

Comparison of the Effectiveness of Reality Therapy and Emotion-Focused Therapy on Self-Esteem and Communication Beliefs in Divorced Women

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of reality therapy and emotion-focused therapy on self-esteem and communication beliefs in divorced women living in Tehran.

Methods and Materials: This study was applied in nature and used a semi-experimental design with pre-test, post-test, and follow-up measurements, alongside a control group. The statistical population of this research consisted of all divorced women residing in District 2 of Tehran in 2023. From this population, 45 individuals were selected using purposive sampling and then randomly assigned to two intervention groups (reality therapy and emotion-focused therapy) and one control group, ensuring age homogeneity. Participants completed a pre-test, post-test, and follow-up using the Communication Beliefs Questionnaire and the Self-Esteem Scale. The first intervention group received eight sessions of reality therapy, and the second intervention group received ten sessions of emotion-focused therapy, while the control group did not receive any intervention. Data were analyzed using repeated measures analysis of variance (ANOVA) and SPSS-22 software.

Findings: The findings revealed that both reality therapy and emotion-focused therapy were effective in enhancing self-esteem in divorced women in Tehran, and the effects of both treatments were sustained over time. There was no significant difference between the effectiveness of reality therapy and emotion-focused therapy in improving self-esteem. Both therapies were also found to be effective in improving communication beliefs, with the effects being long-lasting. No significant difference was found between the effectiveness of reality therapy and emotion-focused therapy on communication beliefs.

Conclusion: Based on the results, it can be concluded that both reality therapy and emotion-focused therapy are effective in improving self-esteem and communication beliefs in divorced women in Tehran.

Keywords: *Communication beliefs, self-esteem, emotion-focused therapy, divorced women, reality therapy.*

1. Introduction

Divorce is a process that often begins with an emotional crisis and ends with an attempt to resolve conflicts by entering a new situation, accompanied by new roles and lifestyle changes (Parsakia & Darbani, 2022; van Dijk et al., 2021). Today, separation and divorce have exposed many individuals to multiple economic, social, and psychological consequences. Divorce is a social issue involving the legal dissolution of marriage, and it is significant due to its vulnerability at both individual and societal levels. On the other hand, these effects may not only cause repercussions for women and men but also result in irremediable consequences for children (Abdollahi et al., 2020; Basharpour et al., 2021). Rapid and significant cultural and social changes have occurred in the attitudes and values within the institution of family in Iranian society. Nevertheless, marriage still holds great importance for women and society, serving as one of the primary means of strengthening social status and obtaining social privileges, as well as being the most important path to organizing a successful and desirable life for women (Abedi et al., 2024; Zohrabniya et al., 2022).

In addition to psychological issues, divorce leads to a decrease in self-esteem for divorced women (Fouladiyan et al., 2021; Parsakia & Darbani, 2022). Self-esteem is considered an indicator of self-satisfaction or self-respect, reflecting the level of validation, acceptance, and value an individual places on themselves (Aslifar et al., 2018). Self-esteem is a fundamental need for every human being, providing psychological tranquility and balance, and, consequently, a sense of satisfaction. It is also considered a communicative context in interpersonal relationships, especially between spouses, and is one of the determining factors in shaping behavioral and emotional patterns. A lack of self-esteem can result in negative consequences, including anxiety, disruption of psychological balance, and personal dynamics (Fouladiyan et al., 2021).

Divorce, in addition to affecting emotional and psychological states, can lead to difficulties in interpersonal relationships and communication beliefs. Interpersonal communication forms the foundation of human identity and fulfillment, and it is the basis for one's connection with others. Effective communication fosters flourishing and improves the quality of relationships, while ineffective communication hinders personal growth and destroys relationships (Luczaj & Kurek, 2022; Mosayebi dorche et al., 2022). In this regard, Wood (1998) states that individuals

engage in communication to establish identity, form connections with others, deepen those connections, resolve their problems, and discover available opportunities (Torkaman & Kashani, 2022; Vafaeinezhad et al., 2023). Therefore, interpersonal communication forms the essence of human life and happiness. Interpersonal communication itself nourishes goal-directed relationships (Luczaj & Kurek, 2022; Mosayebi dorche et al., 2022). Various studies have recognized the significant role of communication beliefs between spouses, linking dysfunctional communication beliefs with poor relationship quality, emotional disintegration, and emotional failure (Imanizad et al., 2022; Mosayebi dorche et al., 2022; Tabatabaei Nejad & Ibn Yamin, 2021; Yousofnia Pasha et al., 2021). Moreover, the communication attitudes and beliefs of couples have been associated with emotional divorce (Azimi Khoei et al., 2021; Rostami & Ghezelseflo, 2018; Rostami & Qazalsafu, 2018).

