

## The effectiveness of Reality therapy on Self-efficacy and Identity Styles of Female Students

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### Abstract

#### Background

Numerous studies have proposed reality therapy as one of the successful approaches in addressing self-efficacy, and types of identity. So, This study try to assess effectiveness of Reality therapy on Self-efficacy and Identity Styles of Female Students

**Methods:** The present study was a quasi-experimental study with pretest-posttest design and a control group. The study population included all of the second year high school female students (458) in the second district of Tehran during the academic year 2018-19, out of which 30 individuals were selected by the use of purposeful sampling method. To collect data, Self-efficacy scale and Identity styles questionnaire were used, and then the participants were randomly assigned to the two control (n=15) and experimental (n=15) groups. The experimental group received reality therapy training for ten treatment sessions (90 minutes for each session). The data were analyzed using Multivariate covariance in SPSS-23.

**Results:** The Mean  $\pm$  SD of the groups were as follows: reciprocal behavior,  $16.93 \pm 0.884$ ; reality therapy,  $16.87 \pm 0.834$  and the control group,  $17 \pm 0.926$ . The findings showed that training in reality therapy was successful on self-efficacy ( $P < 0.05$ ;  $\eta^2 = 0.27$ ;  $\eta^2 = 0.72$ ) and sample group identity ( $P < 0.05$ ;  $\eta^2 = 0.059$ ).

#### Conclusion

Psychological groups in reality therapy can be applied as an effective approach to increase self-efficacy and improve identity style and thus reduce behavioral and social damage.

**Key Words:** Female Students, Identity Styles, Reality therapy, Self-efficacy.

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## 1- INTRODUCTION

Adolescence is the transitional phase between infancy and adulthood. It includes some big changes — to the body, and how it relates to the world as a young person. For both children and their families, the many physical, behavioral, cognitive, social, and emotional changes that occur during this period will bring excitement and anxiety (1). The adolescent seeks to shape the identity of the "I" in himself, the feeling tells man, who is he, and where he stands in the social system (2). Creation of identity is one of the fundamental conditions for the formation of an accepted society in all cultures, and Erickson (1968) believes that identity formation is a lifelong process that becomes increasingly important during adolescence and perceived as self-perception (3). Adolescents should engage in the development of educational and professional goals while shaping an image of who they are and want to be. Some studies indicate that a fairly straightforward and secure identity makes people more resilient, analytical and independent in making important life decisions, while at the same time promoting a sense of competence and self-efficacy (4).

According to Erickson's theory, identity is a frame that an individual uses it to perceive personal experiences and to guide his or her existence. Moreover, if the identity properly established, it may lead to a person's proper judgment, a feeling of inner unity, and a capacity for good action (5, 6). Berzonsky's social-cognitive theory claims that in their personal settings, people have three distinct types of identity (7). This theory suggests that people with information styles tend to describe themselves with personal characteristics (my values, my goals, and my criteria) (8). Normal identity style is negatively related to openness and shows a positive relationship with the need to be closed. In

fact, such individuals respond largely to decision-making situations by following the prescriptions and expectations of important individuals and are committed to institutionalized norms or conventions or are somehow committed to identity (9).

A person with active exploration or flexible commitment style demands a high level of self-confidence. People with normal identities and information styles in day-to-day situations manage benefit from a measured and logical mechanism (10), and the result of achieving this stable identity is to build commitment to values and goals (2). Berzonsky also considers commitment as a purposeful frame of reference in which behaviors and feedback are reviewed (7-9). This controlling framework evaluates and regulates behavior. Commitment clarifies the expectations, goals, principles, and ideals that people are involved in and want to maintain. People with this style feel purposeful and oriented (2). This controlling framework evaluates and regulates behavior. It plays an effective role in shaping their identity, which is not a simple process and has different dimensions (9).

Self-efficacy beliefs are the primary and fundamental basis of human motivation, linked to numerous cognitive and motivational factors such as control of emotions (11-12). It is assumed that self-efficacy derived from social cognitive theory undergirds goal taking and decision making, and governs the drive and commitment with which one pursues activities. Self-efficacy is affected by a person's previous performance experience with related activities, as well as by other social signals obtained (13).

