

Evaluation of the effectiveness of group therapy based on selection theory on resilience and negative spontaneous thoughts of the first women of polygamy families in Saravan

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Abstract

Introduction: polygamy is the resultant of the worst and the most serious family's communication problems. The aim of this study is studying the effectiveness of group therapy based on Choice theory on resiliency and automatic negative thoughts of first wives in polygamous families.

Methods: This study is a quasi-experimental study (a pretest-posttest control group design.) Research statistical population contains all the first wives of polygamous families that 40 of them, have been chosen with convenient method and have been classified in two groups: Experimental group and Control group. In this study, The Connor-Davidson Resilience Scale (2003) and Hollon and Phillip C. Kendall's automatic thoughts questionnaire (1989) have been used. The therapy based on choice theory was implemented on Control group in 8 sessions. And after the intervention period, both groups were assessed with posttest. Co-variance analysis is used for data analyzing.

Results: The results showed that the therapy based on Choice theory causes a significant increase of women's resiliency and also a decrease in automatic negative thoughts of women. ($P < 0/01$)

Conclusion: Since the first wives of polygamous families bear an extreme amount of psychological burden, they psychologically are at high risk. Therefore, implementing a therapy which is based on Choice theory can play an effective role in increasing their resiliency and decreasing their automatic negative thoughts.

Key words: automatic negative thoughts, resiliency, therapy based on Choice theory, women

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Introduction:

Polygamy is the resultant of the worst and the most serious family's communication problems. Nowadays, social difficulties and challenges in various dimensions have caused an increase in the number of remarriage and divorce and a decrease in the average age of these two. Studies such as Keshavarz and colleagues (1) and GoudarziRad (2), showed that the psychological, emotional, social and financial problems of married couples who wants to get a divorce, is severely different in comparison with the couples who have a normal life with each other; and that is because of the society's attitude toward remarriage, communication problems with the spouse, children and conflicts over parenting styles with the spouse, and the limitations of sexual intercourses and even in communications in the workplace that it causes for these couples (especially for women), unsteady them in facing diverse life challenges and difficulties (1,2). In these families, there is a relation between the wives' ability in managing marital relationship, cognitive and metacognitive skills for controlling the thoughts and behavior, and also their ability to be flexible in facing difficulties. Therefore, among the various factors that can lead to marital conflicts in current life situation and may resulted in the man's remarriage and first wife's psychological problems, we can mention the inability to manage cognitive and metacognitive processes (emergent of automatic negative thoughts) and lack of proper resiliency in effective confrontation with problems (3).

Based on the cognitive approach in psychology, the topics and the components of thoughts in individuals, are related to their past failures. These dysfunctional thoughts and beliefs cause the formation of negative beliefs in the person, that by discovering the relation between mood and dysfunctional beliefs, depression and other mood disorders can be treated, and their recurrence can be prevented. In some studies, "automatic negative thoughts" and "cognitive distortions" have been identified as predisposing factors and mediating variables in various disorders (4). "Cognitive distortions" or (as it has been called) "automatic negative thoughts" are perceived duo to their immutability, resistance to change and being dysfunctional. They start with environmental stress and are mostly experienced by individuals as facts (5). High levels of automatic negative thoughts in young women, are the most likely explanation for their performance which is associated with psychological disorders such as anxiety and depression, and can have an adverse effect on their mental health (6).

On the other hand, individuals' psychological situations and their belief in their ability to cope with difficulties, has a very effective role in the severity of physical and psychological complications. Hence, another important variable that can be related to women's quality of life and "psychological well-being" is resilience (7). Resilience is the ability to resist change and a positive capacity for coping with stress. The main components of resilience mechanism such as self-confidence, personal competencies, trusting in instincts, positive acceptance of change, control and spiritual effects acts as a buffer in stressful situations and do not give rise to anxiety (8).

Resiliency is a process, an ability, or a consequence of successful adjustment to a threatening situation. In other words, resiliency is a positive adjustment in response to adverse conditions (7).

