

The effectiveness of reality therapy concepts on self-esteem of the elderly in the center of Aramesh in Parsabad

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Abstract

Aim: This research was conducted to study the effectiveness of reality therapy concepts on self-esteem of the elderly.

Materials and methods: The present study was semi-experimental and its design was pretest-posttest with a control group. The statistical population consisted of the elderly men at the Center of Aramesh in Parsabad. Using the inclusion and exclusion criteria, 50 elderly men were evaluated, and among them 30 persons were identified to enter this study, and they were randomly assigned into two groups: experimental and control group. Self-esteem scale was performed to both experimental and control groups. To collect data, Rosenberg self-esteem questionnaire was used. Reality therapy training sessions for two intervention groups were held twice a week during eight sessions, and there was follow-up for a month. Data were analyzed using variance analysis with repeated measures.

Findings: The results showed that the difference between self-esteem mean scores of two groups is significant, and reality therapy was to increase self-esteem of the elderly significantly ($p < 5\%$). Also, comparison between mean scores of pretest and posttest in both groups showed increasing self-esteem scores in posttest period was a significant difference.

Conclusion: The results of this research revealed that reality therapy is useful in increasing the self-esteem among the elderly. The implementation of such group sessions are recommended in the residences and retirement centers of the elderly.

Key words: reality therapy, self-esteem, the elderly

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Introduction

~~The elderly~~ Aging is part of the biological process that ~~consists of~~ occurs in all living organisms including human, ~~and it is part of life that occurs after middle-age.~~ Probably, from an anthropological point of view, surviving to middle-age is the most common situation among human societies before ~~important anthropological phenomenon of the late twentieth century and early twenty-first century.~~ Also, in Iran some official statistics show that the elderly make up more than seven percent of the population (-Hajiloo and Jafari, 2014-). Increase in the elderly population ~~occurs due to~~ ~~due to~~ birth decline ~~of birth rate,~~ improvement of health conditions ~~improvement and increase of~~ , life expectancy ~~increase~~ , ~~makes the necessity of paying attention to the problems of this group ever increasing and highlights the attention to different issues of the elderly.~~ The importance of paying attention to the number of elderly in Iran lies in the fact that the Iranian elderly confront with physical and mental health related problems (-Najafi, et al. 2013). One of the important variable that affects the elderly population and their mental health level is self-esteem of this vulnerable group (-Hojjati, et al. 2011-).

~~—~~People who feel good about themselves, leave behind their conflicts easily, and stand up against negative pressures, and they can enjoy life well. Self-esteem is the major determinants in forming behavior and emotional patterns and to indicate individual's attitude towards himself/herself and outside world (-Emami, 2007). Some studies indicate ~~that people who~~ have with high self-esteem ~~having~~ ~~have~~ features such as mental maturity, stability, realism, comfort, high ability to tolerate frustration and failure, while people with low self-esteem do not have such characteristics (-Sardarabadi, 2006). So, low self-esteem causes many psychological problems including depression, anxiety, apathy, and solitude (-Shahbazzadegan, et al. 2009-).

One of the most common mental problems of the elderly is feeling helplessness that leads to decreased toleration of unwanted stimuli, reducing performance in environmental conditions, depression, increasing stress level, maladaptive coping responses, low self-esteem and even death (Matteson MA & Mc Connell ES, 1988).

Thus, according to the importance of self-esteem and its key role in mental health and that the number of the performed interventions in this area has been limited; it is necessary to use efficient and favorable treatment to increase self-esteem. According to the presented ideas and conducted studies in recent decades, several therapeutic approaches have also noticed self-esteem and strategies for increasing it. Reality therapy is a collection of techniques, methods, and tools that help people to move from dysfunctional behaviors, destructive choices to constructive ones, and most importantly to move from unhappy and unpleasing lifestyle to a pleased one (Glasser, 2010). In this method of treatment the emphasis is on confronting reality, accepting responsibility, recognizing basic needs, moral judgments about right or wrong behavior, focusing on here and now, internal control and thus achieving success identity which is directly related to self-esteem and self-confidence (Caterin, 2008). Kim (2009) in a research carried out on hospitalized schizophrenic patients in one of the mental hospitals in South Korea concluded that reality therapy is to make positive changes in the components of internal control, self-esteem, and coping with stress. Glasser believes that in every communication of every kind and nature, a person can change himself and that means internal control. Therefore, to achieve success we should leave the external trait (control) and instead we should pay attention to behavior according to the choice theory training. Glasser believes that responsibility is the very choice and states that everyone can have a sense of responsibility, but no one can say honestly when

choosing, does not have any responsibility to what s/he has selected. If we do not accept responsibility for what we do to satisfy our needs, we may become a dangerous creature.

