
Effectiveness of Group Reality Therapy in Reducing Anxiety of Clients in Hamedan Central Prison

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Abstract

The present research studies the effectiveness of group reality therapy in reducing the anxiety of clients in Hamedan Central Prison. This is a quasi-experimental research with pretest-posttest design and a control group. To this end, the subjects are selected using multistage random sampling method. Of the total studied population, 30 individuals have been randomly selected and divided into two groups of 15, i.e. experimental and control groups. Based on protocols of reality therapy, the individuals in the experimental group have received therapeutic interventions for 8 sessions. It should be noted that the present research employs Beck Anxiety Inventory (BAI). In order to analyze the data, independent t-test and one-way analysis of covariance (ANCOVA) have been used. The data is analyzed using SPSS software. The results suggest that group reality therapy significantly reduces clients' anxiety ($p < 0.021$).

Keywords: reality therapy, anxiety, group therapy, clients

1. Introduction

Anxiety is one of the largest problems threatening the life of modern man. This phenomenon creates distress in the process people's lives and puts their mental security and peace of mind at risk. Although in the present era mankind has accomplished spectacular material and scientific achievements and created better instruments to rule over nature, yet in comparison to previous centuries people feel more stress and anxiety within themselves. In fact, it could be claimed that a reverse relationship has been formed between human's comfort and his peace of mind (Alavi & Eliasi, 2013). Anxiety refers to an unpleasant and ambiguous feeling of fear and distress coming from an unknown origin, which captures an individual and incites uncertainty, unease, and physiological stimulation (Mohammadi Torab, 2014). Most tensions and resilient feelings caused by anxiety are originated from various personal and social factors which can affect one another; in a condition like this, the person tries to defend against anxiety. A simple instance of such defense is negative response,

wherein the person uses sedatives. These defense mechanisms are unconscious efforts to maintain mental peace by all types of normal, neurotic, or psychotic individuals (Ahadi & Banijamali, 1996). Mental pressures and emotions lead to physical pressures which affect different bodily systems and create a set of frightening warning symptoms such as heart palpitation, overexcitement, headache, accelerated heart beat, hyperhidrosis, nausea, and urinary frequency (Lesk, 1998). The terms panic and anxiety are usually used interchangeably. Yet, the difference is that fear is originated from a preliminary evaluation of a real threat, while anxiety refers to a stressful emotional state caused by an unknown and ambiguous danger. Panic refers to exaggerated and crippling phobia of certain events or objects (such as fear of cockroaches, feathers, heights, end etc.); it is a state of extreme and sudden terror accompanied by mad efforts to find safety. Some of the signs of phobia are: hyperventilation, heart palpitation, hyperhidrosis, shaking, dyspnea, chest pain, nausea, vertigo, and feeling of suffocation (Fadaeinejad, 2014).

Of course, numerous factors such as different psychological, social, or physical stress may fan the flames of anxiety. Prison can be an extremely stressful environment for any human being. Harsh living conditions in prison can be a factor contributing to anxiety and threatening mental health. The word "prison" is often associated with difficult and tormenting conditions. By hearing the word "prison", people are reminded of a terrifying, dark, and horrific environment. Such perception is not far from truth. The studies by Mesbahi (2015) indicate that 18-19 % of prisoners suffer from fundamental mental disorders during their incarceration. Also, 5.87 % of the prisoners are suspected of having anxiety and mental disorders. The world faces the problem of seven hundred thousand re-incarcerations every year. The most common mental disorders among prisoners are anxiety, depression, and suicidal tendency.

Reality therapy is a method of counseling and psychotherapy founded by the psychologist William Glasser. Reality therapy helps people explore wants, needs, behavioral values, and solutions which assist them in satisfaction of their needs (Glasser & Wubbolding, 2003).

Since anxiety is one of the most common mental disorders among prisoners and considering the grim and stressful environment of prison, it seems that reality therapy can be one of the best non-pharmaceutical treatments for these individuals. Since no prior studies on this subject have been carried out in prison environment, conducting this research seems to be necessary. The purpose of the present research is to examine the effectiveness of group reality therapy in reducing anxiety of clients in Hamedan Central Prison.