In the meantime, the husband's remarriage is one of the most adverse conditions for the first wife/spouse, which can have a strong effect on her adjustment and mental health. Studies have shown that first wives in polygamous families suffer from much higher levels of stress and anxiety than women with high marital intimacy (monogamy), and this issue greatly affects their resiliency (9). Among these, the way of dealing with stressors (husband's remarriage) is of particular importance. Some people spend all their energy and cogitation to solve the problem when it occurs, and some people, on the contrary, deal with the complications and consequences of the problem, in such a way that they only try to reduce its emotional consequences, while the problem is still unresolved. Anyhow, stress has different effects on these two groups of people (10). Therefore, paying attention to this (resiliency) is of special importance in creating and correcting cognition, emotion and appropriate behavior.

One of the methods that can help increase resiliency and reduce negative thoughts of affected women is group therapy based on Choice theory (11). According to William Glasser, the founder of reality therapy, mental health problems are because of the person who thinks that he is controlled by the world's external forces. He believes that the reality therapy is based on the Choice theory. Glasser considers the behavior to include four components: acting, thinking, feeling, and physiology. Glasser suggests that we control the acting and thinking directly and that emotion and physiology indirectly. The basic emphasis of the Choice theory is on thinking and acting. In this method of treatment these items are emphasized: facing reality, acceptance of responsibility, basic needs recognition, making moral judgments about right or wrong behavior, focusing on the here and now, locus of control and consequently, achieving identity and success which are directly related to self-esteem (12).

The results of Owji and colleagues' research showed that Group reality therapy based on Choice theory has increased resiliency and social adjustment (13). Ghanbari and colleagues, showed in their research that Choice theory-based Group training had an effect on increasing resiliency, dynamism and mental well-being of health personnel (14). GoudarziRad, showed in his research that choice theory-based group therapy increases couples' marital flexibility and social responsibility (15). Soluk, showed in his research that choice theory-based therapy has increased resiliency and life expectancy of female heads of households (16). In his research, Glasser showed that Reality therapy increases resiliency (17). In a study, King and colleagues, Showed that choice theory-based therapy effects on resiliency (18). SeyedKarimi and colleagues found in their study that Glasser's choice theory's group education, caused depression and negative thoughts' reduction in women affected by infidelity (19). Farnudi and colleagues found in a study that the education of Glasser's theory of reality therapy, reduced depression in the cases which are being under study (20). Nikukar and colleagues showed that Glasser's reality therapy has reduced the irrational thoughts of female heads of households (21). Naddaf and colleagues showed in a research that group reality therapy could reduce automatic negative thoughts and improve the psychological flexibility of depressed clients in counseling centers (22). Lucas and colleagues

showed that reality therapy can reduce irrational thoughts and improve the individuals' psychological factors by studying the effect of reality therapy on symptoms of stress (23). Therefore, in view of the above, this study wants to answer this question: Is group therapy based on Choice theory, effective on resiliency and automatic negative thoughts of the first wives in polygamous families or not?

Research Method:

This study is a quasi-experimental study (a pretest-posttest control group design.) The statistical population of this study includes all the first wives in polygamous families (84 women) that went to family counselling center of Saravan's Department of social welfare to get counselling in 1398. Among them, 30 women were selected by available sampling method and were randomly divided into two groups of 15 people: experimental group and control group. The inclusion criteria are being the first wife, being able to read and write, not attending counseling and other psychotherapy sessions, being 18-50 years old. The exclusion criteria are: use of drugs that are prescribed by physicians and psychiatrists and inability to attend all treatment sessions completely. Data collection tools are: Resilience Scale:

Connor and Davidson (2003) designed this questionnaire. It has 25 items which are scored in a Likert scale between null (never true) to five (always true). Scoring the items in this scale is 0=never true, 1=rarely true, 2=sometimes true, 3=usually true, 4=always true, and the final test score ranges from 0 to 100. Higher scores indicate higher resilience of the subject. This test has 5 factors: conception of personal competence, trust in one's instincts, tolerance of negative affect, Positive acceptance of change and secure relationships, Control, Spiritual influences.

Phrases related to each subscale:

Conception of personal competence: 25- 24- 23- 17- 16- 12- 11- 10.

