



# The Effectiveness of Reality Therapy Training on the Identity Status and Hope in Female Students

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**ABSTRACT:** The purpose of this study was to investigate the effectiveness of reality therapy training on the identity status and hope in female students of Islamic Azad University of Marand, Iran. This was a quasi-experimental study that used control group pretest-posttest design. The population of this study consisted of all female students of Islamic Azad University / Marand Branch who were studying in the academic year of 2017-2018. A total of 40 female students were selected by the targeted sampling method. Samples were randomly divided into two groups (each group = 20) of experimental and control groups. The data collection instrument used in the samples was two questionnaires, including Ahmadi's Identity Crisis (1999) and Beck's hopelessness scale (1988). Data from questionnaires were analyzed using covariance analysis. Findings showed that reality therapy training significantly decreased the hopelessness and identity crisis in the female students ( $p < 0.01$ ) where the research hypotheses were confirmed. Therefore, it can be concluded that the identity crisis and reduced hopelessness in individuals may be solved using reality therapy training.

**Keywords:** Reality Therapy, Identity Crisis, Hopelessness

ORIGINAL ARTICLE

## INTRODUCTION

Adolescence and youth period is a stage in which identity crisis prevails over the individual's psychological organization because both adolescent and young adult seek to identify their own identity. They look for various values and sometimes conflicting ones, then evaluate them and ultimately create a core of identity for them (Hosseinpour et al., 2010). Identifying the crisis of identity, having a strong desire for gaining the independence, self-fascination, the development of imagination, having a tendency towards patterns and the rapid physical and sexual transformations are the characteristics of adolescence and youth period. In this period, an adolescent needs to acquire an independent identity that is acceptable and distinguishes between him and others (Berzonsky, 2008). In the process of identification with different personalities, adolescents can gradually create a link between childhood identity and their new identity, so adolescents behave like people who attract them, but they may not even be aware of this. Therefore, the identity of persons is to a certain extent a combination of the relative

and different identifications. In addition, individuals acquire a sense of identity through their accomplishments and virtues (Kreen, as cited in Mesgari et al., 2014). The identity crisis that can lead to confusion and ambiguity to an adolescent has some complications, such as disturbance in the feeling of time, a strong sense of self and a negative identity (Cory, 2013). The identity crisis can be resulted in hopelessness and the loss of motivational state. Snyder (2000, as cited in Alizadeh et al., 2013) as the author of the theory of hope therapy defines hope as a construct that contains two concepts: "The capability to produce pathways to achieve desired goals, regardless of barriers and motivation to use these pathways." The application of hope theory to emotional explanations is that emotions are a key factor for helping the treatment of agencies to place the feelings as a basic source. By exploring new ways to adapt to the similar occurrences in the future, the counselors can help their agencies to complete the goal and the quality and how this process (Snyder, 2002). According to the conceptualization, both positive and negative emotions are the side effect of intentional

thinking of hope and hopelessness (Kar, 2006). Various studies have also shown that hope is associated with the lower level of stress (Fleeson, 2004), the reduced level of situational anxiety (Davis, 2005), more favorable adaptation to the disease (Stanton et al., 2002), and problem-solving ability (Snyder, 2002). High-hope people experience positive emotions, whereas low-hope individuals may have difficulty to reach their goals when face with a problem, and as a result, they experience the negative feelings of reduced self-efficacy and low self-esteem that can result in less success (Snyder, as cited in Soleimani & Babaei, 2016). Hopelessness is a system of negative schemas that people have about themselves and their future and damages to self-concept and social adequacy of individuals (AIPAC, 2010; as cited in Ghasemi et al., 2009). The meaning and interpretation given to events and skills of ineffective problem solving are factors that affect hopelessness. The meaning given to childhood negative events, such as abuse and their attribution to internal factors (internal attributional style) can cause people feel hopeless. Moreover, hopeless people may not find a solution in a stressful situation (Caterin, 2008). According to AIPAC's research (2010; as cited in Sanatnegar et al., 2012) 5.23% of suicide is caused by hopelessness due to the lack of effective coping mechanisms.