Reality therapy helps a person to have control over his behaviors and choices. Reality therapy is based on control theory and assumes that people are responsible for their lives, actions, feelings, and behaviors. On the other hand, Zareb (2012) believes that reality therapy can be applied to every individual who has a problem. Refraining from denial of truth, taking responsibility, and subsequently planning to achieve certain goals are among the most basic needs of mankind in life which have been stressed out in this therapeutic approach. Reality therapy is founded upon choice theory. This theory argues that behavior is comprised of all the actions we engage in, and almost all of our behaviors are chosen. Glasser considers behavior to be made up of four components i.e. acting, thinking, feeling, and physiology. He believes that we have direct control over acting and thinking and indirect control over feeling and physiology. The main emphasis on choice theory is on the components of acting and thinking. According to Glasser, behavior is comprised of all the actions we engage in, and almost all of our behaviors are chosen. These choices are guided by internal instincts and basic needs (Jill et al, 2009). Based on this theory, human beings have internal motivations to satisfy needs for live, belonging, feeling of power, freedom, survival, health, and recreation (Berikel, 2007). Glasser argues that people can improve their lives through conscious selection of feelings and behaviors. In summary of reality therapy or what later came to be known as control theory, he insists that human beings always act in a way to control the world and themselves as a part of the world in order to satisfy their basic needs (Sharef, 1996). Studies reveal that implementation of reality therapy reduces anxiety and increase responsibility and self-esteem (Mousavi, 2015).

2. Data and Estimation techniques

2.1. Data

The present research is a quasi-experimental research with pretest-posttest design and a control group. The statistical population is comprised of all male prisoners between the ages of 19 and 47 in Hamedan Central Prison in 2016, convicted by the

judiciary system and have at least one year before being released. The subjects have been selected from individuals in prison's section one (single or married with different crimes) who have been willing to participate in the study.

The sampling is carried out using multistage random method. Considering the specific physical situation of the prison and settlement of inmates in separate blocks and sections, at first, one of the blocks has been randomly selected, and then, one of the sections within that block is selected randomly. Among 280 inmates in that section, 195 individuals were willing to participate and take Beck Anxiety test. Among the participants, 77 individuals had over-the-mean anxiety scores and were qualified to take part in the study. Provided that sample members are able to read and write, 30 individuals have been selected randomly from the qualified participants; they have been randomly assigned to either experimental (n= 15) or control (n= 15) groups. The experimental group has taken part in eight 120-minute sessions of group reality therapy. After the intervention, both control and experimental groups have been post-tested.

Beck Anxiety Inventory (BAI) is the measure used in this study. In 1990, Aaron Beck et al. introduced Beck Anxiety Inventory which specifically assesses the intensity of signs of clinical anxiety in adults and young adults. This questionnaire contains 21 items. The subject answers each item by selecting one of four alternatives scored from 0 to 3. Each item in the inventory corresponds to one common symptom of anxiety. Therefore, the total score of this questionnaire ranges from 0 to 63 (Fathi Ashtiani & Dastani, 2009). Studies reveal that this questionnaire has high validity and reliability. Its coefficient of internal consistency (Alpha Coefficient) equals 0.92, and its reliability measured through test-retest method within one week is calculated to be 0.75, while the correlation of its subscales varies from 0.30 to 0.76. Five types of validity i.e. content, concurrent, construct, diagnostic, and factorial validity have been anticipated for this test, all of which point to the high efficiency of this questionnaire in assessment of anxiety level. Using test-retest method in an interval of two weeks, Gharaei (1993) reports the validity of this questionnaire to be 0.80. Also, Kaviani & Mousavi (1999) report the validity of this questionnaire to be 0.72, test-retest value in one-month interval to be 0.83, and its Cronbach's Alpha to be 0.92.

Method of research execution has been as follows: The experimental group has attended eight 120-minute sessions of group reality therapy, while the control group has received no treatments. After the end of therapy sessions, both experimental and

control groups are tested using Beck anxiety inventory. The reason for that is to examine the

impact of independent variable (group reality therapy) on client's anxiety.