Adolescence is a developmental phase characterized by marked changes in the underlying behavioral and psychobiological mechanisms, due to the maturation of the neuroanatomic circuitries, the complexity of the environments and the related

developmental activities (autonomy, intimacy, etc.). Psychobiological organizations of adolescents are modulated by experiences between person and context dimensions resulting in various working habits, from positive to negative functioning (14). While the development of personality is defined by consistency, dimensions of temperament and character have different patterns of development (15). While most adolescent students may not have identifiable psychiatric problems, experts agree that puberty is a crucial period for psychological trauma. Given this wide variety of changes and transitions in this era, finding the right solutions is very important for teenagers. Deficiency in these areas has adverse effects including anomalies, anxiety feelings, temperament, interpersonal problems, and behavioral disorders (16). When they have adequate growth and skills, they may have features such as trust, confidence, self-identification, self-efficacy, and self-esteem through the processing of cognitive, motivational, and emotional skills that could be the requisite knowledge and skills for a skillful behavior (5, 6).

As research studies on the effectiveness of reality therapy on identity styles (17) and increasing self-efficacy (18, 19) have shown, it can be considered as one of the effective approaches in strengthening self-efficacy and identity style. The aim of reality therapy is to teach a person how to make more meaningful decisions to handle their lives and improve their ability to cope with life's stresses and problems (19). The adolescent students are on the verge of identifying, making important decisions for the future, gaining cognitive, emotional, and social independence from their parents and others, and being exposed to the complex dangers of the world today (20). Thus, educating them in identity formation and personality development is an inseparable part of their lives, and the lack of attention to it causes irreparable

damages to individuals and, consequently, to society (21).

A review of identity and self-efficacy styles research suggests that despite their influential role in the formation of adolescents' personality and their academic/career future, little research has been done on the impact of education and the reality treatment on the students' self-efficacy and identity styles. Such studies can be useful for teachers, administrators, and people involved in education. Based on this, the present study seeks to answer the question: Does teaching reality therapy have an effect on self-efficacy and identity styles of female students?

## **2- METHODS**

### **2-1. Study design and population**

The current study was a quasi-experimental study with pretest-posttest design, having both experimental and control groups. The present study's statistical population were all of the female students in all secondary schools in the second district of Tehran during the academic year 2018-19. For this reason, in this study two methods were applied. The first, one school was randomly selected from the secondary schools of region two using the random cluster sampling process, and out of that school's 458 students, 30 were randomly selected and substituted in the experimental (n=15) and Control (n=15) groups. Reality therapy preparation sessions for 10 days of 90-minute sessions were administered to the experimental group, and the control group received no intervention.

### **2-2- Inclusion and exclusion criteria**

The following criteria were to be met for participation in the study: Completing the form of informed consent for participation in the research by the students' parents, having a self-efficacy score one standard deviation below the average, having confused identity style and not receiving a

plan of treatment and co-education during the training course, not suffering from physical or psychological illness. Exclusion criteria included more than two absences in training sessions, incompleting the conscious consent and questionnaires.

### 2-3. Performing Method

In the present study, one school was accidentally selected from among the three schools of district two in the south of Tehran; and after obtaining the consent of the school authorities and informing the students about the implementation of the research plan and considering the inclusion and exclusion criteria 30 out of 458 students in the school were purposefully selected from among the 458 students. Afterwards, the participants were randomly assigned to the experimental (n=15) and control (n=15) groups. Then, the reality therapy group was trained in ten sessions for ninety minutes one day a week. The control group was not given any training. After all meeting sessions being implemented, the two groups were tested in the same conditions. In order to observe the ethical principles in the study for the control group, after the post-test implementation of the experimental group, the training sessions were considered for the control group.

### 2-4. Ethics

In this study all ethical guidelines from Helsinki were considered. It should be noted that informed approval has been received, and voluntary participation in the study is being observed.

### 2-5. Research tools

**The Adolescent Self-Efficacy Scale:** This scale was developed by Muris to assess adolescent self-efficacy. It has 24 items and three areas of academic, social, and emotional self-efficacy. Each dimension includes 8 items, items 1 to 8 for academic self-efficacy, items 9 to 16 for social self-efficacy, and items 17 to 24

for emotional self-efficacy. The answers in this questionnaire are calculated based on a range of five degrees (very bad to very good). To determine the validity of the questionnaire in addition to the correlation of each dimension with the total score, Muris (22) used the factor analysis method with principal component analysis method and orthogonal rotation; and the correlation of each dimension with the total dimension was confirmed as follows: for the academic self-efficacy dimension, 0.30, for the social self-efficacy dimension, 0.10 and for the emotional self-efficacy dimension, 0.47. Muris reported the reliability of this tool using Cronbach's alpha coefficient for the total scale, as well as the dimensions of academic, social, and emotional self-efficacy as 0.88, 0.85, 0.88, and 0.86, respectively. In Dehghani-Zadeh and Hossein chari (23) research, the Cronbach's alpha reliability for self-efficacy dimensions was reported to be 0.70, 0.69, and 0.74, respectively.