William Glasser (2009) develops reality therapy and believes that identity is a psychosocial structure that distinguishes an individual from others. He believes that identity is formed in different ways and grows. One of the ways of identity formation is to have an emotional connection with yourself and others. The basis of the formation of identity is the efforts and activities that we are interested in pursuing and our efforts and activities help us understand who we are and how we act. The opinions and perceptions of others play a key role in the clarification of the identities. Our evaluations of ourselves in relation to living conditions and the social and economic situation also determine our identity; and, finally, our conception of the global situation and dressing style determines our identity as compared with others (Shafiabadi & Naseri, 2013).

In recent decades, researchers have done extensive studies of identity. For example, the results of Mesgari et al. (2014) study show that group counseling with reality therapy can be used effectively to increase the successful identity styles of adolescent girls. The results of different studies demonstrate the effectiveness of a reality-therapy-based group consultation on the enhancement of the successful identity styles (Mesgari et al., 2014), reduction

of identity crisis (Ahmadi and Rezvaninejad, 1996; Reyisi, 1997; Mousavi, 2001; Mousavi, 1997; as cited in Pasha et al., 2010), communicating with others, taking responsibility and adjustment to different aspects of identity confusion (Marcia, 2008), reduced symptoms of depression, increased self-esteem and the increase of a sense of value (Reader, 2011), increased happiness (Esmaeili Far et al., 2013), life expectancy and the reduction of feeling of loneliness (Pakzad & Mohammad Parast, 2014), improvement of quality of life, increased happiness and satisfaction with life (Eslami et al., 2013 ; Pasha & Amini, 2008), and increasing hope and mental health and improving the quality of life (Kellogg, 2006; Barnes and Parish, 2006; Hokmabadi et al., 2014; as cited in Soleimani et al., 2016).

Reality therapy, which is considered as a new approach to counseling and psychotherapy, is based on a concept called choice theory (originally called control theory), and suggests psychological problems in the individual's choices and the lack of responsibility of a person to meet his/her own needs; reality therapy helps people meet their own underlying needs through better choices (Kakia, 2010). In fact, the main goal of reality therapy is to help people understand their needs, monitor their behavior and make appropriate choices. Therapists believe that the underlying problem of most clients is the lack of the satisfactory or successful relationships when interacting with those who need them in life (Darbai, 2007). Glasser (2009; as cited in Pasha & Amini, 2010) believes that the emergence of the ineffective behaviors and the formation of mental disorders depend on how the identity formation. According to him, adolescent's failure to form his/her own personal identity result in psychological problems such as anxiety, depression and antisocial behaviors, whereas adolescents who develop a successful identity have a beneficial role to play in their life and community. One of the situations that a person experiences in the state of self-alienation is hopelessness over time. Hope is the ability to believe the feeling of a better future. Hope with its penetrating power stimulates the activity of the system so that the system can gain new experiences and generate new forces in the organism, and human beings endeavor due to hope which brings them close to a high level of psychological functions, and hope is one of the signs of mental health. Reality therapy is a combination of techniques, methods, and tools which help people to move from ineffective to effective behavior, destructive to constructive choices, and most importantly, unsatisfied to satisfied lifestyle (Glasser, 2010). The basis of group therapy reality is the self-assessment process

because the space ruling on the group can help the members of the group to obtain an accurate assessment of their behavior (Cory, 2013). Reality therapy emphasizes facing reality, taking responsibility, recognizing basic needs, moral judgments on the rightfulness or wrongfulness of the behavior, focusing on the here and now, internal control and, achieving the successful identity, which is directly related to self-esteem and self-confidence (Caterin, 2008). In fact, one of the ways to reduce and solve the problem of the identity crisis is to use the Glasser's group reality therapy approach. This approach tried to help solve his/her problems with respect to the concepts of reality, responsibility and right and wrong things in the individual's life (Shafiabadi et al., 2013). Not only a large number of students but also the inability of an individual counseling program in educational centers can reveal the necessity of attention and utilization of the group consultation approaches. According to the research literature and the results of the above-mentioned studies, in this study the researcher seeks to answer the question: Does reality therapy training affect students' identity crisis and hopelessness?