Trust in one's instincts, tolerance of negative affect: 20- 19- 18- 15- 14- 7- 6.

Positive acceptance of change and secure relationships: 8- 5- 4- 2- 14.

Control: 22- 21- 13.

Spiritual influences: 9- 3.

Connor and Davidson found Cronbach's alpha coefficient=0/89, and the reliability coefficient of test-retest method in a four-week interval was 0.87. For determining the validity of the questionnaire, first, the correlation of each phrase with the total score of the category was calculated and then the factor analysis technique was used. Calculation of the correlation between each score and the total score showed coefficients between 0.41 to 0.64 (25). In this study, the reliability of this questionnaire was assessed using Cronbach's alpha coefficient 0.91.

Automatic Thoughts Questionnaire (ATQ-N): Automatic Thoughts Questionnaire (ATQ-N) is created by Steven D.Hollon and Phillip C.Kendall (1989). This questionnaire consists of 30 questions and measures two general factors: the frequency of automatic thoughts and the degree of belief in automatic thoughts. Scoring the frequency of automatic thoughts is on a 5 point rating scale (1 = “not at all”, 2 = “sometimes”, 3 = “moderately often”, 4 = “often”, and 5 = “all the time”) and scoring the degree of belief in automatic thoughts is also on a 5 point scale (1 = “not at all”, 2 = “somewhat”, 3 = “moderately”, 4 = “very much”, and 5 = “totally”) This questionnaire includes 5 components: "Thought survey", "Positive self-evaluation", "Evaluation of others", "Positive future expectations" and "Positive social functioning". Cronbach's alpha coefficient of the questionnaire was 0.92 for the frequency and 0.95 for the belief level. They also examined the convergent validity of the Automatic Thoughts Questionnaire with the Beck Depression Inventory and calculated it to be 0.40 to 0.70 which indicates the convergent validity of the automatic negative thought's questionnaire. In Iran, the reliability of this questionnaire has been calculated as 0.85 on average using Cronbach's alpha and its validity has been reported as 0.81 (26). In this study, the mean Cronbach's alpha coefficient was 0.89.

Reality therapy: The intervention program in this study included Glasser’s choice theory protocols and was held in “Entekhab” psychological and counselling center of Saravan’s Department of social welfare, by a psychologist who had taken a reality therapy course. So the intervention program was held in the fall of 1398 by psychologist (MSc) in 8 90-min sessions, one a week for 2 months. The control group did not receive any instruction. The content validity of this instruction was confirmed by five psychology professors. The intervention sessions were as follows:

First session: Couples’ familiarity with the concept of reality therapy, their identity, types of identity and its characteristics and emotional conflicts with group members.

Second session: Couples’ familiarity with how to accept responsibility for their behaviors and members’ familiarity with the importance and necessity of responsibility in life.

Third session: Explanation of Total behavior Car and its components (acting, thinking, feeling, and physiology) and individuals’ role in Behavior car and their goals. (Using "Know Yourself" cards)

Fourth session: Couples’ familiarity with basic and effective needs in real life and the effect of basic needs in life and their ability to choose the best way to meet basic needs.

Fifth session: Couples’ familiarity with how to plan problem solving and planning for their current life.

Sixth session: Members’ familiarity with the way of commitment to conduct the plans and programs and implementing the performed plans and programs.

Seventh session: Couples' familiarity with how punishment affects the lack of building good relationship.

Eighth session: Administration of the posttest.

In this study, Multivariate Analysis of Co-Variance (MANCOVA) was used in SPSS.

Results:

In this study, 30 first wives of polygamous families of Saravan participated. Demographic characteristics' analysis of the sample group in this study, showed that the average age was 35 years and the standard deviation was 3.26 in the control group, and in the experimental group the average age was 36 years and the standard deviation was 3.58. In both control and experimental groups, most of the women had high school diploma. Economically, they were middle class.