**Identity styles questionnaire:** Identity Styles Questionnaire was developed by Brzonski et al. (24) to measure the cognitive-social processes that adolescents use in dealing with identity issues. This questionnaire has 40 items measuring four components of "information identity" with questions 37, 35, 33, 30, 26, 25, 18, 16, 6, 5, 2, "normative identity" with questions 40, 34, 32, 28, 23, 21, 19, 10, 4, "Confused or avoidant identity" with questions 38, 36, 31, 29, 27, 24, 17, 13, 8, 3, and "Identity commitment" with questions 7, 1, 9, 12, 11, 15, 14, 39, 22, 20. The commitment scale is used for secondary analysis and is not an identity style. Questions are scored on a five-point Likert scale (strongly disagree = 1, disagree = 2, somewhat agree = 3, agree = 4, strongly agree = 5) (24). Questions 9, 11, 14, and 20 are scored inversely so that they are completely disagree = 5, disagree = 4, somewhat agree = 3, agree = 2, strongly agree = 1. The minimum and maximum scores are 11 and

55 in the information style, 9 and 45 in the normative style, and 10 and 50 in the confusing-avoidance style, respectively. Reported test-retest reliabilities for the sub-scales range from 0.71 to 0.75; internal reliabilities showed alphas ranging from 0.68 to 0.73 (7). Berzonsky also reports acceptable validity data. In Iranian population, the Cronbach's alpha for assessing reliability was estimated in the range of 0.69 to 0.76 and the reliability using the test retest analysis ranged from 0.52 to 0.71(25).

## 2-6. Data Analyses

Descriptive statistics and inferential statistics (Multivariate Analysis of Covariance\_ MANCOVA) were used to analyze the data. It should be noted that all data analysis was performed using SPSS software ve.23.0. Level of significant was  $p < 0.05$ .

**Table-1:** Glasser Group Reality Therapy Training Program (26)

Session 1: Welcoming and getting to know each other, introduction and familiarity with the basic concepts, goal statement, talking about group principles and rules, motivation and commitment and expectations and tasks, the need for a purpose in life, and goal setting. And Smart targeting (specific, measurable, achievable, realistic and timed)
session2: Using the empowerment card and ten principles of choice theory, knowing and being aware of how this knowledge affects oneself and others and identifying one's strengths and weaknesses and accepting it, trying to achieve a successful identity, ten obvious principles of choice theory, defining behavior and relationship between behavior and human need
Session 3: Introducing the needs and the desired world, focusing on members' knowledge and awareness of themselves and their behavior. Identify the conflict between basic needs and the real world
Session 4: Getting feedback, introducing general behavior. Introducing group members to the four components of general behavior (thought, action, feeling, and physiology)
Session 5: WDEOP examines the needs and wants and pays attention to the basic needs as a motivator of behavior and help to plan the decisions made
Session 6: Internal and external control. Insight and awareness and behavior control
Session 7: Bonding behaviors and destructive behaviors. Introducing constructive and destructive behaviors in relationships
Session 8: Who is the driver of your behavior machine? Helping members accept responsibility for life and understanding the need for a plan to move toward the demands
Sessions 9, 10: pursuing the improvement of cognition and raising awareness, reviewing the learned material, and playing a role.

### 3- RESULTS

In the present study, two treatment approaches were compared and all three groups (interaction behavior analysis, reality therapy and control group) were matched in terms of education level and age. According to Table 2 The Mean  $\pm$  SD of the groups were as follows: reciprocal behavior,  $16.93 \pm 0.884$ ; reality therapy,  $16.87 \pm 0.834$  and the control group,  $17 \pm 0.926$ .

To analyze the question, a multivariate analysis of covariance (MANCOVA) was used. Before examining the research hypothesis, first, the assumptions of this statistical method including the equality of the variance-covariance matrix and the normality of data distribution were examined.