## METHODS AND MATERIALS

According to the indices and objectives of the research, this was a quasi-experimental study that used control group pretest-posttest design. The population of this study consisted of all female students of Islamic Azad University / Marand Branch who were studying in the academic year of 2017-2018. The method of sample selection was as follows: initially, a call for participation in the research process was presented, and then questionnaires of Ahmadi's identity crisis and Beck's hopelessness scale were conducted on the students who participated in the call. After that, among students who were obtained score over 10 (cutoff score) by Ahmadi's identity test and score above 12 (cutoff score) by Beck's hopelessness test, subjects were selected by the targeted sampling method. Finally, samples were randomly divided into two groups (each group = 20) of experimental and control groups.

### Instruments:

**Identity Crisis Questionnaire:** This 30 items questionnaire was developed and standardized by Ahmadi in 1999 (Identity questionnaire is based on several identity questionnaires, including Adams, Berzonsky, & Jackson). Ahmadi's identity crisis questionnaire is scored based on a 4-point Likert scale and each question represents a

behavioral sign. This questionnaire has content validity. In the past years, it was used by Ramezani, Najmabadi, Mousavi, Rezvani, Rouzbahani, Kalantari, and Haydarpour, and their results were satisfactory. In a preliminary study conducted on 25 students from Shiraz, the reliability of this questionnaire was carried out, and using the split-half method was estimated to significant (80.0%). Moreover, in a preliminary study conducted on 60 students from Isfahan, the reliability was calculated using the split-half method and determined 0.75. Another study was performed by Najmabadi (2006) on 40 girl students from high schools of Qom and the reliability of the instrument was 0.90 the Cronbach's alpha (Hossein Pour, Darvishi et al., 2010). In a study conducted by Bouali Dad and Kamani (2001; as cited in Saatchi, Kamkari & Asgariyan, 2010), Cronbach alpha was calculated to be 0.89. In addition, using the split-half method, the validity coefficients of the questionnaire is 0.95, showing a highly acceptable validity coefficient. In the present study, the validity of the questionnaire was calculated using Cronbach's alpha coefficient and its value was 73.0 which showed high reliability of the measurement scale for conducting the research.

**Beck's Hopelessness Scale Questionnaire:** The Beck Hopelessness Scale (BHS) (1988) is designed to consider and measure the level of the person's negative expectations about future events. BHS is used to measure the level of despair and hopelessness of the subjects. Hopelessness test has been normalized by Dejkam (2004) on students of Islamic Azad University, Tehran Branch. Examining this scale by using the correlation between the scores of each item and the total score demonstrated that the BHS items measure a single factor. Then, reliability of the scale was 0.79 using an internal consistency coefficient of Cronbach's alpha, which was enough to conduct the research. Moreover, Beck (1988) reported that the reliability of this test by repeating the tests at three weeks was 0.69 and at six weeks was 0.66. Validity and reliability of this test have been examined in various studies, especially in studies on suicidal tendencies, and reported correlation coefficients ranged from 0.36 to 0.76. In their study, Mesbah and Abedian (2006) reported that the correlation coefficient of the questionnaire between the two groups was 0.69, the correlation coefficient for determining the reliability between hopelessness questionnaire and the hopelessness rate was 0.74 and its internal consistency coefficient ranged from 0.83 to 0.93. Furthermore, in a sample of 40 subjects (20 depressed subjects and 20 healthy subjects), Kaviani and Rahimi