Table1. Descriptive indicators of research variables

variable	Experimental group				Control group			
	pretest		posttest		pretest		posttest	
	means	S. D	means	S. D	means	S. D	means	S. D
the frequency of automatic negative thoughts	51.35	7.5	45.71	7.44	45.19	8.12	47.36	6.25
Belief in automatic negative thoughts	53.28	8.33	47.78	8.08	50.27	7.27	49.19	9.40
Automatic Negative thoughts	104.63	14.50	93.49	13.56	95.46	11.32	96.82	11.79
resilience	62.72	7.25	86.97	9.24	64.41	8.09	66.13	8.12

Table2. The results of multivariate analysis of covariance

Tests	amounts	Df1	Df2	F	Significance level	Effect size
Pillai's Trace	0.547	2	27	51.139	0.001	0.547
Wilks' lambda	0.089	2	27	51.139	0.001	
Hotelling's Trace	137.61	2	27	51.139	0.001	
Roy's Largest Root	137.16	2	27	51.139	0.001	

Table3. The results of univariate analysis of covariance to investigate the effect of Choice theory-based group therapy on resilience

Variable	Sum of squares	Degrees of freedom	Mean squares	F	Significant level	Effect size
Modified model	5929.71	2	2964.85	879.80	0.001	0.78
Resilience pretest	5616.08	1	5616.08	1666.5	0.001	0.78
Group	484.65	1	484.65	41.67	0.001	0.48
Error	237.33	27	5.77	-	-	-
Total	121713.0	30	-	-	-	-

As shown in Table3, the calculated significance level was approximately equal to zero and it is much smaller than the 0.01 level of alpha significance. Therefore, it can be concluded that by controlling the pretest, there is a significant difference between the members of the experimental group and the control group in terms of the degree of resilience. In other words, considering the mean resiliency scores in the experimental group compared to the mean resiliency scores of the control group, it can be stated that therapeutic intervention based on Choice theory, has increased the resilience of the experimental group members. The effect of this therapeutic intervention is 0.48.

Table4. The results of univariate analysis of covariance for investigating the effect of Choice theory-based group therapy on automatic negative thoughts

Variable	Sum of	Degrees	Mean	F	Significant	Effect
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	squares	of freedom	squares	level	size	
Modified model	۳۶۴۶/۴۲	۲	۱۸۲۳/۲۱	۷۹۷/۳۴	۰/۰۰۱	۰/۷۷
Automatic thoughts pretest	۳۳۹۴/۱۲	۱	۳۳۹۴/۱۲	۱۴۸۴/۳۵	۰/۰۰۱	۰/۷۵
Group	۲۴۶/۱۷	۱	۲۴۶/۱۷	۴۷/۸۵	۰/۰۰۱	۰/۴۴
Error	۱۳۶/۵۱	۲۷	۸/۴۳	-	-	-
Total	۳۶۹۴۹/۰	۳۰	-	-	-	-

As shown in Table4, the calculated significance level was approximately equal to zero and it is much smaller than the 0.01 level of alpha significance. Therefore, it can be stated that by controlling the pretest, there is a significant difference between the members of the control group and the experimental group in terms of automatic negative thoughts. In other words, considering the mean automatic negative thoughts scores of the experimental group members compared to the mean scores of the control group, it can be stated that therapeutic intervention based on Choice theory has reduced the automatic negative thoughts of the experimental group members. The effect of this intervention was 44%.

Discussion and Conclusion:

The first hypothesis of the research was that; Choice theory-based Group therapy has an effect on the resilience of the first wives in polygamous families, which was accepted. This finding in the study, was alignment with the results of these studies: Owji and colleagues (13), Ghanbari and colleagues (14), GoudarziRad (15), Soluk (16), Glasser (17) and Kind and colleagues (18).

In explaining the result of this research, it can be stated that first wives in polygamous families, need a high degree of resilience in married life because of psychological challenges perception, self-conflicts and stressful life situations. However, it was found in this study that Choice theory-based therapy increases women's resilience. It should be mentioned that because Therapeutic intervention based on choice theory empowered them in their mental dimensions, and because their cognitions became more recognized with the help of other members, It stopped the old women's intolerant behavior pattern and initiated new behaviors based on their motivation to change, with respect to responsibility and the power of choice. It also caused the women participating in the study to participate more actively in the process of improving marital relationship with more flexibility and tenacity and because small changes of flexibility were rewarded and strengthened in this therapy, the value of internal resistance increased (13).