Table 1: Protocols for each therapy session based on available resources are designed as explained below

First session	The purpose is to orientate the participants with the concept of reality therapy, self-identity, types and characteristics of identity, and emotional engagement with group members.
Second session	The purpose is to familiarize the participants with the concept of taking responsibility for their own behaviors and make them aware of the importance and necessity of accountability in life.
Third session	The purpose is to explain anxiety from the point of view of reality therapy and teach relaxation skills to control anxiety.
Fourth session	The purpose is to familiarize the participants with basic and effective needs in real life and the impact of basic needs in life and to acknowledge their ability to choose the best possible method to satisfy basic needs.
Fifth session	The purpose is to train participants on who to plan for problem solving and planning for their present life.
Sixth session	The purpose is to orientate the participants with the concept of commitment and execution of the plans.
Seventh session	The purpose is to teach participants to refrain from giving excuses for execution of plans and programs.
Eighth session	The purpose is to familiarize the participants with the impact of punishment on destruction of friendly and beneficial relationship.

In order to analyze the data, independent t-test and one-way analysis of covariance have been used. It should be noted that the data is analyzed by SPSS software Ver.23

Table 2 demonstrates descriptive statistics regarding participants' age.

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Variable	Mean	Std. Deviation
Participants age	34.25	7.526

Table 3 demonstrates descriptive statistics regarding the variable of anxiety for experimental and control group in pretest and posttest phase.

Table 3: descriptive statistics regarding the variable of anxiety

Group	Number	Prstest	Posttest
Experimental	Mean	30.69	41.69
Experimental	Std. Deviation	5.241	2.061
Control	Mean	33.64	36.42
Control	Std. Deviation	8.319	2.486

Test of normality of distribution is carried out for the variable of anxiety. The skewness value for anxiety equals 0.136 which is in (-2, 2) interval. Therefore, in terms of skewness, the variable is normal and has symmetrical distribution. Also, the value of kurtosis equals 0.732 which is in (-2, 2) interval. This indicates that the variable has normal kurtosis. The anxiety variable is also examined in terms of linearity. The chart output indicates that the relationship is linear. The test of homogeneity of regression slopes is carried out for anxiety variable. The obtained significance level ($p < 0.734$) is higher than the critical point ($p < 0.05$), which indicates that the assumption of homogeneity of regression slopes for analysis of covariance is

correct. The test of homogeneity variance is carried out for anxiety variable. The obtained significance level ($p < 0.168$) is higher than the critical point ($p < 0.05$), which indicates that the assumption of homogeneity variance is correct.

In order to examine the linearity of the relationship between dependent variable (anxiety) and covariate (reality therapy), ANOVA test is implemented. The test result indicates that the effect of covariance variable on the linear composition of the dependent variable is not significant. Meanwhile, the effect of the aspect of group (group membership) in the linear composition of dependent variable is

significant. Therefore, the use of ANCOVA for data analysis seems to be logical.

Table 4: Ancova Analysis Of Anxiety By Exclusion Of Pretest Effect

Source of variance	Ss	Df	Ms	F	Sig	Eta
Within group (Anxiety)	633.923	1	633.923	20.461	0.000	0.683
Between groups (Experimental & Control)	123.872	1	123.872	3.998	0.021	0.294
Error	1765.982	57	30.982			
total	2523.778	59				

As indicated in table 4, considering the F-value (3.998) and significance level (0.021), the difference within group in terms of anxiety is significant. In other words, the anxiety scores of posttest and pretest phase are significantly different. As for between-groups effects, considering the F-value (20.461) and significance level (0.000), the groups' effect in terms of anxiety is significant. In other words, the anxiety scores of control and experimental groups are significantly different.

Also, the obtained Eta-squared value (0.45) indicates that the difference between the two groups in terms of anxiety scores is due to the impact of group reality therapy. The results also indicate that there is a strong relationship between pretest and posttest scores of anxiety which is marked by the value of Eta-squared (0.65).