(2002) reported the correlation coefficient of 0.78, which showed a high correlation (Suri, 2014). In a study conducted by Goudarzi (2002), the concurrent validity the questionnaire was confirmed by correlation test of scale using Beck Depression Inventory. Reliability of the questionnaire was calculated using Cronbach's alpha. Generally, confidence interval of the Cronbach's alpha ranges from zero (0) means instability, to the positive one (+ 1) means full stability, and the closer the result to positive one is, the questionnaire is more reliable, the reliability of the questionnaire becomes greater. Cronbach's alpha for the BHS questionnaire is 0.79, indicating a good reliability of this instrument. In the present study, the validity of the questionnaire was calculated using Cronbach's alpha coefficient and its value was 0.77, which indicated the desirability of the present questionnaire for conducting the research.

**Reality Therapy Training:** The process of administering reality therapy sessions was based on the book "Choice Theory: A Psychology of Hope" by William Glasser (1998) and derived from papers presented by Jamasian Mobarakeh and Dokanee Fard (2017). Participants in the experimental group attended the training sessions (including eight 90 minute sessions of

group reality therapy training, one session per week). After selecting the final study groups, participants were asked to attend a briefing session. In this session, by explaining the research objectives, we attempted to obtain the attendees' motivation and consent to participate in the study, and then consent form for participation in a research study was completed by the attendees. The researcher also assured the attendees that all the materials presented in therapy sessions and the results of the questionnaires would be confidential and would not be disclosed to any person or organization and the results would be presented collectively without mentioning the participants' name. To put the participants at ease, the hours of therapy sessions were planned according to the student's classroom conditions. In this session, the participants completed two questionnaires of Ahmadi's identity crisis and BHS as a pre-test. In order to comply with ethical principles, the participants were assured that their information would remain completely confidential and they were free to choose not to participate in this study or if they wanted, they were free to leave the study at any time. Also, after completing the follow-up sessions, in order to comply with ethical principles, four 90-minute therapy sessions were considered for the control group.

**Table 1:** Summary of the structure of reality therapy training sessions

No	Objectives of the Session	The content of and Assignments Presented in the Session
<b>Session 1</b>	Establishing a therapeutic relationship	Introduction to therapy program, its underlying logic, taking a pre-test, introducing the therapist and client, the group rules and goal setting.
<b>Session 2</b>	An introduction to why and how we behave: Why do we behave? How do we behave? Understanding our needs and how to meet them.	Giving an explanation of everything we do are true reflections of what we behave and all our behaviors reflect a goal. The goal of all our behaviors is to satisfy one of our basic needs. Introducing the five basic needs and helping them identify their needs.
<b>Session 3</b>	Evaluation of perceptions of the illness. Can they change of what will the special images of their ideal world?	Evaluating patients' perceptions about their illness and its complications before starting the discussion, introducing infertility in plain language, what is infertility? What it does and how affect feelings, emotions and can be indirectly lead to behavioral incompatibilities, but they are not born directly. Evaluating patients' perceptions about their illness and its complications and outcomes at the end of the session.
<b>Session 4</b>	All of their behaviors are total behavior. What is their current choice?	Introduction to total behavior and familiarizing an individual with the components of total behavior —action, thinking, feeling and physiology that we always directly control and manage the components of action and thinking, and indirectly control and manage the components of feeling and physiology. we control and manage only through the use and manipulation of the front wheels of the car i.e., action and thinking.
<b>Session 5</b>	Filling the gap between what I want (the ideal world) and what I have (the current world), what the ways introduce to you by their creativity.	Introduce what are anxiety, anger and depression from the perspective of the choice theory that focuses on goal: Introducing four types of conflict: 1. You want to force one to do something that one does not want to do. 2. One wants to force you to do something that you do not want to do. 3. You and someone else try to force one another to do something that you do not want to do. 4. You force yourself to do something that you do not want to do .