According to Glasser, all the actions we take are behaviors, and almost all of our behaviors are chosen, and choices are driven by inner instincts and basic needs. According to this theory, human beings have intrinsic motivations to fulfill the need for love and belonging, feeling empowered, freedom, survival, health and fun. People can make their lives better by consciously choosing their emotions and behaviors. In summarizing reality therapy, or what is later called Control theory, he insists that human beings always behave in such a way as to control the world and themselves as part of the world in order to maintain their basic needs (17).

To educate based on Glasser's Choice theory can lead to a logical mindset. Also, by creating a rational view of life, choice theory-based therapy, can help people to cope with problems and solve problems, and they try harder to gain an individual position with information and logical awareness, which leads to more effort, and more effort leads to more success. This increase in success, increases trusting in personal instinct. Choice theory-based therapy based on Control theory, and states that people are responsible for their own lives and actions, feelings and behaviors. This can certainly be somewhat soothing for patients. This therapy can reduce negative affections among people. So, when negative emotions are low in women, they experience less negative emotions and this can increase their life expectancy. This will also make them more resilient in coping with the problems and pressures of everyday life (19).

In this therapy because first wives in polygamous families have learned to have proper flexibility with their husband and his new family, this helped them identify how they think and behave towards themselves and develop their cognitions, feelings, and reactions to flexibility and resilience in relation to their spouse and take serious action against the problems of self-reconstruction and flexibility. Also, selective-attention caused these women to recognize the behavioral signs of intolerance in themselves, and increase their inner and active resistance to their problems by mastering their active role in moderating the problems and stressors of marital relationship. In these people, the sense of responsibility and purposefulness increased and the state of isolation and helplessness in facing the problems decreased, and that's because of that fact that at the end of the therapy, they learned that they are responsible for all their behaviors and choices, and that every behavior they make is the result of their own choices. Glasser stated that choice can increase a person's satisfaction in various dimensions as a form of intrapersonal communication (12). As a result, choice theory-based therapy, enabled the first wives in polygamous families to be more resilient to problems, by using role-taking. In general, it can be stated that the protocol of Choice theory-based therapy in the first wives in polygamous families, has focused on increasing self-help and comfort in various married life situations and in this type of therapy, because women overcame their problem with appropriate exercises, it made them more stubborn to build and repair themselves in facing challenges. As a result, it can be stated that choice theory-based therapy increases resilience in married life, and generally, it should be noted that this therapy is effective in increasing the resilience of the first wives in polygamous families.

The results also showed that choice theory-based Group therapy has a negative effect on automatic thoughts of the first wives in polygamous families, which was accepted. This finding was in alignment with these studies: SeyedKarimi and colleagues (16), Farnudi and colleagues (17), Nikukar and colleagues (21), Naddaf and colleagues (22), Lucas and colleagues (23).

Explaining this finding, it can be stated that choice theory-based reality therapy states that human beings have a lot of control over their behavior. All of our behaviors are total behaviors that consist of four interconnected components of acting, thinking, feeling, and physiology. Instead of using the phrase "I'm depressed", it is right to say "I've chosen depression" or "I chose to be depressed". This statement makes us immediately realize that this is a choice. Human has the ability to choose, and can choose to meet his basic needs (physical needs, love and belonging, pleasure and fun, power and freedom) and correct them by evaluating his mistakes in meeting those needs (28). Such a process is control through learning and if the human does not learn it, psychological trauma will begin, which means unsuccessful satisfaction of these needs because of repeating previous wrong choices. In such a situation, then, one must be trained to learn how to control choices and accept responsibility in that particular situation (19).

The basis of group reality therapy consists of a self-assessment process; because the atmosphere in the group, can help group members to evaluate their behavior properly. In this method of treatment, facing reality, acceptance of responsibility, basic needs recognition, making moral judgments about right or wrong behavior, focusing on the here and now, locus of control and consequently achieving identity and success which are directly related to self-esteem and self-confidence are emphasized (21).

