Effectiveness of Group Reality Therapy in Rumination and Self-Esteem of Women with Experience of Betrayal from Their Husbands

Esmaeil Firozi,1, * and Parivash Vakili2

1 Master (M.A), Department of Guidance and Counseling, Faculty of Education and Consultation, Roodehen Branch, Islamic Azad University, Roodehen, Iran
2 Assistant Professor, Department of Guidance and Counseling, Faculty of Education and Consultation, Roodehen Branch, Islamic Azad University, Roodehen, Iran

* Corresponding author: Esmaeil Firozi, Department of Guidance and Counseling, Faculty of Education and Consultation, Roodehen Branch, Islamic Azad University, Roodehen, Iran, E-mail: firozioud@gmail.com

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Abstract

Background: Betrayal in marriage is a moving issue for couples and families. Meta-marital relationships lead to many problems for couples. Research results show most individuals expect their husbands to have monogamy and avoid meta-marital relationships. When a spouse betrays his/her partner, the betrayed person faces a dilemma; on the one hand, separation leads to family destruction and missing a spouse who may still be in love. Solving the problems means they still continue to live while they are damaged by betrayal. In recent studies, approximately 22 - 25 percent men and 11 - 15 percent women in the US reported they have at least one time a sexual relationship outside their marriage. Every year between 1.5 - 4 percent of the married people have sexual relationships outside marriage.

Women who experience stress caused by betrayal are six times more likely to experience major depression, compared to when they do not have this type of stress. Studies show that one of the important factors in the activation of these basic beliefs is rumination response. Rumination is referred as a constant obsession with a thought and thinking about it. Rumination can lead to an increase in the effects of negative behavior on problem-solving and motivation. In this stage, individuals have excessive estimations for the probability of negative incidents.

Furthermore, marital betrayal by husbands badly damages the wife’s self-esteem. Self-esteem refers to the level of self-satisfaction, which is the simple definition of self-esteem. Low self-esteem disturbs dynamism and has a negative effect on output, efficiency, learning, and creativity, being accompanied by fear.

Research results show that secret relationships outside marriages, in other words, marital betrayal, always cause emotional damages to both sides. These types of relationships lead to signs such as stress after incidents, as well as problems like depression, lack of self-esteem, losing identity, and feeling being valueless in the spouse who has been betrayed.

Considering the present research literature, it seems that for reducing rumination and increasing self-esteem...
in women with the experience of betrayal by husbands, we can propose novel strategies; thus, we must search for methods to help this group of women to feel happier, satisfied, and more successful. Among different therapeutic approaches, reality therapy is more appropriate than other approaches for these people (9). Glosser (1996) is inventor of the reality therapy theory, who believes the purpose of this theory is to teach taking responsibly, controlling choices, and to help to correctly meet needs such as exchange love and feeling valuable in order to assist individuals in acquiring a successful identity (10).

Reality therapy was devised based on the choice theory. In this theory, it is believed all our actions are behavior, and almost all our behaviors are chosen. Glosser believes behavior includes four components: performance, thinking, feeling, and physiology; here, we have direct control over performance and thinking, and indirect control over feeling and physiology (11).

Glosser (1984) believes in every relationship of any types and forms, individuals can change themselves; and this is an internal control. Therefore, in order to have access to success, we must quit the habit of external control, and instead, we can behave based on the lessons of the choice theory. Another component of reality therapy is responsibility. He stated everybody can have his own perceptions of responsibility (12).

Evidence shows that marital betrayal is very widespread; and compared to women, more men betray their wives (13). The experience of betrayal and promiscuity in marriage is considered as an interpersonal damaging incident. Considering the vulnerability of women, it seems that women might experience distrust in relationships and experience negative feelings such as anger, depression, lack of confidence, and so forth, due to betrayal by their husbands. Clinical evidence connected to cases with experience of betrayal has shown that these signs and especially assumptions about trust, life, future, husbands, and so forth, even persisting for long periods, will affect the family's life quality with negative effects on the relationships with other members especially children. Considering the above-mentioned and the necessity of effective interventions for those with the experience of betrayal in marriage, the present study aimed to examine the effectiveness of reality therapy in rumination and self-esteem of women with the experience of betrayal by husbands.

