

Original Article

A comparative analysis of the effectiveness of reality therapy and cognitive behavioral therapy training on the development of preventive and interventive self-control in incompatible couples

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Abstract

The purpose of this study is to provide a comparative analysis of teaching reality therapy and cognitive behavioral therapy on the development of preventive and interventive self-control in incompatible couples. In this study, we adopted a quasi-experimental pretest-posttest and follow-up control group design. The sample was selected from the entire body of incompatible couples who were referred to Mehrana Counseling Center in Tehran in 2019, the total number of whom in the second half of the year 2019 reached 180 individuals. The participants were selected through the convenience sampling. In this study, the data was collected in two stages: in the first stage, the participants' feedback on Reality Therapy (designed based on William Glasser's Choice Theory) and Cognitive-Behavioral Couple and Family Therapy (designed by Dattilio and Epstein, 2015). And in the second stage, the participants were asked to fill out The Brief Self-Control Scale (BSCS) (Tangney et al., 2004) and the Dyadic Adjustment Scale (DAS) (Spanier, 1976). Descriptive and inferential statistical methods were used to analyze data in SPSS 26. The observed results of the study are statistically significant at a *P*-value of less than 0.05 and the reported *F*-value in each component, indicating that the study hypothesis is confirmed with 95% CI. Therefore, Reality Therapy and Cognitive Behavioral Therapy training are effective tools in the development of self-control components in incompatible couples.

Keywords

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Introduction

Marriage is a complicated bond that requires giving and receiving support to survive. The institution of marriage while helping individuals satisfies their emotional, mental, and sexual needs provides the perfect space for nurturing and developing healthy generations. It is of no question that when couples experience relationship incompatibility, the strains on their relationship shall negatively impact other members of the family and will seize their growth and development. Nothing is more important than the compatibility of the couples with each other in strengthening their marital bonds and the family (Moini, 2016). A significant body of research on the concept of marriage confirms the importance of marital compatibility. "Marital compatibility is a state in which the wife and husband feel satisfaction and happiness from their marriage" (Elmi & Yazdani, 2010). The studies that were conducted on the factors contributing to marital compatibility indicate that inter-familial factors play an

important role in marital incompatibility and divorce in Iranian households (Cheraghi et al., 2014). Marital incompatibility can cause many problems in couples' relationships. One important factor that contributes to marital incompatibility is self-control. "Self-control is the ability to regulate and alter your responses (thoughts, behaviors, and emotions) in order to avoid undesirable behaviors, increase desirable ones, and achieve long-term goals" (Cherry, 2022). Therefore, one must be equipped with a sufficient amount of self-control to handle one's daily tasks successfully. Higher self-control is negatively associated with high-risk behaviors that cause cardiovascular and respiratory diseases and cancer (Kazemi Rezayi et al., 2018).

Therefore, the higher the level of one's self-control, the fewer physical health symptoms one will experience. Self-control is an internal monitoring system that allows one to practice conscientiousness and avoid maladaptive, abnormal, and unlawful acts. That is why one's level of self-control reflects one's level of maturity. To control

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one's behavior, one must first realize that one is the sole responsible agent in shaping one's behavior. Therefore, one can control one's behavior and its consequences to some degree. Couples' lower levels of self-control lead to marital dissatisfaction (Oweysi et al., 2015), negatively affect marital commitment (Hadi et al., 2016), and push couples toward infidelity (Khorram Abadi et al., 2018). One's level of self-control indicates one's level of flexibility and sustainability in any given situation. Schneider introduced two general categories for people's self-monitoring levels: high self-monitors and low self-monitors. Each of these individuals demonstrates specific traits. "High self-monitors are motivated and skilled at adapting to the expectations of the situation" (Grant, 2018). In contrast, "low self-monitors gravitate more toward (...) expressing themselves and transcending the constraints of social norms" (Grant, 2018). The difference in people's attitudes, behaviors, understanding, and beliefs are what determines the difference in their self-control levels (Barkley, 1997).