Choice theory-based reality therapy, changes the context in which their thoughts took place, in the first wives of polygamous families and reduces the impact and importance of personal events. Clinically, these women learn to see thoughts only as thoughts, emotions as only emotions, memories as memories, and physical symptoms as only physical symptoms. None of the endogenous events are inherently harmful to human health when experienced. Their harmfulness is because of the fact that they are seen as harmful, unhealthy and bad experiences that are what they claim to be, and therefore they should be controlled and eliminated (22).

In this approach, the individual is helped to control his/her behavior and make more appropriate choices by challenging inefficient beliefs by the therapist and without judgment on basis of limited cases and in this way, by changing his/her point of view and attitude, it helps him in making sense of life. When women in polygamous families, are not able to take care of the family properly, in addition to the injuries they will suffer, their family members will also be harmed. Reality therapy helps these people, recognize what they want from themselves, with a cohesive and successful identity, and feel more responsible for managing family affairs, and by overcoming obstacles, they provide meaningful life for themselves and their family members. Reality therapy also tries to get the person to a level where can control his/her own behavior and thoughts, by helping the person and relying on his inner ability and capacity (29).

The polygamy and the husbands' remarriage can greatly affect the lives' quality of their first wives; because for them, commitment and marital satisfaction is one of the important signs of the first wives' health, which is related to self-esteem, self-acceptance and self-evolution. The social reaction and people's attitude in the society, towards the first wives in polygamous families, and various feelings such as pity and compassion for them as well as blaming them, usually create difficult conditions for them and as a result, it causes disorders in their mood, behavior and feelings. When such unfortunate things affect women's lives, their emotional state and physiological thinking becomes off-balance, cognitive activity becomes vulnerable, and behavioral problems manifest as feeling of helplessness and as a result, incompatibility, feeling of inefficiency and fear of being in society appear. On the other hand, a person's perception of his/her efficiency or inefficiency acts as a cognitive mediator of human behavior and this perception can greatly affect human thought and action and be a key factor in triggering automatic negative thoughts. Therefore, in explaining the result of testing this hypothesis, it can be stated that because choice theory-based therapy modulates negative feelings and beliefs about oneself, others, and the future; and causes a positive and effective view of self and increase awareness of one's psychological feelings and abilities, therefore, it can play an important role in improving automatic negative thoughts. And this is justifiable because it has been shown in cognitive-behavioral theories that a realistic view of people, helps to moderate negative feelings and thoughts about oneself and leads to the regulation of thoughts and positive behaviors associated with those thoughts (11). In other words, it can be stated that choice theory-based therapy, can make a person know the world better, deal with stressful things in life more adaptably, be more useful and productive professionally, and have a more positive and efficient view of the facts, due to the fact that it increases a person's attention and awareness of his/her thoughts and leads to a feeling of confidence in life, deep compassion, deep love for himself/herself and positive thoughts about events. Because one of the most important aspects of choice theory-based therapy is that people learn to deal with negative and dysfunctional thoughts. Also, for justifying the above result, it can be pointed out that increasing attention and awareness of thoughts, emotions and practical tendencies, which is one of the positive aspects of choice theory, harmonizes adaptive behaviors and positive psychological states with consistent and effective beliefs in any given context. It even improves an individual's ability to engage in individual and social activities and an interest in these activities, which these reduce the automatic negative thoughts and increase each individual's constructive and effective beliefs. Therefore, it can be confirmed that choice theory-based treatment is effective in reducing automatic negative thoughts of first wives in polygamous families.

The results of this study showed that the education of Glasser's reality therapy has an effect on reducing automatic negative thoughts and increasing resilience. Strengthening relationships between couples and improving life skills, leads to marital satisfaction and thus reduces automatic negative thoughts and increases resilience. For the development of society, couples must have

physical and mental health; and the prerequisite for this health is to have a minimum of satisfaction and adaptation in married life.

Limitations of study:

One of the limitations of this study is the prevalence of coronavirus disease in Iran, which caused disruption in planning of treatment sessions. It is also suggested that in order to clarify the therapeutic effects of this method with greater accuracy, the treatment be reviewed and compared with other common approaches in more extensive studies, with a higher sample size.