Several studies have shown the effectiveness of reality therapy on a variety of components, problems and psychological disorders such as adult depression (Bhargava, 2013), flexibility of women (Sadat Bary, et al. 2013); increasing happiness (Esmaelifar, Sheikhi & Jafarpour, 2013; Mollagholamali Hakkak, 2013; Khazan, et al. 2015); happiness and mental health (Khaleghi Abasabad, 2009); general health (Ahadi, Yousefi Lovyeh, Salehi & Ahmadi, 2009); life expectancy and anxiety (Pash & Amin); self-esteem (Moradi Shahr Babak, Ghanbari Hashem Abadi & Agha Mohammadian Sherbaf, 2010), and other relevant studies. Reality therapy is based on the choice theory. Furthermore, studies by Khazan, et al. (2014) and Moradi, et al. (2010) have indicated that concepts of reality therapy training has been effective on increasing self-esteem of the elderly. Also, studies of Haniman (1990), Chance, et al. (1990) and Black (1994) on drug addicts and prisoners have shown that regarding participants' perception and self-esteem, there has been a significant difference between pretest and posttest scores after receiving reality therapy. Also, various studies have revealed that concepts of reality therapy training reduces anxiety and causes increase in people's responsibility and self-esteem (Javanbakht, et al., 2012). And also, Majdian (2007) has referred to the relationship between self-esteem and source of internal control in his research, and he came to conclusion that people whose source of control is internal have higher self-esteem.

According to what was discussed above, interventions were carried out with reality therapy approach that has been effective on a variety of components, psychological problems and disorders as a group and individually. This study also seeks to answer this question: can concepts of reality therapy training lead to increased self-esteem of the elderly?

Method

The present study ~~was-used~~ a quasi-experimental ~~designresearch~~ with a pre-test and post-test ~~design-and~~ a control group. First, the researcher obtained letter of introduction, visited "Aramesh Mental Health Center management in Parsabad County", and explained the research purposes, then according to the entrance criterion for participants, the researcher asked the management to introduce 50 elderly men of the center to him.

Entrance criteria to the research include: 1. 60 age and above; 2. Reading and writing literacy for completing questionnaire; 3. Verbal relation ability; lack of using psychotropic drugs; 5. Written content for participating in the research; 6. Mental vigilance and freedom from psychological problems (according to medical recordings and surveys conducted by a psychologist and considering the records of cases provided by the center psychologist); exclusion criteria from the research also include: 1. Simultaneous participation in another psychotherapy; 2. Absence more than two sessions. 3. In order to observe ethical issues: the voluntary participation and informed consent of members in training sessions, keeping confidentiality of the information and the names of people in the present study were considered.

Using random sampling, 30 subjects were selected as a sample of the present study. In order to have parallel subjects in both control and experimental groups, random ~~assigning-assignment~~ ~~were-was~~ used in both groups and one group was randomly selected for intervention (Gravetter F, Forzano LA, 2011). Before ~~starting~~ therapy sessions, Rosenberg Self-Esteem Scale

questionnaire were given to the participants of both groups so that if possible, to be completed and answered by the researcher's aid.

Rosenberg questionnaire was used to measure dependent variable. Rosenberg criteria is a standard criteria that includes 10 items or statements by which real feeling of subjects about each of statements is determined by four scales of completely agree, agree, disagree, and completely disagree each represented by scores of 1 to 4. Total score is obtained by the sum of scores given for 10 items. Scores of 10 and 40 show the least and the most self-esteem, respectively. Rosenberg Self-Esteem Scale is a reliable questionnaire. The reliability and validity of this scale has been confirmed among freshmen at Ahvaz Shahid Chamran University. Shahbazzadegan et al reported reliability of 0.85 for this questionnaire among the elderly (Shahbazzadegan et al, 2009). The questionnaires were completed anonymously, through coding and verbal interview with selected elders. In order to analyze data SPSS program (version 20) was used.