2. Objectives

The present study aimed to examine the effectiveness of reality therapy in rumination and self-esteem of women with the experience of betrayal by husbands.

3. Methods

Research method was semi-experimental, and the design used in this research was pre-test post-test with a control group. The statistical population consisted of women between 18 and 54 years old, with a marriage period of 2 to 30 years, with diploma and upper degrees, who referred to consultation centers in Tehran (2016-2017), demanding therapeutic consultation services. The sampling method used in this research was a non-random convenience sampling method. Since the research was interventional, the least sample size in each group included 15 individuals (14). Hence, 30 of the women with the experience of betrayal were randomly (random replacement based on the group cloning method based on the primary obtained data) divided into two groups: intervention group and control group. A reality-therapy-based group consultation program was offered to the intervention group within 10 weekly sessions (each session = 90 minutes), after pre-test.

The measurement tools are explained as follows:

3.1. Nolan Hoksma and Maro’s Rumination Questionnaire

Nolan Hoksma and Maro (1991) devised a self-test questionnaire evaluating four different types of reaction to the negative behavior. Response styles questionnaire was composed of two scales: rumination responses and responses to distract focus. Cronbach’s alpha coefficient was in range of 0.88 to 0.92 as internal reliability. Different studies show that retest correlation is 0.67 for rumination responses. This scale was, for the first time, translated from English to Persian. The validity predictor of rumination responses has been tested in many studies (15). As explained before, the results of many studies show rumination can predict the intensity of depression in investigation courses for clinical and nonclinical samples by controlling variables such as primary level of depression and/or stress factors. Moreover, it has been shown this scale can predict a clinical course of depression. The reliability in one Iranian study was calculated to be 0.89 (15).

3.2. Rosenberg’s Self-Esteem Questionnaire

This scale was devised and introduced by Morris Rosenberg, including 10 items measuring general self-esteem. Many studies were conducted in order to examine the validity and reliability of Rosenberg’s scale. In a study by Barkhori et al. (2009), Cronbach’s alpha coefficient was calculated to be 0.71 (16). This scale has satisfied the internal validity (0.77). The divergent validity was meaningful between this scale and death scale (16).

Analysis of the data obtained from implementing questionnaires was done by SPSS20 software.
3.3. Reality Therapy Teaching Program

This program consisted of 10 sessions (each session = 60 minutes) (one session a week) during two half-months within which practical and theoretical concepts of reality therapy were taught to the experiment group. Contents of the program are shown in Table 1.

4. Results

Findings of the present research were proposed in two sections: descriptive and inferential. First, by expressing indexes such as mean, standard deviation, minimum and maximum of the studied groups, we offered a general description of the status in our research; being sure following necessary pre-hypotheses, the statistical actions covariance analysis were implemented.

Table 2 presents the mean, standard deviation and mean difference in the scores of the control and experimental groups in pre-test and post-test stages:

Descriptive data and the level of rumination and self-esteem have been given in Table 2. As it can be seen, the mean of rumination in the groups in the post-test stage has been decreased, compared to pre-test. In addition, in terms of self-esteem, in the post-test, the experimental group experiences an increase.

Since one of the preconditions of implementing a statistical covariance analysis method is that certain variances in the studied groups are the same, a Leven test was conducted for testing the hypothesis. Considering the fact that results observed in Table 2 are not significant, consistency of the dispersion in the scores of the experimental and control groups was made clear. Therefore, the obtained data included pre-hypothesis that was necessary for homogeneity variances, and it is allowable to implement next statistical operation.

Therefore, it must be concluded that we can use this test for data analysis, considering the fact that analysis of covariance is held.