One's level of self-control and resilience is an internal force that mediates one's levels of stress and incapability in dire situations causing one to feel less stressed out in these situations. One's ability to self-control (self-monitor) is one of the most significant indications of one's level of mental health. People who can set realistic goals and balance reason and emotion before making a decision exercise self-control. The ability to self-control lies at the heart of many problems for children and adults. One's lack of self-control, indicating one's disability to delay gratification, is the main cause of many problems in one's life. For instance, when it comes to substance use the gratification that one feels after using drugs pales in comparison to one's long-term goal of quitting drugs. Moreover, the person who has a problem with gambling cannot bring himself to quit since the thrill of gambling distracts him from its long-term consequences for himself and his family (Kazemi Rezayi, et al., 2018). The practice of self-control includes two stages: preventive and interventive self-control. Almost everyone possesses some level of preventive self-control, but very few are willing to put it into practice. That is why we practice preventive self-control in very few instances of our lives. Martin Seligman et al. (2005) at the University of Pennsylvania examined self-control in a sample of two million individuals. They asked the participants to employ self-control and rate their strengths and weaknesses in 24 different skills. The study results indicated that most participants enjoyed an extremely low level of preventive self-control (Tangney et al., 2004). People who exercise interventive self-control wish to outperform themselves in doing tasks, but prefer to choose the most convenient way that requires the least amount of concentration in doing tasks. When they fail or they are likely to fail in performing a task, they exercise high levels of focus and self-control to prevent making mistakes. However, self-control as a personal trait is an ever-present trait or skill that one exercises in all areas of life; allowing one to manage the information one receives from one's environment properly and take the best course

of action according to one's previous experiences (Tangney et al., 2004).

To overcome marital problems many methods are introduced one of which is Reality Therapy. Reality Therapy is founded on the assumption that people regard a large portion of their feelings, emotions, and thoughts as unwanted experiences that they constantly try to change or flee from. The efforts to control emotions will prove in vain since they reinforce the same feelings, emotions, and thoughts that one is trying to avoid. The avoidance of one's feelings, emotions, and thoughts lead to marital incompatibility and dissatisfaction. According to this theory, people tend to avoid their negative thoughts and emotions if they perceive them to have adverse effects on their behaviors. Therefore, the main purpose of reality therapy is to help people experience their feelings, emotions, and thoughts successfully (Mofid et al., 2017).

Another method that is used to resolve marital incompatibility is Cognitive Behavioral Therapy. CBT is a form of therapy in which the therapist invites the patient to talk about his problems. In the first stage, the psychiatrist will try to form a general understanding of how the patient views his surrounding environment and people. In the second stage, the therapist will attempt to detect the underlying reasons for the patient's psychological trauma and disorders. CBT helps one to reshape one's thoughts to be able to react in a healthier and more productive manner to adverse circumstances. Compared to other methods of speech therapy in which the therapist tries to identify the causes of maladaptive behaviors to the adverse situation in his patients, CBT is mainly focused on the problems that one faces at the present moment causing one to experience distress and anxiety (Asgari, 2011). The increasing rate of marital incompatibility which leads to high divorce rates and adverse psychological impacts on the couples and their children has made marriage counselors introduce interventions to help couples combat their marital incompatibility. Since so far, no other studies have expounded on the effectiveness of reality therapy and cognitive behavioral therapy in the alleviation of couples' marital and psychological problems, this study was conducted to examine the use of these two methods of intervention concurrently. The comparative analysis of the effectiveness of reality therapy and cognitive behavioral therapy training on the development of preventive and interventive self-control in incompatible couples provides us with valuable information on this matter. The most important outcome of this study is making a distinction between the symptoms of mental health and mental illness and advocating for mental health in the process. The previous intervention techniques for marital incompatibility have proved not effective which posed many concerns for marriage counselors. That is why this study was conducted to examine the effectiveness of Reality Therapy and Cognitive Behavioral Therapy training on the development of preventive and interventive self-control in incompatible spouses.

Method

Participants

The population included the entire body of incompatible couples who have referred to Mehrana Counseling Center in Tehran in 2019; the total number of whom in the second half of 2019 was 180. This study follows a quasi-experimental design. The sample was selected through convenience sampling from incompatible couples who scored less than 100 on the Dyadic Adjustment Scale (DAS) (Spanier, 1976). Using the random sampling, 45 participants were selected and were divided into three groups of 15 (Reality Therapy treatment group, Cognitive Behavioral Therapy treatment group, and control group). A month after carrying out the intervention program, follow-up assessments were conducted and the treatment groups underwent another round of pretest and post-test. In the next stage, the participants were subjected to a pretest under similar conditions using The Brief Self-Control Scale (BSCS). Then, the first treatment group underwent Reality Therapy. The second treatment group underwent Cognitive Behavior Therapy, and the control group received no intervention. After finalizing the therapy sessions, the participants in all three groups were subjected to a post-test using The Brief Self-Control Scale (BSCS) in similar conditions. The participants, who had previously submitted their filled-out questionnaires indicating their name and code in the pretest stage, resubmitted their filled-out questionnaires in the post-test stage. 60 days after the original intervention, the follow-up stage was initiated in which the participants filled out The Brief Self-Control Scale (BSCS) for the third time. The resulting data from the pretest and post-test stages were analyzed by suitable statistical analysis tests.