Divorce in many women can be accompanied by feelings of romantic failure, grief, depression, anger, anxiety, loneliness, and a sense of meaninglessness, which may jeopardize their mental health and interpersonal relationships. Therefore, there is a need for therapeutic approaches that can help individuals distance themselves from these clinical symptoms. Reality therapy is one such approach that can be beneficial in treating romantic failure. Reality therapy is a therapeutic process aimed at gaining the ability to reach one's true self, expanding one's view of themselves and the surrounding world, and clarifying what gives meaning to an individual's present and future life (Gargari, 2024; Hadian et al., 2023; Jafari et al., 2023).

Another useful treatment in this regard is emotion-focused therapy. Emotions refer to the organism's response patterns to internal and external stimuli, manifested in pleasant-unpleasant dimensions and inhibitive excitement, and gradually distinguishing from motivations (Ahmadi et al., 2024). Emotion-focused therapy aims to enhance emotional processing and is based on four key principles. These principles are embedded within a comprehensive framework that emphasizes emotional and environmental support in facilitating emotional change, particularly in treating depression (Salehpour et al., 2020), which can help improve many mood symptoms in women experiencing divorce. In this context, the present study aims to investigate the effectiveness of reality therapy and emotion-focused therapy on love trauma symptoms, self-esteem, and communication beliefs in divorced women in Tehran.

2. Methods and Materials

2.1. Study design and Participant

The goal of the research was applied, and the research method was semi-experimental, with a pre-test, post-test, follow-up design, and a control group. The statistical population of this study consisted of all divorced women residing in District 2 of Tehran in 2023. From this population, 60 individuals were selected using convenience sampling and were randomly assigned to two intervention groups and one control group. Using Cohen's table and the G*Power software, considering the number of groups (3), the error rate of 0.05, test power of 0.95, and an effect size of 0.8, the sample size for each group was determined to be 18. Taking into account potential dropouts, 20 participants were assigned to each group and age homogeneity was ensured. The inclusion criteria for the study included an age range of 30 to 50 years, at least 3 months since divorce, no experience of stressful events such as the death of a close relative in the past three months, no use of psychiatric medications such as anti-anxiety or antidepressant drugs, no previous experience with reality therapy or emotion-focused therapy, and no concurrent use of other therapeutic methods. The exclusion criteria included more than 12 months since the divorce, withdrawal from the study, missing more than two sessions of the intervention, and developing any physical or psychological illness during the study.

For data collection, after obtaining the necessary permissions from counseling center officials, the research objectives were explained to the participants. After obtaining their consent to participate in the study, the scheduling of sessions was arranged, and the research questionnaires were provided for completion. The completed questionnaires from all participants were collected and considered as the pre-test. Subsequently, the first intervention group received 10 sessions of reality therapy, and the second intervention group received 10 sessions of emotion-focused therapy, while the control group continued their regular daily activities. After completing the sessions, the questionnaires were distributed again to all three groups, and the responses were considered as the post-test. To track the results, the questionnaires were provided for a third time, one month after the interventions, for the follow-up assessment.

Ethical considerations in this research included obtaining informed consent, ensuring privacy, and maintaining confidentiality. All participants were assured that the information obtained from this study would only be used for presenting results in the thesis and that their data would

remain confidential. They were also informed that they could withdraw from the study at any time. In line with ethical guidelines, the control group also received a similar intervention after the study was completed.

2.2. Measures

2.2.1. Self-Esteem

The Self-Esteem Scale was developed by Doosti and Hosseini-Nia (2020), consisting of 26 items across four components: interpersonal relationships (items 1 through 9), self-acceptance (items 10 through 15), sense of competence (items 16 through 22), and meaning in life (items 23 through 26). The items are scored on a 5-point Likert scale ranging from 1 (never) to 5 (always). Reverse scoring is applied to items 2, 4, 6, 8, 11, 13, 15, 17, 19, 21, 23, 25, and 26. The minimum score on this scale is 26, and the maximum score is 130. In the study by Doosti and Hosseini-Nia (2020), the content validity of the scale was confirmed by expert consensus (75% agreement from 8 specialists). Cronbach's alpha was reported as 0.96 for the entire scale, and for the subscales, it was 0.89 for interpersonal relationships, 0.91 for self-acceptance, 0.86 for competence, and 0.94 for meaning in life. The test-retest reliability over a 10-day period was 0.98 for the total score and 0.98, 0.98, 0.87, and 0.97 for the subscales, respectively (Zohrabniya et al., 2022).