<b>Session 6</b>	How changes in their perceptions help them make a better choice. Recognize the pattern of using factors in the main interactions of life, especially with parents.	Introduce to the seven destructive behaviors in human relationships (criticism, grumbling, complaining, etc.). Recognize the pattern of using factors in the main interactions of life, especially with parents. Introduce to the seven constructive behaviors (listening, encouraging, etc.) and homework assignment for next week.
<b>Session 7</b>	What is internal and external control psychology? How to improve the quality of relationships through the choice theory.	The introduction and discussion of internal control with teaching ten principles of the choice theory, give an detailed explanation, and ask them to provide personal examples.
<b>Session 8</b>	Preparing a practical plan and choosing an action with commitment	Introduce of WDEP and help the individual develop an objective plan to avoid the use of external control as well as do a post-test. Developing a practical plan for optimal change in the action and thinking associated with illness and performing effective things to change physiology and feeling, discussion of the goals and the extent to which people reach goals, and taking a post-test .

**RESULTS**

This section describes the analysis of data. Since each group has been evaluated twice in the pre- and post-test stages., therefore, Table 2a shows the mean and standard deviation (SD) of pre-test and post-test of identity crisis and hopelessness scores for both groups

**Presumptions of analysis of covariance**

To assess the presumption of the normal distribution of scores of identity crisis and hopelessness variables in the experimental group (pre-test post-test) and control group (post-test pretest), one- Sample Kolmogorov Smirnov test was used. Since the value of the significance level was greater than 0.05, the distribution of dependent

variables was normal, and therefore the presumption of the normalized scores was confirmed. The results of one-sample Kolmogorov Smirnov test are presented in Table 2b.

Another presumption of covariance analysis was homogeneity of variance, which could be tested using Levene’s Test of Equality or homogeneity of variance. Since the value of the significance level of the Levene’s Test (F) was greater than 0.05, therefore, the assumption of equality of variance of the identity crisis as well as the hopelessness score in the two groups (control and experimental) were confirmed in the post-test stage and no difference was observed between them. The results of the Levene's Test are presented in Table 3.

**Table 2a.** Descriptive statistics for identity crisis and hopelessness scores in the pre- and post-test stages.

Variable	Stage	Group	No	Min.	Max	Mean	SD
Identity crisis	Pre-test	Experimental	20	17	28	23.05	3.136
		Control	20	15	29	20.09	4.08
	Post-test	Experimental	20	9	25	14.45	3.74
		Control	20	15	29	20.06	3.91
hopelessness	Pre-test	Experimental	20	33	39	37.2	1.7
		Control	20	30	40	36.4	2.257
	Post-test	Experimental	20	15	31	18.65	3.81
		Control	20	30	41	36.7	2.45

**Table 2b:** One-sample kolmogorov-smirnov test results of the main variables of the research

Variable	Stage	Group	Mean	SD	Significance level
Identity crisis	Pre-test	Experimental	23.5	3.136	0.37
		Control	20.09	4.08	0.34
	Post-test	Experimental	14.45	3.74	0.31
		Control	20.06	3.91	0.29
Hopelessness	Pre-test	Experimental	37.2	1.7	0.069
		Control	36.4	2.257	0.226
	Post-test	Experimental	18.65	3.81	0.21
		Control	36.7	2.45	0.09

**Table 3:** The results of the Levene's Test of equality of variances

Variable	Levene's statistic	Significance level
Identity crisis	0.648	0.433
Hopelessness	0.869	0.091

**Assumptions of Regression (lack of collinearity)**

The multivariate collinearity was assessed by using the variance inflation factor (VIF) tolerance. If the value of the VIF was greater than 10, it indicated the multicollinearity. Moreover, the tolerance value of 0.1 or below 0.1 indicated the collinearity. As shown in the table above, there was no collinearity between the study variables because of the obtained values from Tolerance and VIF.

**Hypothesis 1: Reality therapy training reduces the identity crisis in female students.**

Analysis of covariance (ANCOVA) was used to determine whether there were significant differences between the two groups. As shown in the table, there was a statistical significant difference between the two groups. Moreover, the analysis of the variable of identity crisis in the experimental and control groups in the post-test stage showed that reality therapy training had a statistically significant effect on reduction of the students' identity crisis (  $p < 0.05$ , Eta squared= 0.856, and  $F = 76.701$ ).