Procedure

In the discussed design, subjects were randomly selected and were assigned into two groups in the same way. Before implementing dependent variable (x), selected subjects in both groups were assessed using Rosenberg Self-Esteem Scale (pre-test). The role of pre-test is to control variance (equality of variance) as a result it determines whether the created change derives from implementation of experimental variable or it is due to other factors. Then experimental group received treatment of dependent variable (training concepts of reality therapy) after finishing training, subjects' self-esteem was measured using the same instrument. Finally, after finishing reality training, post-test was administered after one month. Then results were analyzed using variance analysis of statistics test with repeated measures.

Table 3-1 intervention program of reality therapy concepts with separation of sessions

Sessions	Details of sessions
First session	Members acquaintance with each other and regulations of training period and statement of purposes of sessions, overall familiarity with self-esteem learning and selection theory, necessity of members communication with each other in an effective way.
Second session	They talked about self-esteem and principles of reality therapy such as external control psychology and also fundamental component that is introduction of basic needs and its influence on self-esteem; then chaplet technique was used to introduce five basic needs (love and belonging permanence, power, freedom and entertainment) and its relevant components and training how to separate basic needs to create balance to meet them. We used five chaplets with different color which relate to a specific need.
Third session	Explanations offered on how self-esteem can be obtained and also perception of self-esteem concept and its components and influential factors on them are explained and a task was given to the members of group to think about their own problems and they were asked to say what problems have bring about

	their low self-esteem and the use of bladder technique to help visitors to concentrate on feelings as a part of behavior generality and attempt to control them.
Fourth session	Using mirror technique to encourage visitors to create pleasing emotional states, paying attention to physiological dimension of behavior and offering explanations about living at the present moment and believing that every mistake that has happened in the past is not related to the present
Fifth session	Training generality of behavior and balance (equilibrium) concept in four components of behavior (performing, thinking, feeling, physiology)– to subjects using broken chair technique.
Sixth session	Through reviewing previous discussions of wallet technique to train qualitative world concept and how to control needs through identification of pictures related to qualitative world (personal album) and suggesting explanations about the fact that in this community we are not forced to do something that we don't like according to others' wish.
Seventh session	Backpack technique was used to encourage subjects in selecting responsible behaviors out of behavior store and to have pleasing feelings. Explanations on responsibility together with some examples have suggested and- relation of this concept with self-esteem was discussed.
Eighth session	Along with representing explanations about effective relationship and its relation to self-esteem, we briefly summarized all sessions and we addressed training on creating relationship between self-esteem and existing concepts in selection theory in which participants' ideas were included too. Then designs for keeping intervention sessions purposes have been suggested and finally we addressed obtaining feedback from participants about intervention design.

Findings

Table 1: independent sample t-test to compare both groups in terms of participants' age

	Group	M	SD	T statistic	Fd	Error rate Sig
Age	Intervention	67	6.61	1.17	28	0.25
	Control	63	6.43			

In table 1 according to obtained t-value ($t=1.17$) and confidence level of .25, there is no significance difference in the age of intervention and control group.

Table 2: Independent sample t-test compare pre-test scores of two groups

	Group	M	SD	t-statistic	Df	Error rate Sig
Pre-test Score	Intervention	26.75	12.26	0.95	28	0.35
	Control	24.35	4.41			

As shown by table 2, mean difference of pre-test in intervention and control group was 3.2 and their standard deviation difference was 7.85, error rate value in .5 sig. level was .35 indicating significant difference exists between two groups. With regard to the lack of significant mean difference between intervention and control groups in the pre-test of self-esteem, it is shown that statistically significance difference does not exist between experimental and control groups in the pre-test.

Table 3: mean and standard deviation in three times measures among intervention and control group

Group	M	SD	N
Pre-test	32.06	12.26	15
Control	35.26	4.41	15
Experiment		9.20	30
Total			
Post test	36.93	11.22	15
Control	36.73	5.72	15
experiment		17.50	30
Total			
	36.83		

Follow-up	33.53	11.81	15
Control	38.13	7.99	15
Experiment		22.44	30
Total	35.83		

Results on comparison of three times measures indicate that there was significant increase in post test measure of experimental group and they had relative stability during one month follow-up measurement. Experimental group revealed higher increase in post-test measurement (m=36.33) and in follow-up measure they had higher score as well (total mean=35.83).