1. Empirical Results

The results obtained in this study point to the impact of group reality therapy on reduction of clients' anxiety. Only a few studies have been conducted on the effect of reality therapy on prisoners' anxiety. However, the study by Pasha and Amini (2008) is an example. In their study titled "the effect of reality therapy on hopefulness and anxiety of martyrs' wives", they conclude that reality therapy reduces anxiety among women. Another example is the study by Shafiabadi et al. (2005) titled "the impact of group reality therapy on reduction of teenage students' anxiety". That study indicates that reality therapy reduces students' anxiety. In another study titled "the effect of group reality therapy on women's anxiety", Akbarinejad, Etemadi, and Nasirnejad (2014) suggest that group reality therapy alleviates anxiety among women. The results obtained in the present research are in alignment with those of the mentioned studies.

Moreover, studies conducted in different parts of the world point to the effect of reality therapy on various types of components, problems, and psychological disorders. For instance, Sheryl (2003) post-trauma, Kim (2005) stress reduction, Sahebdel et al. (2012) mental health and anxiety, Khaleghi Abbasabadi (2009) mental health, and

Ahadi et al. (2009) public health are worth mentioning. The results obtained in the present research correspond to those of said studies in one way or another. However, the findings of the present research are in contrast with the results of the study by Sahebdel et al. (2012) who conclude that reality therapy has no impact on depression and sleeping disorders.

Considering the relative prevalence of anxiety disorder among general public, and regarding the required number of sessions for therapy, as well as insufficient number of experts in this area, the application of group approach and collective method is worth contemplating (Ranjbar, Ashk Torab, & Dadgar, 2010).

In order to explain the findings of this research, it can be said that today, intense anxiety is known to be a disturbing phenomenon which stops individuals from establishing healthy relationships with others or take responsibilities in their relationships (Shamlou, 2003). According to reality therapy, human has two basic needs: loving and being loved, as well as perception of value for oneself and others. In order to satisfy these needs, a person should behave appropriately so that others could love him. Criteria of acceptable and reasonable behaviors are numerous. Correctness of behaviors depends on norms which are originated from social, cultural, and moral factors and values. If a person does not evaluate and reform his behaviors, his basic needs would not be satisfied. Therefore he would not feel value and friendship and falls into the abyss of anxiety. Additionally, in order to feel being valued, one should try to acquire and strengthen a series of skills. Glasser (1925) notes that what is known as mental illness is in fact a collection of hundreds of ways desperate people choose to behave in order to satisfy their basic genetic needs. Moreover, irresponsible behavior leads to anxiety rather than the anxiety leading to irresponsible behavior (Shafiabadi & Naseri, 2011).

Taking responsibility for actions is a sign of mental health. A responsible person behaves in correspondence to reality. He would tolerate failure in order to achieve a sense of value, and satisfy his needs in a way that wouldn't obstruct satisfaction

of other people's needs, while remaining faithful to his words and promises (Shafiabadi & Naseri, 2011). Since the focus on responsibility constructs the main core of reality therapy, therefore this therapy can be beneficial in teaching of responsible behavior to people, hence preventing the emergence of anxiety.

Specifically, a reality therapist concentrates all his efforts on behavior and establishment of a private and active relationship, acts responsibly and takes the present time into consideration in order to succeed. Therapist never spends time being detective and listen to excuses of clients; he rather tries to focus on client's current behavior, avoid threatening affairs, and lay the foundation of responsible behavior and successful identity in the client in order to reduce his anxiety and strengthen the pre-requisites of a healthy personality (Shafiabadi & Naseri, 2011).

According to Glasser, our "qualitative world" is the basis of choice theory. Our desirable world is a small one. A short while after birth, every person starts creating that world in his mind and expands it as his life goes on. This small world which exists in our mind is formed by certain images which include people, objects, and situations; it is the best means to discover how to satisfy our needs (Wubbolding et al, 2004). Provided that all said necessary steps are taken in group therapy sessions, it is expected that anxiety levels are reduced in prisoner clients.

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