	0.241			
	Social	10.452	24	0.436			

Total	General	49.042	24	2.043
	Family	878	30	
	Education	1352	30	
	Social	728	30	
	General	9317	30	
Corrected total	Family	45.867	29	
	Education	45.2	29	
	Social	74.667	29	
	General	129.5	29	

^a R Squared = 0.684 (Adjusted R Squared = 0.618); ^b R Squared = 0.872 (Adjusted R Squared = 0.845); ^c R Squared = 0.860 (Adjusted R Squared = 0.831); ^d R Squared = 0.621 (Adjusted R Squared = 0.542)

Table 3 shows that the mean of experimental group ($M_e = 39.154$) is significantly greater than that of the control group ($M_c = 28.913$). In other words, the effect of experimental plan on self-esteem of experimental group has been more than that of the control group.

Table 4: The results of multi-variable test

Effect	Value	F	Hypothesis of the degrees of freedom	Error Degrees of freedom	Significance	Magnitude of effect
Intercept	Hotelling's trace 1.35	7.088 ^a	4	21	0.001	0.574
Family (pre)	Hotelling's trace 0.578	3.036 ^a	4	21	0.04	0.366
Education (pre)	Hotelling's trace 0.481	2.526 ^a	4	21	0.071	0.325
Social (pre)	Hotelling's trace 1.321	6.933 ^a	4	21	0.001	0.569
General (pre)	Hotelling's trace 0.441	2.317 ^a	4	21	0.091	0.306
Group	Hotelling's trace 1.52	7.981 ^a	4	21	0	0.603

Table 4 shows that the mean and standard deviation of the experimental group for different micro scales are as follows, family: 6.13 and 1.060; education: 7.67 and 0.488.; Social: 6 and 1.069; and the public: 18.53 and 2.031, respectively. In contrast, the mean and standard deviation of the control group for different micro scales are as follows, family: 4.40 and 0.737; education: 5.537 and 0.743; social: 3.33 and 0.617 and general: 16.47 and 1.685, respectively. For all micro scales, the mean of experimental group in pretest is greater than that for the control group.

Table 5: The variance analysis of intergroup effects

Sources of error	The dependent variable	Total squares	Degrees of freedom	Mean squares	F	Significance	Effect magnitude
Corrected Model	Family	31.362 ^a	5	6.272	10.378	0	0.684
	Education	39.404 ^b	5	7.881	32.635	0	0.872
	Social	64.214 ^c	5	12.843	29.489	0	0.86
	General	80.458 ^d	5	16.092	7.875	0	0.621
Intercept	Family	5.328	1	5.328	8.815	0.007	0.269
	Education	2.864	1	2.864	11.858	0.002	0.331
	Social	1.339	1	1.339	3.075	0.092	0.114
	General	30.418	1	30.418	14.886	0.001	0.383
Family (pre)	Family	0.375	1	0.375	0.621	0.438	0.025
	Education	1.404	1	1.404	5.813	0.024	0.195
	Social	1.906	1	1.906	4.377	0.047	0.154
	General	0.333	1	0.333	0.163	0.69	0.007
Education (pre)	Family	1.002	1	1.002	1.658	0.21	0.065
	Education	0.43	1	0.43	1.779	0.195	0.069
	Social	0.106	1	0.106	0.243	0.626	0.01
	General	10.75	1	10.75	5.261	0.031	0.18
Social (pre)	Family	2.374	1	2.374	3.929	0.059	0.141
	Education	0.041	1	0.041	0.17	0.683	0.007
	Social	8.396	1	8.396	19.278	0	0.445

	General	7.602	1	7.602	3.72	0.066	0.134
General (pre)	Family	0.406	1	0.406	0.671	0.421	0.027
	Education	0.076	1	0.076	0.313	0.581	0.013
	Social	0.368	1	0.368	0.845	0.367	0.034
	General	15.08	1	15.08	7.38	0.012	0.235
Group	Family	1.172	1	1.172	1.94	0.176	0.075
	Education	4.699	1	4.699	19.457	0	0.448
	Social	2.292	1	2.292	5.264	0.031	0.18
	General	14.452	1	14.452	7.072	0.014	0.228
Error	Family	14.505	24	0.604			
	Education	5.796	24	0.241			
	Social	10.452	24	0.436			
	General	49.042	24	2.043			
Total	Family	878	30				
	Education	1352	30				
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Corrected total	Family	45.867	29				
	Education	45.2	29				
	Social	74.667	29				
	General	129.5	29				

^a *R Squared* = 0.684 (*Adjusted R Squared* = 0.618); ^b *R Squared* = 0.872 (*Adjusted R Squared* = 0.845); ^c *R Squared* = 0.860 (*Adjusted R Squared* = 0.831); ^d *R Squared* = 0.621 (*Adjusted R Squared* = 0.542)

Box statistics shows inequality of variances. Therefore, the Hotelling's trace is considered here ($F_{(10,3748.207)} = 1.844$, $p < 0.05$).

Table 5 shows the results of multivariate test. The results of all four tests are significant, which show the lack of significant impact of pretest and appropriateness of covariance analysis for controlling it.