2.2.2. Communication Beliefs

The Communication Beliefs Questionnaire was developed by Idelson and Epstein (1982), consisting of 40 items across five subscales: belief in the destructiveness of disagreement (items 1, 6, 11, 16, 21, 26, 31, 36), belief in spousal changeability (items 3, 8, 13, 18, 23, 28, 33, 38), expectation of mind-reading (items 2, 7, 12, 17, 22, 27, 32, 37), sexual perfectionism (items 4, 9, 14, 19, 24, 29, 34, 39), and beliefs about sexual differences (items 5, 10, 15, 20, 25, 30, 35, 40). This questionnaire is scored on a 6-point Likert scale, ranging from 1 (completely false) to 6 (completely true). Reverse scoring is applied to items 2, 5, 7, 9, 13, 16, 18, 20, 24, 25, 28, 29, 33, 34, and 36. Idelson and Epstein (1982) reported Cronbach's alpha coefficients ranging from 0.72 to 0.81 for this instrument. The correlation of this instrument with the Marital Adjustment Test and the Irrational Beliefs Test was reported as a validity indicator. Azadifar and Amani reported Cronbach's alpha for the subscales as 0.67, 0.63, 0.53, 0.42, and 0.44, respectively. They also reported correlations between the subscales and

marital satisfaction in the range of 0.11 to 0.35 (Mosayebi dorche et al., 2022; Torkaman & Kashani, 2022).

2.3. Interventions

2.3.1. Reality Therapy

Reality therapy focuses on helping individuals take responsibility for their choices and behaviors while emphasizing personal control. It encourages clients to explore how their actions align with their goals and needs. The therapy uses a structured approach where individuals learn to recognize and modify behaviors that are not fulfilling their basic needs. Through active participation and self-reflection, individuals can make more effective decisions and improve their emotional well-being.

Session 1:

The first session is an introduction where the group members and the therapist get to know one another. The objectives of the group and the rules for group participation are outlined, creating a safe and structured environment. Group members share their reasons for joining the group, and initial connections are made between them. The therapist briefly explains the goals of reality therapy and the role it will play in the sessions. A pre-test is administered to assess initial levels of self-esteem and communication beliefs.

Session 2:

This session focuses on understanding the dynamics of relationships and the factors leading to marital conflict and divorce. The impact of divorce on psychological and emotional well-being is discussed, with an emphasis on how it affects individuals differently. Group members share personal experiences, and the therapist introduces key concepts of reality therapy, including the connection between behaviors, thoughts, and feelings. Participants are taught how behaviors can be shaped by underlying beliefs and needs, based on William Glasser's reality therapy model. Homework assignments are given to encourage reflection on the topics discussed.

Session 3:

In this session, the concept of decision-making is explored. Participants reflect on the importance of decision-making in their lives and how decisions affect behavior. The therapist explains the steps involved in making decisions and how each choice leads to specific consequences. The group engages in role-playing exercises to practice making decisions in various life situations, with a focus on their current challenges. Homework assignments are given to help

participants apply the session's teachings to real-life scenarios.

Session 4:

This session focuses on how emotions and beliefs influence interpersonal relationships. The therapist discusses the impact of both logical and illogical beliefs on communication and relationships. Participants explore how belief systems can either enhance or hinder communication and satisfaction in relationships. The group participates in activities aimed at identifying and challenging irrational beliefs, with an emphasis on how these beliefs affect their behavior and emotional responses. Homework assignments involve identifying and modifying personal beliefs.

Session 5:

In this session, the impact of divorce on self-esteem is explored. Participants reflect on their self-worth and how their sense of competence and value has been affected by their experiences. The therapist discusses how beliefs about oneself influence emotional health and relationship dynamics. The group engages in exercises designed to rebuild self-esteem, with a focus on recognizing and changing negative self-concepts. The session emphasizes the importance of self-acceptance and confidence in moving forward.