Research proposals:

Based on the results of this study, it is suggested that in future studies, a follow-up period be conducted to evaluate the effectiveness of choice theory-based therapy over time and compare the effect of this intervention with other treatments.

Application of this study:

The findings of this study can be used in counseling centers for couples; and these finding can also be used in holding workshops for couples in Imam Khomeini Relief Foundation, the welfare organization, police departments, and even in schools for parents.

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Conflicts of interest:

The authors state that there is no conflict of interest in this study.

References:

1. Keshavarz Afshar H., Safarifard R., Hosseini M., Hodhodi Z.. Association between quality of family relationships and social anxiety (Investigating the mediating role of family cohesion). *J Mazandaran Uni Med Sci*. 2018; 28(166):81-95[Persian].
2. Goodarzi Rad AH.. The effectiveness of Glasser reality therapy and emotion-focused therapy on marital flexibility, reducing marital maladjustment and couple's social commitment in female teachers of elementary school in Dehdasht. [M.A thesis]. Bushehr: Islamic Azad University Bushehr Branch; 2016. [Persian].
3. Lorenz OF., Wickrama SK., Conger DR., Elder H.G.. The short-term and decade-long effects of divorce on women's midlife health. *J Health and social behavior* [NLM-MEDLINE]. 2006; 47 (2): 1-11.

4. Zuccarini D., Johnson M., Dalglish L., Makinen J.A.. Forgiveness and Reconciliation in Emotionally Focused Therapy for Couples: The Client Change Process and Therapist Interventions. *J Marital and Family*. 2013; 39(2): 148-62.
5. Weich S., Churchill R., Lewis G.. Dysfunctional attitudes and the common mental disorder in primary care. *J Affect Disorder*, 2003; 75(3): 269-78 .
6. Fekkes M., Buitendijk S.E., Verrips G.H., Braat D.D., Brewaeys A.M., Dolfing J.G.. Health-related quality of life in relation to gender and age in couples planning IVF treatment. *Hum Reprod*, 2003;18(7): 1536-43.
7. Cinar S., Barlas G., Alpar S.E.. Stressors and coping strategies in hemodialysis patients. *Pak J Med Sci*. 2009; 25(3): 52-447.
8. Panpakdee C., Limnirankul B.. Indicators for assessing social-ecological resilience: A case study of organic rice production in northern Thailand. *Kasetsart J Social Sciences*. 2018; 39(3): 414-421.
9. Poudel-Tandukar K., Chandler GE., Jacelon C.S., Gautam B., Bertone-Johnson E.R., Hollon SD.. Resilience and anxiety or depression among resettled Bhutanese adults in the United States. *International J Social Psychiatry*. 2019; 65(6): 496-506.
10. Akhteh M., Alipor A., Sarifi Saki S.. Effectiveness of stress management training in reducing anxiety and Met worry of Women who had abortion several times. *Science J Business and Management*. 2014; 3(11): 120-129. [Persian]
11. Glasser W.. *Reality Therapy: A New Approach to Psychiatry*. New York: Harper Collins Publication; 2010.
12. Ahadi H., Yusufi M., Salehi M., Ahmadi A.. Comparison of the efficacy of group intellectual-emotional-behavioral with group reality therapy in increasing general health. *JM System* 2000; 1(2):1-16. [Persian].
13. Oji A., HEIDARI A., Bakhtiarpour S., Saraj KN.. Comparison of the Effectiveness of matrix therapy and modern group reality therapy based on choice theory on resilience and social adjustment in methamphetamine-dependent men who are treated with buprenorphine. *Etiadpajoh*. 2020; 13(54): 47-66.
14. Ghanbari Nejad E., Mohamadi K., Aamir Fakhraei A., Hajializadeh K.. Comparison of the effectiveness of training based on choice theory and creativity training on resilience and emotion of thought, health personnel in Yasuj city. *Armaghane danesh*. 2021; 26 (5): 24-36 [Persian]
15. Goodarzi Rad AH.. The effectiveness of Glasser reality therapy and emotion- focused therapy on marital flexibility. [M.A thesis]. Bushehr: Islamic Azad University Bushehr Branch; 2016. [Persian].
16. Solouk S.. Reducing marital maladjustment and couple's social commitment in female teachers of elementary school in Dehdasht *J New Advances in Behavioral Sciences*. 2020; 5(46): 12-27 [Persian]
17. Glasser W.. *Reality/Choice Theory. Contemporary Case Studies in School Counseling*. 2019; 79