The results presented in Table 4 show by ignoring the effect of pre-test and by considering the calculated coefficient of F (F = 8.15, P < 0.05), it can be seen that there is a significant difference between the adjusted mean values of the scores of self-esteem in respondents based on the group membership in the post-test stage. This means using group reality therapy consultation is effective in self-esteem of women with the experience of betrayal.

5. Discussion and Conclusion

Obtained results of the present study showed there is a significant difference between the scores of rumination and self-esteem in control and experimental groups.

Results showed group reality therapy leads to a reduction in rumination in women with the experience of betrayal. The research results are in congruence with the findings obtained from studies conducted by Azargun et al. (2009), Hadideyi (2015), and Ahmadi Bajgh et al. (2015) (17-19). In connection to expressing the first hypothesis, i.e. the effect of reality therapy on reducing rumination of women with the experience of betrayal, according to Glosser’s beliefs, we can refer to the fact marriage damages are the result of a control psychology in marital relationships. If this type of psychology rules over the men and women’s relationships or a marriage, the best thing which increases chance of improvement and advancement in marital life is to use internal control psychology, and to meet the needs based on the choice theory, and to take the responsibilities (11). Nelson stated reality therapy seeks to help people to select the choice theory or internal control psychology instead of external control psychology (20). In fact, in this method of therapy, there is an emphasis on facing reality, taking responsibilities, identifying basic needs, concentration on the moment, internal control, and finally success. Considering the things mentioned in this paper, we have tried to teach women with the experience of betrayal and that every person’s behavior is chosen by them on the inside.

Furthermore, the results of this research showed mean of respondents’ self-esteem scores in post-test stages had a significant increase. This result is in congruence with the results obtained from the previous studies connected to the effectiveness of this style of therapy in damaged respondents (Forghani et al. (2012), Moradi Shahr Babak et al. (2010), and Kim (2008) (21-23). Marital betrayal by husbands damages women’s self-esteem, because almost all types of damaging events affect the individuals’ beliefs about self-esteem; reality therapy is done for changing the beliefs related to self-esteem. In expressing the mentioned findings, we can refer to the concepts emphasized by reality therapy. Reality therapy emphasizes satisfaction of humans’ basic needs such as love and dependence. Satisfying these needs not only leads humans to care and love for
Table 1. Reality Therapy Teaching Program

| Session | Objective                                                                 | Content                                                                 |
|---------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1       | Emotional communication and primary evaluation                            | Group members become familiar with one another.                         |
| 2       | Identifying the current problems                                          | Individuals’ goals are determined.                                      |
| 3       | Recognizing measures related to problems                                  | Examining samples of current behavior members without judgment.         |
| 4       | Evaluating measures and current behaviors                                 | Not assuming the victim former failures and/or past choices.            |
| 5       | Identifying needs and the importance of responsible behavior             | Planning for responsible behavior.                                      |
| 6       | Examining options                                                          | Examining likely alternatives affecting what members want to get out of their lives, meeting basic needs based on realistic pictures. |
| 7       | Designing a program                                                        | Helping to devise realistic programs.                                    |
| 8       | Getting promises from visitors for continuation of program               | Discussing the fact every action and decision in this world has its own certain consequences; making commitment for implementing realistic programs. |
| 9       | Creating a structure for evaluation of the process implementing programs  | Not accepting excuses, repeated value judgment for designs which visitors have not followed. |
| 10      | Closing materials                                                          | Giving a summary past sessions by group members, doing post-tests, and end of session. |

Table 2. Descriptive Statistics of Research Variables

| Statistical Index | Group     | Test | Number | Mean  | SD   | Minimum | Maximum |
|-------------------|-----------|------|--------|-------|------|---------|---------|
|                   |           | Pre-test | 15    | 76.85 | 14.91| 47.00   | 92.00   |
| Rumination         | Control   | Post-test| 15    | 74.10 | 11.77| 11.00   | 54.00   |
|                   |           | Pre-test | 15    | 81.26 | 3.57 | 43.00   | 56.00   |
|                   | Experiment| Post-test| 15    | 50.40 | 3.21 | 46.00   | 56.00   |
|                   |           | Pre-test | 15    | 39.55 | 6.43 | 21.00   | 56.00   |
| Self-esteem       | Control   | Post-test| 15    | 41.60 | 13.07| 45.00   | 87.00   |
|                   |           | Pre-test | 15    | 42.80 | 3.39 | 45.00   | 56.00   |
|                   | Experiment| Post-test| 15    | 67.33 | 3.31 | 45.00   | 61.00   |