Session 6:

Building on the previous session, this meeting delves into the factors that shape self-perception and behavior. The group examines how external and internal influences contribute to self-concept and emotional responses. The therapist discusses how dysfunctional belief systems and negative emotions can interfere with personal growth and well-being. Group activities focus on identifying and challenging self-limiting beliefs and exploring healthier perspectives on oneself. Participants practice exercises to strengthen their self-esteem and confidence.

Session 7:

This session continues from the previous one, focusing on how behavior is shaped by decisions and emotional responses. The therapist helps the group understand how habitual behaviors can lead to negative outcomes and how these can be transformed into positive actions. The importance of living in the present moment is emphasized, and group members engage in exercises to reframe negative thought patterns and behaviors. The session includes role-playing and group discussions to practice new ways of responding to challenges.

Session 8:

This session explores the role of behavior in relationships, according to Glasser's model. Participants learn about the basic needs that drive human behavior and how they impact interpersonal interactions. The therapist guides the group in identifying ways to modify dysfunctional behaviors and improve communication. Exercises focus on rebuilding and optimizing behaviors to align with personal goals and needs. The session emphasizes how thoughts, emotions, and behaviors are interconnected and how changes in one area can influence overall well-being.

Session 9:

In this session, the focus shifts to the process of change. Participants are encouraged to reflect on the changes they have made so far and how these changes have impacted their lives. The therapist explains how behavioral and cognitive changes can be sustained over time. The group discusses strategies for maintaining new behaviors and continuing personal growth. Class exercises involve practicing these strategies, and homework is assigned to reinforce the new behaviors.

Session 10:

The final session reviews the progress made throughout the therapy process. The group reflects on the changes in thoughts, behaviors, and attitudes since the beginning of the sessions. Feedback is gathered from participants on how the intervention has impacted their self-esteem and communication beliefs. The session concludes with a discussion on how to apply the lessons learned in daily life, with a commitment to continuing the work outside the group. A post-test is administered to assess any changes in participants' scores.

2.3.2. Cognitive Behavioral Therapy

Emotion-Focused Therapy (EFT) focuses on the emotional experiences that underpin behavior, helping individuals process and regulate emotions to improve interpersonal relationships and emotional well-being. EFT emphasizes the importance of emotional awareness and expression, helping participants access, process, and make meaning of their emotions. It is particularly useful for those recovering from trauma, such as divorce, as it helps participants heal emotionally and develop healthier relationship patterns.

Session 1:

The first session begins with an introduction where the therapist and group members become acquainted. Each participant shares their motivations for joining the group and

discusses their emotional experiences. The therapist introduces the goals of emotion-focused therapy, explaining how it will help participants understand and manage their emotions. Group members are informed about the rules and expectations for group participation. A pre-test is administered to evaluate baseline emotional awareness and interpersonal communication patterns. The session also covers the role of emotional responses in relationships, particularly in the context of past experiences like divorce.

Session 2:

This session introduces basic emotions and how they relate to behaviors and relationship dynamics. The therapist provides education on love-related trauma and the emotional impact of romantic relationships, particularly focusing on the grieving process after a breakup or divorce. Participants reflect on their emotional experiences and share their personal stories of heartbreak and loss. The group discusses the concept of "love trauma" and how it affects emotional well-being. Participants are encouraged to explore their feelings and how they may impact their current relationships.

Session 3:

In this session, the group explores traumatic experiences and how to access and process deep-seated emotions related to past relationships. Participants engage in exercises to identify emotional triggers and connect to their primary feelings. The therapist helps participants reframe their experiences and process emotional responses to relational trauma. The group practices techniques to distinguish between primary and secondary emotions, helping participants identify the root causes of their emotional responses.

Session 4:

This session focuses on the role of language in emotional expression and suppression. The therapist explains the difference between abstract and concrete language when discussing emotions. Group members are encouraged to use language that clearly expresses their emotional experiences. Techniques for controlling and expressing emotions in a healthy manner are introduced. The therapist facilitates exercises where participants practice speaking about their emotions in specific, descriptive terms, helping to enhance emotional clarity.

Session 5:

Building on previous work, this session focuses on deepening emotional awareness and helping participants recognize unprocessed emotions. The therapist assists participants in identifying underlying needs and fears related

to emotional intimacy and relationship attachment. The group engages in exercises to process these emotions and experiences, fostering emotional validation and self-compassion. Participants work on recognizing their emotional needs and how these needs shape their relational behaviors.

