

The Effectiveness of Group Reality Therapy on Personal Identity Crisis Improvement with an Emphasis on Life Expectancy

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Abstract

Background: Considering the importance of adolescence and in which identity formation occurs and effects of successful identity on adolescents Life expectancy, one common technique for reduction and resolving identity crisis is to use the reality therapy.

Objectives: The present study investigates the effectiveness of group reality therapy approach in reduction of personal identity crisis with emphasis on Life expectancy for the future.

Methods: This was a quasi-experimental study, which was carried out by pre-test and post-test with experimental and control group. The statistical population consisted of high school girl students of Mashhad in 2014-2015 educational years. Participants were selected using convenience sampling method. From all grades, two first grades, one second grade and two third grades were randomly selected (totally 125 students). 22 students who answered the personal identity questionnaire and received the highest score, were divided into 2 groups of 11 (experimental and control) using random assignment. The experimental group received 10 sessions of 90-min group reality therapy, while the control group received no therapy. After the completion of therapy, both groups answered the personal identity questionnaire again.

Results: The results of ANCOVA test showed that group reality therapy led to reduction of identity crisis in the experimental group ($p < 0.01$).

Conclusion: According to the findings, holding training workshops based on group reality therapy for high school students may reduce personal identity crisis with emphasis on Life expectancy for the future.

Keywords: Control group, Group therapy, Identity crisis, Life expectancy, Reality therapy

1. Background

As an important period of human life, adolescence is called the period of sentimentality, hoping for the future, constructive crises, stress and storm(1). This period is influenced by the adolescent's environment and he learns communication skills, interpretation of other people's behaviors and experiences feelings and achieves his personal identity (2). In the meantime, the parents' and close people's supports are effective in his success and if different needs of this period such as affiliation, admiration and kindness are not met, it will lead to behavioral disorders, especially identity crisis and thus despair about the future (3).

Sartor and Youniss(4), Meeus, Dosterwegel, Vollebergh(5), and Zimmerman, Becker-Stoll (6) concluded in their studies that parents' emotional support and guidance lead to identity growth in adolescent. According to Glasser, all humans have two basic needs called "exchange of love and affection" and "feeling of worthiness". These two concepts are related to such an extent that can be used as "identity" which may be considered human's fundamental need (7).

As mentioned above, adolescence involves extensive individual and social changes which play important roles in shaping the adolescent's identity.

According to Erickson, incorrect concept of "self" and its consequence i.e. identity crisis deprives the individual of a stable identity and if no successfully resolved, can lead to role confusion, delinquency, psychological problems and despair about the future (8). In addition to confusing the adolescent, identity crisis will cause confusion about time and harsh feelings in the adolescent(9).

On the other hand, life expectancy for the future is defined as an internal power which can enrich the life and enables the individual to see a view beyond his/her current disorganized situation. Lack of ambition and life expectancy for the future decreases the quality of life and causes despairing beliefs (10). Having plans for the future, positive expectations, purposefulness, realism, adjustment of goals and internal communications are significant features of Life expectancy for the future. On the contrary, despair is defined as enduring an unbeatable situation in which no goal is expected to be achieved and it is related to depression, death wish and suicide. It is assumed from the definitions that life expectancy involves imaginations and attention to individual's future (11).

Considering the importance of adolescence, formation of personality and identity and hoping for the future in this period of time, therapeutic and educational techniques may lead to positive and

successful attainment of personal identity and increase life expectancy for the future(12). Reality therapy is a common technique.

In reality therapy, the concept "personality" is parallel to and synonymous with the concept "identity". It was stated that Glasser defines identity as an essential part of human's life. He believes that everyone has a dominant identity by which they partially feel a sense of success or failure; therefore, it is best to focus on "successful identity" (13).

The reality therapy is a technique in which it is emphasized that everyone should choose their own behaviors and thus, be responsible for his own life, future, deeds and thoughts(14). Freedom and responsibility are emphasized at most and clients are helped to control their behavior and make better choices in different situations (15). In fact, the primary objective of reality therapy is to help people know their own needs, control their behavior and make proper choices (16). In other words, reality therapy which is based on the theory of choice and control emphasizes that successful identity is attained through successful activity. This is an important factor in moral growth (9) and life expectancy for the future (15).

Applying this approach individually or in group has been acceptable to most therapists and the effectiveness of group reality therapy has been approved by many researches(14). In group, constructive interactions among members and individual interventions are used to help them understand the responsibility for their own emotions and pay attention to reality, consequences of their current behavior and thoughts (17).

The research indicates the validity of reality therapy practices in USA, Canada, Korea, Japan, England, Singapore, Norway, Ireland, Spain, Germany, Slovenia, Croatia, Italy, Colombia, Kuwait, Australia, Russia, New Zealand, and Hong Kong (15). Multiple studies have shown that reality therapy proved to be effective in the multi-cultural societies (15).

The research conducted in different countries indicate the effectiveness of reality therapy on psychological components, problems and disorders such as adults' depression (17); women's flexibility (18); increasing happiness(19,20) women's depression and anxiety; trauma; improvement of academic performance (21), life expectancy and anxiety (22).