people who they do not even know, but it also leads them to seeking satisfactory relationship with special people (20). Moreover, considering the fact visitors learn to have dominance over their lives, they control their lives by re-planning, and this way they do not feel stressed. By teaching reality therapy with special emphasis on this need and by helping individuals to plan for meeting needs, they are assisted in loving themselves and others and to have safe relationships, leading to a positive feeling about oneself accompanied by higher self-esteem. In fact, reality therapy can affect individuals’ self-efficacy, preparing them for self-esteem and confidence in internal abilities and for bigger changes, by using certain methods for changing behaviors and achieving successes. Hence, according to Bruns and Anetey (2010), this attitude leads to an increase in positive emotions finally leading to an increase in self-esteem (24). Reality therapy approach believes we choose our behaviors ourselves, and that we are responsible for what we do, how we feel, and what we think. In this approach, individuals receive help in order to replace better choices in their lives (20).

5.1. Limitation and Suggestion of the Study

In the present study, due to lack of men’s cooperation, researchers inevitably held group consultation sessions for women with the experience of betrayal; in line with this, it is recommended the effect of group reality therapy on improving marital relationships be examined. Since children in families with the experience of betrayal are witness to many challenges, and because they suffer from the problematic consequences of disloyalty, they are exposed to the risk of repeating similar patterns in marital life, hence it is recommended certain sessions be held for teaching the children of such families, and for the re-
Table 3. Result of Leven Test

| Variable     | F     | df1 | df2 | Significance |
|--------------|-------|-----|-----|--------------|
| Rumination   | 23.94 | 1   | 38  | 0.19         |
| Self-esteem  | 0.50  | 1   | 28  | 0.16         |

Table 4. Results of Covariance Test for Determining the Effect of Group Reality Therapy on Rumination

| Variable     | Statistical Index | SS     | df | MS     | F     | Significance | Effect Size |
|--------------|-------------------|--------|----|--------|-------|--------------|-------------|
| Rumination   | Pre-test          | 212.05 | 1  | 212.05 | 2.45  | 0.12         | 0.06        |
|              | Group             | 705.78 | 1  | 705.78 | 8.35  | 0.007       | 0.95        |
|              | Error             | 315.96 | 36 | 86.55  |       |              |             |
|              | Total             | 147921.00 | 40 |        |       |              |             |

Table 5. Results of Covariance Test for Determining the Effect of Group Reality Therapy on Self-Esteem

| Variable     | Statistical Index | SS     | df | MS     | F     | Significance | Effect Size |
|--------------|-------------------|--------|----|--------|-------|--------------|-------------|
| Self-esteem  | Pre-test          | 212.05 | 1  | 212.05 | 2.45  | 0.12         | 0.06        |
|              | Group             | 705.78 | 1  | 705.78 | 8.35  | 0.007       | 0.95        |
|              | Error             | 315.96 | 36 | 86.55  |       |              |             |
|              | Total             | 147921.00 | 40 |        |       |              |             |

results which must be discussed. Through holding workshops, the principles and methods of therapeutic interventions are offered to the consultants and experts of mental health. Since learning the methods of fulfilling the emotional needs in marriages is easier than being engaged in disloyalty and separation, in pre-marriage consultations, necessary information is conveyed to couples. Holding educational workshops for all families in connection to improving marital relationships and preventing factors lead to betrayal, and considering the fact betrayal is a painful matter damaging many families in recent years, it is recommended women’s research centers, education centers, health centers, universities, and national organization for youth pay special attention to this matter in their researches in order to prevent the problem.

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