Session 6:

This session explores emotional regulation and the influence of defense mechanisms on emotional and cognitive processes. The therapist explains how defense mechanisms, such as denial or avoidance, hinder emotional growth and healing. Group members discuss how fear and emotional defenses affect their relationships and emotional health. Participants engage in exercises that help them dismantle defense mechanisms and process their emotions in a safe and supportive environment.

Session 7:

In this session, the therapist introduces the concept of symbolic action, where emotions are expressed through behavior. Participants learn how to identify emotional responses and differentiate between primary emotional reactions and secondary responses. The group engages in exercises to help individuals label their emotions and process them in a meaningful way. The session emphasizes the importance of creating new emotional experiences to support healthier relational patterns.

Session 8:

The focus of this session is emotional restructuring. Participants work on overcoming negative self-concepts and rebuilding their emotional self-esteem. The therapist encourages the group to focus on their strengths, competencies, and internal resources. Exercises are designed to help participants reduce negative emotions and reframe them in a more positive light. The group works on emotional healing, focusing on processing negative emotions in a healthy way.

Session 9:

This session focuses on self-worth and the emotional impact of divorce. Participants reflect on how their self-esteem has been affected by the breakup and discuss ways to improve their self-image. The therapist introduces strategies for fostering self-efficacy and emotional empowerment. Group members engage in exercises to improve their self-awareness and reinforce positive self-regard. This session aims to help participants rebuild their emotional resilience and sense of personal value.

Session 10:

In the final session, the group reviews the progress made during the therapy process. Participants share insights on how their emotional responses and communication patterns have changed. The therapist discusses how these changes can be maintained and integrated into daily life. The group focuses on healthy communication strategies, addressing beliefs about relationships and trust, and correcting unhelpful thinking patterns. The session concludes with a post-test to assess the emotional growth and improvements in interpersonal functioning.

2.4. Data Analysis

For analyzing demographic variables, descriptive statistics such as mean and standard deviation were used. To compare the groups on demographic variables, one-way analysis of variance (ANOVA) was conducted. For hypothesis testing and comparing dependent variables across the pre-test, post-test, and follow-up, repeated measures analysis of variance (ANOVA), Fisher's statistic, and the Bonferroni post hoc test were used, assuming that the assumptions of normality, error variance homogeneity, and covariance matrix equality were met. To test these assumptions, the Shapiro-Wilk test, Levene's test for equality of variances, M-box test for equality of covariance matrices, and Mauchly's test for sphericity were applied. Significance levels of 0.05 and 0.01 were considered, and the data were analyzed using SPSS-22 software.

3. Findings and Results

The results indicate that in the Reality Therapy group, 5 participants (33.33%) were in the 30–35 age range, 5 participants (33.33%) were in the 36–40 age range, 3 participants (20%) were in the 41–45 age range, and 2 participants (13.33%) were in the 46–50 age range. In the Emotion-Focused Therapy group, 6 participants (40%) were in the 30–35 age range, 4 participants (26.67%) were in the 36–40 age range, 3 participants (20%) were in the 41–45 age range, and 2 participants (13.33%) were in the 46–50 age range. In the control group, 4 participants (26.67%) were in the 30–35 age range, 6 participants (40%) were in the 36–40 age range, 2 participants (13.33%) were in the 41–45 age range, and 3 participants (20%) were in the 46–50 age range. In the Reality Therapy group, 2 participants (13.33%) had high school or lower education, 8 participants (53.33%) had an associate's degree or bachelor's degree, and 5 participants (33.33%) had higher than a bachelor's degree. In the Emotion-Focused Therapy group, 1 participant (6.67%) had

high school or lower education, 9 participants (60%) had an associate's degree or bachelor's degree, and 5 participants (33.33%) had higher than a bachelor's degree. In the control group, 1 participant (6.67%) had high school or lower

education, 9 participants (60%) had an associate's degree or bachelor's degree, and 5 participants (33.33%) had higher than a bachelor's degree.

Table 1

Descriptive Statistics for Variables in Experimental and Control Groups

| Variable | Group | Pre-test Mean (SD) | Post-test Mean (SD) | Follow-up Mean (SD) |
|-----------------------|-------------------------|--------------------|---------------------|---------------------|
| Self-esteem | Reality Therapy | 40.13 (4.71) | 46.06 (4.52) | 42.46 (4.47) |
| | Emotion-Focused Therapy | 40.86 (4.59) | 46.46 (4.45) | 43.20 (4.64) |
| | Control | 40.26 (4.33) | 37.40 (4.59) | 37.40 (4.17) |
| Communication Beliefs | Reality Therapy | 51.00 (4.24) | 43.66 (4.23) | 43.60 (4.32) |
| | Emotion-Focused Therapy | 51.00 (3.56) | 44.33 (4.28) | 45.53 (3.73) |
| | Control | 50.33 (3.77) | 52.06 (3.80) | 52.06 (4.02) |

Table 1 shows that the mean of the variables of self-esteem and communication beliefs in the intervention groups changed significantly during post-test and follow-up stages.