**Table-2:** Kolmogorov-Smirnov test to investigate the normal distribution of values of variables

Group	Variables	Sig	Reality Therapy	Sig	Control
			Kolmogorov Smirnov		Kolmogorov Smirnov
pre-test	Academic self-efficacy	0.653	0.735	0.106	1.212
	Social self-efficacy	0.160	1.124	0.693	0.711
	Emotional self-efficacy	0.233	1.036	0.654	0.734
Post-test	Academic self-efficacy	0.008	1.660	0.339	0.941
	Social self-efficacy	0.131	1.168	0.877	0.590
	Emotional self-efficacy	0.085	1.258	0.573	0.782

Table 3 shows that in order to select the appropriate statistical tests to analyze the collected data, it is necessary to evaluate the type of distribution of variables in terms of their

normal distribution. The significance level of the above test for all variables is greater than 0.05. Therefore, the distribution of the scores of the variables is normal.

**Table-3:** Leven test results to investigate the homogeneity of variance error of the post-test groups

Variables	F	Degree of freedom1	Degree of freedom1	Sig
Academic self-efficacy	2.614	1	0.339	0.117
Social self-efficacy	0.381	1	0.877	0.542
Emotional self-efficacy	0.162	1	0.573	0.691

The results of the above table show the assumption of homogeneity of variance error of the groups ( $P < 0.05$ ). The results of the box test (Table 4) showed that the variances-covariance

matrices of the variables are equal and do not differ significantly. Therefore, the assumptions for performing MANCOVA analysis are confirmed.

Based on the results (Table 4), there is a significant difference between the experimental and control groups in self-efficacy scores (academic, social, and emotional) ( $p = 0.001$ ). In other words, it can be said that the difference between the scores of the two groups indicates that

reality therapy training is effective in the self-efficacy of female high school students. Considering the ETA squares, it can be said that 72% of these changes are due to reality therapy (intervention) training.

**Table-4:** Box test results to investigate the equality of the covariance matrix

M Box	F	Degree of freedom1	Degree of freedom1	Sig
7.495	2.574	6	5680.302	0.216

According to the results of Table (5), the difference between the two groups is significant for academic, social and emotional self-efficacy when 95% of the pre-test effect is removed from the post-test results related to the groups. Therefore, the fifth hypothesis of the research is confirmed; and it can be said that reality therapy training is effective on the self-efficacy of female high school

students. Before examining the research questions, first the assumptions of this statistical method including the equality of variance-covariance matrix and the normality of data distribution were examined. Multivariate covariance test was then performed for answering the second question of the study, checking the effect of reality therapy on the participants' identity styles.

**Table-5:** Multivariate covariance test results: difference between experimental and control groups in self-efficacy

statistical indices	Wilkes lambda	F	Sig	Eta2
Group (reality therapy and control)	0.273	20.464	0.001	0.727

Based on the results (Table 6), there is a significant difference between the scores of the reality therapy and control groups in the scores of identity styles ( $p = 0.001$ ). In other words, it can be said that the difference between the scores of the two

groups indicates that reality therapy has an effect on the identity of female high school students. Considering the ETA squares, it can be said that almost 80% of these changes are due to reality therapy (intervention) training.

**Table-6:** The results of the difference test between the groups after adjusting the pre-tests of the two groups

Source	Variables	Sum of Squares	the degrees of freedom	Mean squares	Eta <sup>2</sup>	Sig
Groups	Academic self-efficacy	496.895	1	496.895	0.696	0.001
	Social self-efficacy	242.801	1	242.801	0.586	0.001
	Emotional self-efficacy	268.895	1	268.895	0.522	0.001

According to the results of Table (7), the difference between the two groups when the pre-test effect is removed from the post-test results, is significant at the 95% confidence level for information identity

style, confusion-avoidance and normative. Therefore, the second hypothesis of the research is confirmed; and it can be said that the training in reality therapy has an effect on the identity of high school girls.

**Table-7:** Multivariate covariance test results difference between experimental and control groups in Identity Styles

statistical indices	Wilkes lambda	F	Sig	Eta <sup>2</sup>
Group (reality therapy and control)	0.195	31.68	0.001	0.80

Based on the results (Table 8), there is a significant difference between the scores of the reality therapy and control groups in the scores of identity styles ( $p = 0.001$ ). In other words, it can be said that the difference between the scores of the two

groups indicates that reality therapy has an effect on the identity of female high school students. Considering the ETA squares, it can be said that almost 80% of these changes are due to reality therapy (intervention) training.