Also, a large number of studies have shown that group reality therapy play an important role in reducing behavioral problems (23), mental health (24) and increasing social feeling (25). Adolescence, attaining successful identity and its positive effects on an adolescent to life expectancy is an important issue. A common technique for reducing and resolving identity crisis is to use Glasser's group reality therapy approach which resolves adolescents' problems by inferring the concept of reality,

responsibility and good or bad deeds. On the other hand, superfluity of students, shortage of qualified advisers in schools and lack of guidance and consultation programming convince usto use group consultations. Considering the discussed materials about adolescents' achieving personal identity and its importance in life expectancy and also in order to prove the effectiveness of group psychotherapy, this study was carried out to assess effectiveness of group reality therapy on identity formation of high school students. The assumption is that this technique is effective in reduction of students' identity crisis.

2. Objectives

The present study investigates the effectiveness of group reality therapy approach in reduction of personal identity crisis with emphasis on life expectancy

3. Methods

Sample

This was a quasi-experimental study with multi-group pre-tests and post-tests (experimental and control groups). The population consists of girl high school students of Mashhad in 2014-2015 educational years. Participants was chosen from Hefdahe-Shahrivar Girls' High School by using convenience sampling method. Then, from all grades of this school, two first grade classes, one second grade class and two third grade classes were randomly selected (totally 125 students).

After a short description of the study objectives, they were asked to complete the personal identity questionnaire. From those 125 students answering the questionnaire, 22 students who had the highest score in personal identity test (above 9) were selected and divided into two groups of 11 (one experimental and one control) using random assignment. Kaplan and Sadock believe that participants in the group can be 3 to 15 persons (8). In an orientation session and after the group members were identified and divided into experimental and control, they were informed of how the treatment sessions would be held, time of each session and factors involved in effectiveness of treatment. It is noted that no intervention was applied on the control group, but the experimental group received 10 sessions of 90 min group reality treatment once every week. Both groups were given personal identity tests after all sessions were finished.

Inclusion and Exclusion criteria: Earn score higher than 9 in the personal identity scale, study in a Secondary school, being in the age range of 15 to 19 years, having a good physical and mental status to participate in research, and answer the research questions and the person's willingness to cooperate.

Have a higher or lower age than the inclusion criteria, hospital admission history due to chronic physical and mental illness, history of psychedelic drug use.

Measures

In the present study, the personal identity questionnaire designed by Ahmadi and Rezvani-nezhad (26) was used. This tool included the following 10 criteria so as to determine identity crisis: 1) problems in long-term objectives 2) doubt about job selection 3) lack of a proper example for friendship 4) improper sexual behavior 5) problems concerning religious beliefs 6) ignoring moral values 7) lack of moral commitment 8) schedule problems 9) lack of proper example for marriage 10) negative thinking about oneself. Each question is set at the 4 point Likert Scale (0 to 3). Zero indicates identity problems and 3 shows severe identity crisis in the person. Therefore, the maximum test score indicating the highest identity crisis is 30; minimum identity crisis is 10 and below 9 is indicative of no identity crisis. The content validity of this tool was approved and the reliability index was obtained through split-half method (78%) and correlation (89%). The Cronbach's alpha in the pre-test of control group was 79% and in the experimental group was 81%. In the post-test of control group, Cronbach's alpha was 82% and in the experimental group it was 80%. Using this questionnaire in their studies, also Jerare and Shabani established its validity and reliability (2001).

Statistical Analysis

All descriptions and analyses were done using SPSS software package version 20. The obtained data were analyzed by indexes of descriptive statistics and ANCOVA test.

4. Results

The demographic results show the distribution of participants in the study (frequency & percentage) based on the group. It reveals that 11 persons were in the control group and 11 persons in the experimental group (totally 22 persons). In this study, the mean age and standard deviation of the experimental group was 17.10 ± 1.01 and the control group was 17.55 ± 2.21 years. In terms of the level of education in the experimental group, from 11 participants, were 18.1% of the participants in the first grade High School, 18.1% at the second grade high school, 36.3% in the third grade high school, and 27.2% in the university-preparatory school level, as well as, in the control group were, 27.2% at the first grade, 36.3% at

the second grade, 18.1% at the third grade and 18.1% in the university-preparatory school level. Table 1 show that the distribution of participants in the study (frequency and percentage) according to identity level has been shown. 103 students (82%) were in identity level of 0-9, 8 students (7%) in identity level of 10-15 and 14 students (11%) in the identity level of 16-30. According to the table results, 22 persons received scores above 10 (between 10 and 30) which indicates identity crisis.

The table 2 shows the indexes of descriptive statistics of identity crisis scores in pre-test and post-test, separately for both groups. The results in this table show that the average of experimental group in pre-test was 65.22 with standard deviation of 23.3 and in post-test was 25.14 with standard deviation of 98.3.

Also, the average of control group in pre-test was 13.22 with standard deviation of 14.4 and in post-test it was 99.21 with standard deviation of 65.4.