18. King D.D., Lyons B., Phetmisy C.. Perceived resiliency: The influence of resilience narratives on attribution processes in selection. *Journal of Vocational Behavior*. 2021; 2(5):36-53.
19. Seyedkarimi M., Afsharriniya K., Arefi M.. Group Choice Theory Training on Depression and Social Well-being in Women Affected by Marital Infidelity. *MEJDS*. 2020; 10 :72-72[Persian]
20. Farnoodi F., Amiri H., Arefi M., Nia KA., Fard A.A. Comparing the Effectiveness of Ellis' Rational-Emotive-Behavior Therapy (REBT) and Glasser's Reality Therapy (RT) on Reducing Depression Symptoms in Hemodialysis Patients and Control Group. *Archives of Pharmacy Practice*. 2020; 1:161 [Persian]
21. Nikookar Y., Jafari A., Fathi G., Pouyamanesh J.. Comparison of the Effectiveness of Two Approaches Based on Acceptance and Commitment Therapy (ACT) and Reality Therapy on the Meaning of Life and the Unreasonable Thoughts of Female Headmasters Covered by the Relief Committee. *journal of policing social studies of women & family(pssw)*, 2020; 8(1): 244-268. [Persian]
22. Nadaf S., Sharifi T., Ghazanfari A., Charami M.. Effectiveness of Group Reality Therapy on the Negative Automatic Thoughts and Psychological Flexibility of Depressed Clients at Consultation Centers. *medical journal of Mashhad university of medical sciences*. 2020 Oct 22;63(4): 2696-2707 [Persian]
23. Loucks L., Yasinski C., Norrholm SD., Keller JM., Post L., Zwiebach L., Fiorillo D., Goodlin M., Jovanovic T., Rizzo A.A., Rothbaum BO.. You can do that?!: Feasibility of virtual reality exposure therapy in the treatment of PTSD due to military sexual trauma. *J Anxiety Disorders*, 2018; 61: 56-63.
24. Connor K., Jonathan M., Davidson R., Lee L.. Spirituality, resilience and anger in survivors of violent trauma: a community survey. *J Traumatic Stress*. 2003; 12: 1-6.
25. Kazerooni Zand, B. Sepehri Shamloo, V. Mirzaeiyan, B. Investigating the Psychometric Features of Child and Adolescent Resilience Scale -28 in Iranian Population: Validity and Reliability. *Quarterly journal of Nasim Sanjordi*, 2013; 2(3): 15-21 [Persian]
26. Mahmoudvand E., Falsafinenejad M., Khodabakhshi A.. The effectiveness of emotion-focused group therapy on hope and negative automatic thoughts among divorced women. *SALĀMAT-I IJTIMĀĪ (Community Health)*. 2018; 5(1): 67-76 [Persian]
27. Ashayeri M.. Investigating the relationship between personality traits and optimism with attitude to mutual relationship divorce women with history of marital divorce in Shiraz. [M.A thesis]. Kerman: Islamic Azad University of Kerman; 2015 [Persian].
28. Elahi Nejad S., Makvand-Hosseini S., Sabahi P.. Effect of neurofeedback therapy versus group reality therapy on anxiety and depression symptoms among women with breast cancer: A clinical trial study. *Iranian Quarterly J Breast Disease*. 2019;11(4):39–52 [Persian]
29. Asadi Khalili M., Emadian S.O., Fakhri M.K.. Comparison of the effectiveness of reality therapy and acceptance and commitment therapy on social anxiety and attitude to the life in head of household women with. *IJPN*. 2020; 8 (4):10-23. [Persian]