Instrument

Brief Self-Control Scale (BSCS):

In this study, one of the research tools was The Brief Self-Control Scale (BSCS) (Tangney et al., 2004). The Brief Self-Control Scale (BSCS) has 13 items that evaluate two components of “preventive self-control” (items 1, 2, 5, 6, 9, and 12) and “interventive self-control” (items 3, 10, 11, and 13). Items 4, 7, and 8 are not considered in the evaluation of participants’ scores since they do not examine any of the components above (Musavi, et al., 2017). This is a Five-point Likert-type scale starting from “Always” (5 points), “Very

Frequently” (4 points) “Neither Always nor Never” (3 points) “Rarely” (2 points), to “Never” (1 point) (Fullerton et al., 2018). Items 2, 3, 4, 5, 7, 9, 10, 12, and 13 are reverse scored, indicating 5 points for “Never”, 4 points for “Rarely”, 3 points for “Neither Always nor Never”, 2 points for “Very Frequently”, and 1 point for “Always”. The participants will score between 13 and 65. Cronbach’s alpha for The Brief Self-Control Scale (BSCS) was reported at 0.83 (Tangney et al., 2004). In one study, Cronbach’s alpha reported the test reliability at 0.85 (Kashanaki et al., 2016). In a study that was conducted on the students of Kharazmi University, the reliability of The Brief Self-Control Scale (BSCS) using Cronbach’s alpha was reported at 0.83. The convergent validity of the test using the Addiction Propensity Questionnaire using the Pearson correlation coefficient reported the correlation between addiction propensity and self-control at -0.40 (Mohammad Khani et al., 2015). In studies that were conducted in countries other than Iran Cronbach’s alpha indicating the reliability of The Brief Self-Control Scale (BSCS) was reported at 0.88 (Du et al., 2018). Moreover, in another study, Cronbach’s alpha reported the reliability of this scale at 0.84 and its validity at 0.87 (Pilarska & Baumeister, 2018).

Dyadic Adjustment Scale (DAS):

The Dyadic Adjustment Scale (DAS) is developed by Spanier (1976). The DAS is a 32-item measure and evaluates four subscales: Dyadic Satisfaction (items 16, 17, 18, 19, 20, 21, 22, 23, 31, and 32), Dyadic Cohesion (items 24, 25, 26, 27, and 28), Dyadic Consensus (items 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, and 15), and Affective Expression (items 4, 6, 29, and 30) (Farero et al., 2019). A score of 100 and lower on this scale signals marital incompatibility. The psychometric properties of this questionnaire have been examined in countries other than Iran and Cronbach’s alpha was reported at 0.84 (Kim et al., 2019). In another study, Cronbach’s alpha was reported at 0.92 for female participants and 0.89 for male participants (Brites et al., 2019). The Cronbach’s alpha for the internal consistency between the test items was reported at 0.96 (Salimi et al., 2016). In a study, Cronbach’s alpha was reported at 0.86 and concurrent validity of the test with The Marital Adjustment Test (MAT) (Lock & Wallace, 1959) was reported at 0.90 using the Pearson correlation coefficient which was significant at 0.01 (Salimi et al., 2016).

Table 1. Reality Therapy sessions designed by Glasser’s Choice Theory

Session	Objectives	Content
1	Participants’ introduction and establishment of a bond between the participants and the therapist	Participants introduction and establishment of a bond between the participants and the therapist, discussion of group objectives and rules, introduction to Glasser’s Choice Theory
2	Understanding the concept of relationships and features of successful relationships	Therapists’ interest in making connections with the participants, introduction to Glasser’s Reality Theory, understanding why and how we act the way we do (understanding the differences between people and introducing Glasser’s five basic needs for human beings (Lecture and group discussion)

3	Introduction to the concept of decision-making, its importance, and stages	Introduction to Glasser’s Total Behavior (consisting of four components: Acting, Thinking, Feeling, and Physiology), introducing mothers to the behavior machine and its four components and how they are placed in this machine using role play
4	The importance of relationships and their impact on one’s level of satisfaction, self-worth, and meeting basic needs	Introduction to the four conflicts caused by four total behaviors and compulsive behaviors by referring to the problems they cause (interactive/participative)
5	Substitution of set-up-to-fail behaviors with satisfying behaviors, emphasis on living in the present moment	Introduction to destructive and constructive behaviors in relationships and practicing living in the moment
6	Introduction to Glasser’s behavior components, One’s role in controlling one’s behavior	Introduction to the basic needs as defined by Glasser’s Reality Therapy, listing the five basic needs, understanding the importance of satisfying these needs
7	How to maintain the changes resulted from the intervention and administering post-test to the participants	How to maintain and reinforce changes, review previous intervention sessions and progress assessment of sample population, commit to using the learned techniques in creating better relationships and a better life