**Table-8:** The results of the difference test between the groups after adjusting the pre-test of the two groups

Source	Variables	Sum of Squares	the degrees of freedom	Mean squares	F	Sig	Eta <sup>2</sup>
Groups	Information style	130.389	1	130.389	14.449	0.001	0.366
	Confused-avoidant style	572.775	1	572.775	19.123	0.001	0.433
	Normative style	473.715	1	473.715	16.050	0.001	0.391

#### 4- DISCUSSION

The aim of current research was to investigate the effectiveness of reality therapy on therapy on self-efficacy and identity styles of female students. The findings indicated that the reality therapy training is effective on the self-efficacy of second-grade high school girls. In other words, the reality therapy training program had a positive effect on increasing the students' self-efficacy. Thus, the findings of this study are aligned with the results of Fereydoni et al., (18), Law FM, Guo, (19). In order to explain the impact of reality therapy on self-efficacy, it should be noted that self-efficacy is seen as an individual tool for managing a range of challenging tasks or dealing with adverse events related to better ideas on individual abilities (27-29). It seems that using this type of treatment, which seeks to enhance clients' self-esteem, can positively influence their beliefs about their abilities and the extent to which they themselves can affect their living environment and destiny, or in a word, their self-efficacy. (18, 19).

By comparison, Bandura (30) considers that the increase in self-efficacy depends on our understanding of the degree of influence we have over our lives (28, 29). This concept is consistent with the concepts of reality-therapy as a person feels motivated, trusted, and valued according to this theory and, therefore, feels comfortable and self-reliant, so that he or she can effectively meet his/her basic needs (18-20). On the other hand, this approach helps the individual to replace internal control with an external control and believes that he can choose his behavior responsibly to achieve the goals and, by satisfying his desired mental image, he can meet his needs and, therefore, feel more efficient (18). Thus, raising the issue in the treatment sessions and thus adopting a more realistic approach to the relationship between

education and meeting the needs of people was a cognitive component of the intervention, which the researcher believes to be one of the main factors in changing self-efficacy behavior. The focus on independence and responsibility in the approach to reality therapy often helps people to rely more on their abilities and thus increases the self-efficacy of students.

The results of the analysis also showed that training in reality therapy is effective on the identity style of high school girls. It is in line with Mesgari et al's findings (31) regarding the effectiveness of reality therapy on information identity style. When discussing these findings, it should be remembered that Marcia defines a positive identity almost through the ability to involve a struggle with personal challenges and reflective decision-making in which people are aware of the different and challenging options that life has made for them. Adolescents with positive personalities often tend to be considerate and introverted in discussions and are able to explain in depth why and how they made their decisions (32) and have the potential to perform well in difficult environments. They actively search for and assess their own information (32). This style is positively related to cognitive sophistication, self-reasoning, problem-solving approach, rational epistemological style, perception, decision-making, high self-esteem, psychological well-being, intellectual freedom, intentionality, and self-efficacy (33).

Also, in the present study, girls were able to satisfy the need to love and be loved and the need to feel valued along with the therapist (someone who sincerely loves them), along with other healing factors such as creating hope, generality, and information transfer, Friendship, psychological evacuation, group solidarity, imitative behavior, co-learning, and the development of social skills have improved identity. The results show that

reality therapy has no effect on a confusing-avoidant identity style. The results of the present study are consistent with the findings of Adan and Flanner (34), Mesgari et al. (31). This finding is in line with Brzezinski's view showing that people with confused-avoidance style do not have the appropriate skills to think and analyze things. Basically, since reaching such a degree of ability requires comprehensive and logical preparation and counseling, it is very difficult to acquire; and reality therapy has not been able to alter this form of identity. Although Glaser's approach has given some depth to this theoretical concept, by borrowing from theories such as existentialism, in practice, it does not work on the roots of identity disorder. This might be related to the prevalence of behavioral approaches that focus on the objective and an external level of one's existence. Thus, they have not been able to bring about a meaningful and lasting change (26).

## 5- CONCLUSION

Self-efficacy and identity style of the experimental group has been higher than the control group in the post-tests. Therefore, psychological group therapy has increased self-efficacy and improved identity style; and thus it can be claimed to be able to reduce behavioral and social damages. Hence, for increasing effective interactions, for increasing responsible behavior and commitment, for reducing behavioral impairments, and for preventing mental disorders counselors and officials can implement this treatment approach in a group manner with careful and continuous planning. It is noteworthy that this research has also faced some limitations: In the present study, self-reporting tools have been used to evaluate research variables in students, which increases the problem of individual abuse. Also, this research has been performed on

female students and cannot be generalized to male students. Finally, since this research has been conducted on second-year high-school students, caution should be exercised in generalizing the results to other courses.

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## Conflict of interest

The authors declared no conflict of interest.

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