**Table 4:** Results of VIF and tolerance

Variable	Tolerance	VIF
Identity crisis	0.813	1.008
hopelessness	0.992	1.002

**Table 5:** Results of covariance analysis of the adjusted mean difference of the female students' identity crisis scores in the experimental and control groups

The source of the variation	Sums of squares	df	F	Sig	Eta squared
Pre-test	290.238	1	40.143	0.000	0.002
Group	554.551	1	76.701	0.000	0.856

**Hypothesis 2: Reality therapy training reduces the hopelessness in female students.**

The ANCOVA was used to determine whether there were significant differences between the two groups. As shown in the table, there was a statistical significant difference between the two groups. In addition, the analysis of the variable of hopelessness in the experimental and control groups in the post-test stage

indicated that reality therapy training had a statistically significant effect on reduction of the students' hopelessness ( $p < 0.05$ , Eta squared=0.417, and  $F=362.198$ ).

**Table 6:** Results of covariance analysis of the adjusted mean difference of the female students' hopelessness scores in the experimental and control groups

The source of the variation	Sums of squares	df	F	Sig	Eta squared
Pre-test	54.241	1	5.964	0.019	0.001
Group	3294.129	1	362.198	0.000	0.417

**DISCUSSION AND CONCLUSION**

The effectiveness of reality therapy on reduction of the identity crisis can be justified that teaching responsibility based on reality therapy that is effective in reducing the identity crisis, reveals the point that by a correct training and learning responsibility skills can overcome the identity crisis. In the experimental group, the members have an opportunity to reflect on themselves and then speak their own views in an honest and open manner. Participation in group training sessions can be led to self-awareness which is a basis for making more constructive decisions, having more useful plan, changing their feelings, action and thinking, and finally realizing their capabilities.

Participation in group training sessions can be led to self-awareness which is a basis for making more constructive decisions, having more useful plan, changing their feelings, action and thinking, and finally realizing their capabilities. Moreover, improving the effective communication, and promoting the meaningful human relations can facilitate ways to meet psychosocial needs. In other words, they learn that people give importance to them. When a member speaks, everyone listens, and give an importance to his/her ideas. When thinking and speaking to people gives you pleasure, you will no longer be afraid of having an independent opinion and not be afraid of entering into the discussion and you can use your intellectual ability to solve problems (Asgari et al., 2014). Reality therapy can help an individual increase his/her sense of control over his/her lives, and he/she surrounds himself/herself with external factors and ceases blaming himself/herself for past events (which can not control over them) and seeks better choices (Glasser, 2012). The feeling that an individual can make a difference in his/her own life and plays a key role in determining his/her own destiny and can also change

his/her future, can increase self-confidence and reduce the worry that is the main attribute of anxiety. Reality therapy sessions tried to teach the satisfaction of the basic needs in the right way, so that lost self-esteem of an individual could be restored. Reality therapy is focused on now, and tried to teach this point to individuals that they essentially choose their actions in an attempt to satisfy basic needs. If they fail to do so, they will suffer from others. In fact, a failure to meet the basic needs causes the person's behavior of the person goes away from the norms. On the other hand, reality therapy is a method emphasizing responsibility and current behavior of individuals and considers positive emotions to be an optional alternative (Esmkhani Akbarnejadi et al., 2014). To explain this hypothesis, it can be said that hopelessness is a shocking state that manifests itself through a feeling of having a lack of possibilities, disability, and disinterest, and the person is severely disabled due to hopelessness and unable to appraise the situations in his/her life, and as a result of these difficulties, he/she does not have the power to adapt to life changes. Furthermore, hope and hopelessness can affect the the individual's goals and his/her possible success to achieve the goals. In fact, hopelessness makes difficult to reach the goal, and interpersonal relationships can be disturbed (Marcia, 2008). More recently Glasser has stated that all problems are related to now, it means that the initial experiences can be searched, but there is little relation to solving the current problem. Glasser emphasizes that the core of all current problems is communication problems (Marshal, 2004). He uses abundantly the term "bad communication" to describe relationships in which ineffective behaviors are applied. In the bad communication, the person chooses a destructive and disruptive behavior which is called psychological disorder. When a person chooses more effective behaviors to satisfy his/her needs, symptoms quickly resolve (Glasser, 2000). In the hopeless situations, a person surrounds himself/herself with external factors, while reality therapy tries to help people choose internal control psychology instead of external control psychology. Choice theory believe only the individual whose himself/herself can do something for himself/herself, and nobody can do this without his/her permission (Jones, & Parish, 2005). Since a human being has the power to choose hope and he /she decides to find himself/herself unmatched, and obtains hope and that simply decides that will no longer be worn out by anything exists outside himself/herself, and carries out his/her life responsibilities,