In order to test the study hypothesis, we used ANCOVA. In this analysis, the group (reality therapy and control groups) as independent variable subject, identity crisis scores in pre-test as control variable and identity crisis scores in post-test as dependent variable entered the model. The assumption of Levene's Test for equality of variances showed that the test results were not significant ($p > 0.05$). This indicates that error variance was the same among all variance levels. Therefore, it is logical to use univariate ANCOVA for testing this assumption. The ANCOVA test results showed that significant difference between two groups in identity crisis ($F_{18,2}(19.29) = 0.07, p = 12.35$). It means that there is a. Therefore, the results of impact of group reality therapy approach on reducing the identity crisis show that this approach led to reduction of identity crisis in the group which is under examination. In fact, implementation of group reality therapy approach in the experimental group reduced failure identity and increased success identity in them. In addition, the Eta-squared (0.59) indicates that about 60 percent of changes in reduction of identity crisis in students are related to implementation approach of group reality therapy. Since this amount is more than 0.14, it is indicative of great impact (27).

Table 1. Distribution of frequency according to identity level

Identity Level	Frequency	Percentage
0-9	103	82%
10-15	8	7%
16-30	14	11%
Total	125	100

Table 2. Descriptive statistics of identity crisis

Group	Pre-test		Post-test		F	Eta-squared
	Mean	SD	Mean	SD		
Experimental	22.65	3.23	14.25	3.98	19.29**	0.59
Control	22.13	4.14	21.99	4.65		

** $p < 0.001$

5. Discussion

Considering the importance of adolescence and in which identity formation occurs and effects of successful identity on adolescents' Life expectancy for the future, one common technique for reduction and resolving identity crisis is to use the Glasser's group reality therapy. Therefore, considering the importance of personal identity in adolescents' Life expectancy for the future and effectiveness of group psychotherapy, the present study aims to examine the effectiveness of group reality therapy on reduction of identity crisis in adolescents.

As well as, the results of the present study showed this approach led to reduction of identity crisis in the experimental group, that is to say there is a significant difference on reduction of identity crisis between the experimental group and control group. Applying group reality therapy approach on the experimental group significantly reduced the total score of identity crisis in students and increased their successful identity. This study corresponds to Glasser's theoretical foundations (7,14) and experimental studies of Marcia et al. (12) and Ahmadi and Rezvani-nezhad (26). Also, it corresponds to the study of MoradiShahrBabak, GhanbariHashem-abadi and Agha-mohammadianSherbaf (28). In order to describe this finding, we can say that participating in group sessions, increase of group action and reaction, admitting that everyone choses their own behavior (23) and takes responsibility for their life, future and deeds (14) will lead to successful identity attainment. The reason can be explained by the fact that freedom and responsibility are emphasized most in reality therapy approach and individuals are helped to control their behavior and make proper choices based on reality (15). In fact, what distinguishes this approach from other individual approaches is that other people have the same problems as ours. It is interesting to note that although this common sense cannot be effective in treatment alone, it becomes specifically important in the early stages that the group attract new members (23).

Therefore, an atmosphere full of respect, expression of feelings and mutual understanding in group therapy for admitting reality with an emphasis on the concepts of "self" alongside mutual characteristics of individuals will lead to a positive opinion about oneself and identity. Hence, such way of thinking about identity brings about satisfaction with reality and increases life expectancy.

According to Glasser's choice theory (14), need gratification, specifically need for love and affiliation which is perfectly granted in the group, causes the person to have a better understanding of his own personal identity. In other words, gratification of need to love and being loved occurs well in the group and group consultation can create a good atmosphere for attainment of successful identity (15). On the

other hand, according to Sligman, in group consultation, creating a sense of control in people, certain schedule and feeling power in doing things lead to reduction of identity crisis and increase of life expectancy for the future (17). Therefore, considering the above-mentioned, it seems that group reality therapy can increase the feeling of identity attainment.

The obtained results suggest the use of group reality therapy instead of individual approaches in schools, specifically high schools. Moreover, this technique is also recommended for other problems relating to adolescents such as depression, anxiety and problems concerning relation with parents.

Finally, it should be mentioned that holding educational workshops for students specially in puberty for enhancement of their awareness about individual and social changes and also the right of choice in actions, thoughts and feelings and giving them more group tasks will help them attain successful identity and life expectancy for the future. In this study, the author faced limitations such as lack of familiarity with the group members and lack of cooperation on the part of the educational system authorities. Thus, it is suggested that in future studies, the above-mentioned issues, specifically familiarity with group members should be taken into consideration. In addition, long-term follow-ups about the effectiveness of this therapeutic technique should be made. Despite the mentioned limitations and considering the study results, it is recommended that in order to help students, the educational system and specially school advisers pay more attention to group reality therapy. Also, in order to enhance the adolescents' successful identity with an emphasis on their life expectancy, it is recommended to teach the techniques of this approach to school advisers systematically. The researches thank the students who participated in this research.

6. Conclusion

Group reality therapy for high school students may reduce personal identity crisis with emphasis on Life expectancy for the future.

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Conflicts of interest

None.

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