The results of the Shapiro-Wilk test showed that the distribution of data at the pre-test, post-test, and follow-up stages for the variables of health-promoting behaviors, self-esteem, and communication beliefs was normal ($p > 0.05$). The Levene's test showed no significant difference for any of the stages of the study, so the assumption of equal variances for the variables of self-esteem, communication beliefs, and love trauma symptoms at the pre-test, post-test, and follow-up stages was maintained. The M-box test showed no significant result for any of the study variables

(except for communication beliefs, where the p-value was 0.049), indicating that the assumption of equal covariance matrices for dependent variables for self-esteem, communication beliefs, and love trauma symptoms was met. The assumption of equal error covariance matrices for self-esteem was met, but not for communication beliefs and love trauma symptoms. In such cases, alternative tests like Greenhouse-Geisser or Huynh-Feldt are used to examine the hypothesis of the effects. Given that for the Greenhouse-Geisser test, communication beliefs and love trauma symptoms had an epsilon value < 0.75 , this test was used to analyze the data.

Table 2

Results of the repeated measures ANOVA examining the effect of Reality Therapy and Emotion-Focused Therapy on self-esteem

| Variable | Source of Effect | Type of Effect | Sum of Squares | Degrees of Freedom | Mean Square | F | p-value | Eta Squared |
|-----------------------|------------------|----------------|----------------|--------------------|-------------|--------|---------|-------------|
| Self-esteem | Group | Between Groups | 712.77 | 2 | 356.38 | 6.06 | 0.005 | 0.224 |
| | Time | Within Groups | 209.17 | 2 | 104.58 | 98.63 | 0.001 | 0.701 |
| | Time * Groups | Interaction | 378.43 | 4 | 94.60 | 89.22 | 0.001 | 0.809 |
| Communication Beliefs | Group | Between Groups | 396.93 | 2 | 198.46 | 4.43 | 0.018 | 0.174 |
| | Time | Within Groups | 324.84 | 1.48 | 218.50 | 124.33 | 0.001 | 0.747 |
| | Time * Groups | Interaction | 347.42 | 2.97 | 116.84 | 66.48 | 0.001 | 0.760 |

Table 2 shows that Reality Therapy and Emotion-Focused Therapy significantly increased self-esteem in the intervention groups compared to the control group ($p = 0.005$). The time effect shows that the mean self-esteem across time (pre-test, post-test, and follow-up) showed a significant difference ($p = 0.001$). The interaction effect shows that the mean self-esteem over time significantly differed between the Reality Therapy group, Emotion-

Focused Therapy group, and the control group ($p = 0.001$). Reality Therapy and Emotion-Focused Therapy significantly reduced communication beliefs compared to the control group ($p = 0.018$). The time effect shows that the mean communication beliefs over time (pre-test, post-test, and follow-up) showed a significant difference ($p = 0.001$). The interaction effect shows that the mean communication beliefs over time significantly differed between the Reality

Therapy group, Emotion-Focused Therapy group, and the control group ($p = 0.001$).

Table 3

Results of the Bonferroni post-hoc test for pairwise comparisons of the effect of group and time on self-esteem and communication beliefs

| Variable | Comparison | Mean Difference | p-value |
|-----------------------|---------------------------------------------|-----------------|---------|
| Self-esteem | Reality Therapy vs. Emotion-Focused Therapy | -0.62 | 1.000 |
| | Reality Therapy vs. Control | 4.53 | 0.023 |
| | Emotion-Focused Therapy vs. Control | 5.15 | 0.008 |
| | Pre-test vs. Post-test | -2.88 | 0.001 |
| | Post-test vs. Follow-up | -0.60 | 0.016 |
| | Pre-test vs. Follow-up | -2.89 | 0.001 |
| Communication Beliefs | Reality Therapy vs. Emotion-Focused Therapy | -0.20 | 1.000 |
| | Reality Therapy vs. Control | -3.73 | 0.034 |
| | Emotion-Focused Therapy vs. Control | -3.53 | 0.049 |
| | Pre-test vs. Post-test | 3.75 | 0.001 |
| | Post-test vs. Follow-up | 1.37 | 0.001 |
| | Pre-test vs. Follow-up | 2.37 | 0.001 |