even if are unfavorable, and in spite of the relevant risks, he/she will do so (Dyer, 1991; translation of Nick Fetrat, 2009). On the other hand, "hope" has the same meaning with " self-confidence", and their existence is dependent on each other because in the definition of hope, it is believed that a person can use his/her the creative powers to improve his/her life. To do so, hope requires confidence, and confidence comes from behavior, not wishing or thinking about something. Hope plays a role in the mental activity and confidence plays a role in the behavioral activity, and begins with the notion that nothing is impossible. Regardless of any circumstances, we think hopefully by choosing behaviors that build confidence (Soleimani & Babaei, 2016). First, a group therapy provides an opportunity for a person to talk about his/her problems and express his/her feelings (Hokm Abadi et al. (2014). On the other hand, many people think that only they have this problem (Farmani et al., 2015; as cited in Esmaili et al., 2016). A group therapy that strengthens factors such as group cohesiveness and a general feeling of problem, intensifies a kind of communication network that a person experiences hope, altruism and tranquility when interacting with others (Omran et al., 2012). Reality therapy teaches people to take responsibility for their behaviors. In turn, accepting responsibility also leads to action. When people take responsibility for their behaviors, they are then the main commander of life and can change thoughts and attitudes, create a series of corrective actions, can change their behavior and accept their emotions and deal with them. In fact, taking responsibility will be resulted in improving conditions in life and increasing happiness and hope. Reality therapy strengthens people's internal control. In fact, this method teaches people that their happiness and their future success are not in the past's unpleasant events, but lie in their own hands, and they can shape their future as they wish. Reality therapy teaches people that their current happiness or misery is not due to the behavior and actions of others, but they are themselves who are the cause of their happiness or misery. Increased internal control can be led to an increase in taking responsibility and thus produces feelings of happiness and hope. Another reason for the effectiveness of reality therapy is to enhance the ability to solve the problem in individuals. Reality therapy teaches people that they should not escape the hardships and problems, but they must take responsibility for the problems that they have encountered and apply all their power to solve them. This process helps people focus on

solving problems rather than fighting and avoiding problems, and as a result, a focus on solving problems increases the levels of happiness and hope. One of the reasons for the effectiveness of reality therapy is that it teaches people to move in the direction of change by gaining self-knowledge and introversion, because when a lifestyle is normal and sufficiently deep, it can turn into a grave and burry people under the slack of impulsivity. In order to have a meaningful life, this approach teaches people that they must carefully look for ways to change, openness and accept the constant change even at the peak of comfort that can lead to happiness and hope in life (Ghorbanalipour et al., 2014). One of the main limitations of this study is a lack of comparison of this approach with other new therapeutic approaches. Additionally, all steps of the research process are carried out by the researcher. Accordingly, it is likely that there would be response bias when respondents answered questions in the questionnaires. In this regard, it is suggested that a comparison makes between different approaches to modify identity and hopelessness by the presence of therapists and examiners are not identical.

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