Table 4: results of variance analysis with repeated measures

Source	Sum squares	Df	Sum squares	F score	Significance Level	Size Effect
Group	131.41	1	131.41			
Error	55.06	28	19.06	57.57	.000	0.76

According to significance of F table, it is shown that there is a significance difference between experimental and control groups in post-test and follow-up. As it is observed in table 4, the null hypothesis is rejected and contrary hypothesis is accepted. On the other hand, reality therapy has significant influence on the elderly' self-esteem in experimental group rather than control group ($f=. /57$ and $\text{sig}=. /001$). Represented results in table 4 also illustrates that in follow-up step reality therapy has significantly increased the elderly self-esteem of intervention group in post test and follow-up test. Thus, according to significance of follow-up, it can be said that the effect of reality therapy is lasting on self-esteem of the elderly.



Comparison of two groups of intervention and control in three measures

In graph 1 it is indicated that experimental group self-esteem has increased in post test and it has also maintained this increase in the follow-up measure. But there was no increase in post test and follow-up test in control group. Therefore concepts of reality therapy training in experimental group can influence the elders' self-esteem. Therefore, reality therapy has a lasting positive effect on self-esteem of the elderly.

Discussion

The aim of this study was to examine the effectiveness of concepts of reality therapy training on self-esteem of the elderly. The results of the present study show that training concepts of reality therapy is effective among the elderly.

The findings of this study are aligned with the results of studies of Harris, Peterson, Chang and Collins (1995), Hedman (2000), Kadena (2007), Glasser (2008), kim (2009), Deb (2009), Moradi Shahrababak, et al. (2010) and Khazan, et al. (2014). On the other hand, Moradi Shahrababak, Ghanbari Hashemabadi and Agha Mohammadian Sherbaf (2010) showed that reality therapy is effective on increasing self-esteem of students in a group way. As it has been revealed- in

different studies, in explaining the mentioned findings can be noted that self-esteem is highly correlated with components such as responsibility and internal control. If people think about themselves positively and realistically, they can experience feeling worthy. One of the reasons that caused scores of experimental group increase after 8 sessions is that during these sessions based on reality therapy approach clients were ~~trained to~~trained to identify their basic needs and meet them properly because satisfying basic needs in a proper way leads ~~to increase~~to increase in self-esteem. Thus, regarding what was already mentioned and based on previous studies, the effectiveness of the concepts of reality therapy on increasing self-esteem of the elderly can be achieved. Also, there is a consistency between results of this study and mentioned researches, and the world of quality that is the image people have of themselves is influential on their self-esteem. If people have a positive image of themselves and their images of themselves are positive in the world of quality, their self-esteem will be higher. Peteson, Chang and Coulins J (1995) conducted a research on satisfying students' needs and found that satisfying basic needs of experimental group increased after counseling sessions of reality therapy and training choice theory (Sardarabadi, 2006). And finally, Lopes and Kerr's research (2006) has shown that group training can have significant impact on developing and increasing the sense of optimism, happiness and hope of the elderly. The results of this study show that the elderly participating in group sessions compared to when they had not participated in the sessions, they feel more happiness. So, one of the reasons that has caused increase scores of experimental group after the intervention sessions is that during these sessions based on the theory of reality therapy an attempt was made clients change their negative world of quality about themselves to a positive one. Also, the clients are trained to meet their basic needs properly, because meeting basic needs in a proper way results in increased self-esteem.

Glasser's idea is a desirable and useful idea on how to avoid the controlled orientation and help people to find positive choices and options (Barness R, Parish TS, 2006). Also, Glasser believes that sense of responsibility and control and appropriate satisfying needs, especially the need for love and belonging that are met properly in the group lead to improvement in mental health (Barness R, Parish TS, 2006). « Langer » and « Robin » state that control and responsibility and the feeling that we can do our works ourselves ~~cause improvement~~cause improvement in mental health in the elderly. Regarding the mentioned cases, it seems that training concepts of reality therapy could increase sense of control and responsibility in the elderly and to some extent it is effective on proper satisfying their needs; therefore, it seems logical that this method can be used to promote self-esteem and mental health of the elderly.

Conclusion

Iran population is going towards the elderly. Considering the importance of oldness and its psychological issues and according to the results of the present study and the effect of the concepts of reality therapy on the elderly, a series of skills and its teachable abilities can be used to help solving psychological problems and increasing self-esteem among the elderly. Therefore, it is suggested that in future research, the effectiveness of this type of training to be evaluated and measured on the other mental components ~~of the~~of the elderly.

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