Table 6: Estimated values of descriptive indicators of self-esteem after correcting the effect of pretest

Dependent variable	Group	Mean	Standard error of the mean	Confidence interval (95%)	
				Lower limit	Upper limit
Family	Experimental	6.039 ^a	0.572	4.858	7.22
	Control	4.494 ^a	0.572	3.313	5.676
Education	Experimental	8.146 ^a	0.362	7.399	8.893
	Control	5.054 ^a	0.362	4.307	5.801
Social	Experimental	5.747 ^a	0.486	4.744	6.749
	Control	3.587 ^a	0.486	2.584	4.59
General	Experimental	20.211 ^a	1.052	18.039	22.383
	Control	14.789 ^a	1.052	12.617	16.961

Table 6 presents the results of variance analysis of intergroup effects of pretest and group differences, which are as follows:

1. Pretest of family dimension has significant impact on education [$F(1,24) = 5.823$, $p < 0.05$] and social [$F(1,24) = 4.377$, $p < 0.05$] dimensions.
2. Pretest of education dimension has significant impact on general dimension [$F(1,24) = 5.261$, $p < 0.05$].
3. Pretest of general dimension has significant impact on general dimension [$F(1,24) = 7.380$, $p < 0.05$].
4. There is significant difference between groups in education [$F(1,24) = 19.457$, $p < 0.01$], social [$F(1,24) = 5.264$, $p < 0.01$] and general dimensions [$F(1,24) = 7.072$, $p < 0.01$].

In order to determine the orientation of differences, multiple comparisons were performed.

Table 7: Pairwise comparisons of group for self-esteem dimensions

The dependent variable	Group (I)	Group (J)	Mean difference (I-J)	Standard error of the mean	Significance ^a
Family	Experimental	Control	1.544	1.109	0.176
	Control	Experimental	-1.544	1.109	0.176
Education	Experimental	Control	3.092 *	0.701	0
	Control	Experimental	-3.092 *	0.701	0
Social	Experimental	Control	2.160 *	0.941	0.031
	Control	Experimental	-2.160 *	0.941	0.031
General	Experimental	Control	5.423 *	2.039	0.014
	Control	Experimental	-5.423 *	2.039	0.014

In general, domestic and foreign researches done in the field of reality therapy have indicated the individual and group effectiveness of this therapy in a wide range of different areas, including

- increasing public health (Ebadian, 2006),
- increasing self-esteem [13],
- decreasing identity crisis [12],
- increasing intimacy between couples (Derby, 2007),
- reducing anxiety [6],
- decreasing tendency to smoking [14],
- the perception of prisoners of themselves (Chance, 1990),
- anxiety, self-esteem, and position of control (Bokstin, 2000),
- self-perception and self-decision (Lawrence, 2004),
- self-esteem (Randolph Sharan, 2006),
- Internet addiction [5].

The results of above studies about the effectiveness of the reality therapy are consistent with the findings of this study.

Lawrence (2004) examined the influence of advisor through reality therapy method on self-decision-making of people suffering from growth disabilities. The results of group counseling with reality therapy method on 30 adults with growth disabilities in six one-hour sessions in six weeks indicated significant differences between the status of patients before and after performing group counseling. The results showed significant increase in the rate of self-decision-making in self-perception (understanding our abilities and talents) in comparison to before and after supporting by group therapy. This study provides evidences that the use of group counseling with reality therapy technique can help to increase some of the factors related to self-decision-making of people suffering from learning disabilities.

Randolph and Shern (2006) examined effect of the use of reality therapy techniques in the classroom. They created four groups, including control, experiment, placebo and free groups, and after their evaluation concluded that score obtained for self-perception of students in different groups of the research support effectiveness of the use of reality therapy in classroom. Kim (2008) examined effectiveness of group counseling with reality therapy on the extent of Internet addiction and self-esteem among those students of Busan University that were addicted to Internet. Among 276 students of Busan University in South Korea, they selected 25 students with the mean age of 42.2 who were addicted to Internet and suffered from low self-esteem. Then, they placed them into 2 groups of control (12) and experimental (13). Members of the experimental group during five consecutive weeks and two sessions per week participated in the group reality therapy and during this period the control group did not receive any treatment. The results indicated that group reality therapy has significant effect in reducing the rate of internet addiction and increasing self-esteem in students.

The results of this study are consistent with those of previous studies, which show the effectiveness of group counseling with the approach of the reality therapy for the general, social and education scales. However, for the family scale, because of the depth and strong root of family and environmental training impacts, it needs more time for training and creating sustainable change in this context to recover the harmed self-esteem of patients and to improve and increase it. As mentioned, self-esteem and components such as accountability, internal control and reducing tendency to addiction are correlated and the qualitative world of people, i.e. their perception of themselves, is effective on their perception of themselves. If people have effective picture of themselves and if this picture is positive, then their self-esteem is more. One of the reasons that caused the scores of experimental group after 8 sessions to increase was that during these sessions, based on the theory of reality therapy and by using some

techniques and assignments it was tried to improve the sense of responsibility in clients. So that they can relying on their awareness and abilities resolve problems successfully and meet basic needs, e.g. love and belonging, the survival of power, freedom, and entertainment. In addition, it was tried to change clients' negative quality of life though replacing the album of negative images and cases causing the feelings of failure in them with successful images, good and positive memories of them. This way, by improving and strengthening the sense of self-esteem in them, they can reach to successful identity and by promoting self-esteem and creating the success identity about their perception of them they will be ready to cope with the environment and will have the confidence and ability to guide their life. Other component that was stressed in these meetings was internal control so that explanations about action, cognition, feeling and physiology were given to them and that they should. It said to them that the drivers of their lives should be themselves and should attempt for reaching to their wants or needs by using WDEP system that strengthened the sense of self-esteem and self-worth in the clients and addicted people, which led to decreased tendency of them to drugs as well as creation of a positive attitudes in them.

With respect to the results of this study and previous studies as well as what we discussed above we find the reason for increased self-esteem in the people who have use reality therapy. Given the importance of self-esteem in different area of life and its key role in the mental health of community as well as advantages of the reality therapy in a group manner, it suggests to use this method in promoting self-esteem of people in other fields such as public and private counseling centers. In addition, it suggests that school counselors and university counseling centers to include techniques of increasing self-esteem as well as individual and group techniques of reality therapy in their work programs.

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