Table 2. Cognitive Behavioral Therapy Sessions (Dattilio & Epstein, 2015)

Sessions	Content
1	Initiating connections and preparation
2	Examination of the participants’ understanding and main objectives in participating in the intervention program
3	Identification of couples’ unrealistic beliefs and expectations through modeling cognitive skills
4	Resolving the misunderstandings caused by couples’ false or different beliefs (cognitive skills)
5	Effective Marital-Skills Training
6	Increasing positive interactions and reducing punishing behavior (relationship skills)
7	Teaching problem-solving and its role in the alleviation of marital problems
8	Understanding couples’ sexual function and its contribution to marital problems (concluding notes)

Results

In this study, from the 45 participants in the sample population, 23 (51.1%) were aged 25-30 and 22 (48.9%) were aged 31-35. 21 participants (46.7%) were individuals who had high school diplomas and those who did not finish high school, 17 (37.8%) had

bachelor’s degrees, and 7 (15.6%) had master’s and higher degrees. 22 participants (48.9%) had poor financial states, 19 (42.2%) had moderate financial states, and 4 (8.9%) had good financial states.

Table 3. Comparative Analysis of Pretest and Post-Test Scores of Reality Therapy and Cognitive Behavioral Therapy Training

Component	Test	Group	Mean	Standard Deviation
Preventive Self-control	Pretest	Reality Therapy	9.6	1.8
		Cognitive Behavioral Therapy	8.9	1.5
		Control	8.4	1.59
	Post-Test	Reality Therapy	18.2	1.74
		Cognitive Behavioral Therapy	17.29	1.54
		Control	9.46	0.99
Interventive Self-control	Pretest	Reality Therapy	6	0.845
		Cognitive Behavioral Therapy	6.59	0.759
		Control	6.53	0.743
	Post-Test	Reality Therapy	13.066	1.70
		Cognitive Behavioral Therapy	14.1	1.02
		Control	6.93	0.798

The study findings indicate a significant increase in the mean scores of the treatment groups that received

Reality Therapy and Cognitive Behavioral Therapy Training.

Table 4. Analysis of covariance (ANCOVA) for self-control components in the groups (first treatment group, second treatment group, and control group)

Component	Test	Group	Type III Sum of Squares	df	Mean Square	F	Sig	Eta
Preventive self-control	Post-Test	Reality Therapy	1231.927	4	307.982	170.026	0.000	0.965
		Cognitive Behavior Therapy	1340.62	4	324.9	166.01	0.000	0.934
		Control	1127.720	1	1127.720	622.575	0.000	
Interventive self-control	Post-Test	Reality Therapy	4031.539	4	1007.885	225.657	0.000	0.973
		Cognitive Behavior Therapy	4621.79	4	1207.74	255.68	0.000	0.943
		Control	3777.401	1	3777.401	845.729	0.000	

The observed results of the study are statistically significant at a *P*-value of less than 0.05 and the reported *F*-value in each component, indicating that the study hypothesis is confirmed with 95% CI. Therefore, Reality Therapy and Cognitive Behavioral Therapy training both are considered effective tools for the development of self-control components in incompatible couples, and *Eta* scores indicate a large effect size. Moreover, Reality Therapy is a more effective tool.

Discussion and Conclusion

The study findings indicate that Cognitive Behavioral Therapy is an effective tool in the development of self-control components in incompatible couples. Cognitive Behavioral Therapy has a large effect size based on *Eta* scores, especially on the development of interventive self-control. One's inability to self-control is closely related to impulsivity and indicates a lack of concern for the consequences of one's behavior. Cognitive Behavioral Therapy helps individuals control their behaviors, feelings, and impulses while motivating them to take action. One of the benefits of learning how to regulate one's emotions using Cognitive Behavioral Therapy is that one learns to control one's levels of arousal to maximize one's performance, exercise perseverance in distressing and tempting situations, prevent destructive reactions to agitating stimuli, and choose the right course of action under pressure.

Reality Therapy helps individuals to evaluate their behavior and make the right decisions in their lives. Reality Therapy is one of the most popular means of intervention in Cognitive Psychology which helps describe human behavior, introduces laws for human behavior, and paves the path to one's satisfaction, happiness, and success in life. Reality Therapy stresses facing the truth about one's life, claiming responsibility for one's actions and their outcomes, recognizing one's basic needs, making a moral judgment about the appropriateness and inappropriateness of one's behavior, focusing on here and now, exercising internal control over one's actions and ultimately achieving success in all areas of one's life. Reality Therapy is an internal control mechanism that explains why and how we make the decisions that we do that determine the courses of our lives. The study findings indicated that Reality Therapy training is an effective tool in the development of self-control components in incompatible couples. Reality Therapy teaches couples to counter their marital problems in a non-confrontational manner. Reality Therapy Training helps couples realize that they cannot control the behavior of others. In reality therapy sessions, couples are encouraged to embrace each other's differences and accept one another just the way they are. When couples learn to accept each other for who they are, safe and supportive space will be created in the family that will significantly decrease marital conflicts. The main purpose of reality therapy is to reduce couples' need to

control each other and practice internal control knowing that the only person they have total control over is themselves. The institution of marriage is based on the relationship between couples the nature of which is highly dependent on couples' expectations from each other. During reality therapy sessions, the participants learned to reduce the negative outcomes of their previous destructive behaviors by replacing them with constructive behaviors. When couples employ constructive instead of destructive behaviors, they feel much better about their relationship and face fewer marital problems. In other words, reality therapy helps couples release their need for controlling each other by employing the seven expressions of love (i.e., show support, encourage, listen, accept, trust, and respect each other while negotiating about the differences you have with one another) instead of seven destructive behaviors (i.e., to criticize, blame, complain, whine, threaten, punish, and manipulate one another). Reality therapy while establishing an internal control mechanism (instead of an external control mechanism) and changing one's attitude towards marital problems, helps one to counter marital discords more effectively resulting in couples' higher satisfaction with their love life. Reality therapy while emphasizing one's internal source of control, helps one understand that their future success and happiness do not lie in the unwanted past experiences but lies in the present moment. Reality therapy encourages people to believe that they can shape their future in whatever way they want. When one is overcome with negative emotions, one cannot accept the nature of one's experiences as they are and refuses to consciously experience that feeling or experience. Therefore, one will experience a feeling of self-loath caused by over thinking one's negative emotions. Cognitive Therapy helps one to take a more realistic attitude toward one's failures. Taking such an approach helps one realize that everybody makes mistakes and fails at some point in their lives, and pain is an inseparable part of one's life. When people gain awareness about the adverse effects of their negative emotions on their mental health and understand the benefits of leading a happy life, they will become motivated to decrease their negative emotions and experience more positive emotions. A higher level of awareness encourages couples to exercise what they have learned during intervention sessions at home and experience more satisfaction in their marriage. Cognitive Behavioral Therapy replaces negative and unrealistic beliefs with positive and realistic ones and attempts to reform couples' cognitive processing by challenging unproductive thoughts and replacing them with positive thoughts. The participants' positive thoughts that were formed during intervention sessions confirm the study findings. Moreover, [Graziano et al. \(2014\)](#) and [Hyun et al. \(2014\)](#) indicate that self-control is the practice of an internal monitoring mechanism that prevents from taking part in maladaptive and unlawful behaviors without a need for an external source of control. When one, without paying attention to the

external mechanism of control, performs the tasks that have been allocated to him and does not procrastinate in finishing the task, one is said to have self-control. The purpose of developing self-control to create an internal mechanism that would encourage one to do what one has to do without waiting for an external source of control. Cognitive Behavioral Therapy teaches one to use one's entire body of cognitive skills to take an adaptive approach in problematic interpersonal situations and by doing so reduces the likelihood of maladaptive behaviors in such situations. Therefore, CBT is an effective tool to encourage one to employ reason and take into account one's primary values in decision-making which would in turn help one practice a level of self-control over one's behavior (Nada et al., 2011). CBT, while allowing one to realize one's capabilities, helps one let go of the feeling of self-alienation and feel a sense of self-worth. When one enjoys a high level of self-worth, one will experience a sense of commitment and self-control. Moreover, by learning effective coping strategies and replacing emotion-focused coping strategies with problem-focused coping strategies, one can take an empowering approach toward life problems and views them as opportunities to fight and grow instead of giving up at the first sign of trouble (Hasan Shahi & Darayi, 2005).

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Conflict of interest

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

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