Table 3 shows that the Bonferroni post-hoc test results indicate significant differences in the mean self-esteem between the Reality Therapy and Emotion-Focused Therapy groups compared to the control group, and also between the pre-test, post-test, and follow-up stages, highlighting the effectiveness of Reality Therapy and Emotion-Focused Therapy in increasing self-esteem in the intervention groups and the persistence of these effects during follow-up. Therefore, it was concluded that both Reality Therapy and Emotion-Focused Therapy are effective in improving the self-esteem of divorced women in Tehran, with the effects lasting over time. There was no significant difference between the effectiveness of Reality Therapy and Emotion-Focused Therapy for divorced women in Tehran. However, Emotion-Focused Therapy showed greater effectiveness than Reality Therapy. Results from the Bonferroni post-hoc test also showed significant differences in communication beliefs between the Reality Therapy and Emotion-Focused Therapy groups compared to the control group, and also between the pre-test, post-test, and follow-up stages, indicating the effectiveness of both therapies in improving communication beliefs among the intervention groups and the continuity of these effects at follow-up. It was concluded that both therapies are effective in enhancing communication beliefs in divorced women in Tehran, with lasting effects over time. There was no significant difference between the effectiveness of Reality Therapy and Emotion-Focused Therapy on communication beliefs, though Reality Therapy was found to be more effective than Emotion-Focused Therapy.

4. Discussion and Conclusion

It was concluded that both Reality Therapy and Emotion-Focused Therapy are effective in enhancing the self-esteem of divorced women in Tehran, and the effectiveness of both therapies remains sustained over time. There is no significant difference between the effectiveness of Reality Therapy and Emotion-Focused Therapy on the self-esteem of divorced women in Tehran; however, Emotion-Focused Therapy showed greater effectiveness than Reality Therapy. These results are consistent with the findings from previous studies (Abedi et al., 2024; Borna, 2015; Dehnavi et al., 2020; Hosseinzadeh et al., 2021; Hosseinzadeh et al., 2020; Markazi et al., 2021; Taghizadeh et al., 2024).

To explain these findings, it can be said that basic needs in Choice Theory are interconnected and not separate. Each individual has varying degrees of needs that must be fulfilled, and as such, one person may require more or less attention than another. For example, one individual may have a greater need for love and belonging, while their partner may be satisfied with less love and connection with others. In order for an individual to maintain psychological balance, they must choose behavior (i.e., seeking and maintaining healthy relationships with others) that satisfies all five of their basic needs and meets their spouse's marital expectations. Human behavior and choices are efforts to align experiences with the image of the ideal world they have. Therefore, the five basic human needs are either met or imbalanced by the choices made to create and achieve the ideal quality of life. For an individual to remain balanced and thus demonstrate functional behavior and psychological

well-being, their behavior must result in meeting their needs to a level of satisfaction required for that individual. When individuals engage in everyday life, they strive to create a picture of the world they wish to live in, which is referred to as the “ideal world” in Reality Therapy, and they value their relationships and have expectations of each other (Borna, 2015).

Given Reality Therapy’s strong focus on fundamental issues and needs, recognizing and considering the ideal world of divorced women, understanding their perception of their surroundings, eliminating external control, focusing on general behaviors, and the choices made to resolve their conflicts, this effectiveness is justifiable. By addressing a wide range of factors influencing these differences, identifying disparities, and ultimately helping individuals modify the demands of their ideal world, perception of their environment, and selected behaviors—and most importantly, eliminating external control from their lives and adopting internal control—self-esteem can be enhanced (Rabi et al., 2012). In this approach, efforts are made to help the individual identify their short-term and long-term life goals, explicitly define them, evaluate the means to achieve these goals, choose methods that will lead to better outcomes, and experience a more positive sense of self. This theory summarizes that individuals are responsible for their own choices, decisions, and goals, and ultimately responsible for their own happiness. According to Reality Therapy, an individual can feel empowered, confident, and self-respecting when they believe that they are in control of their life and can create better conditions for themselves (Dehnavi et al., 2020).

In general, a person's self-view and the value they place on themselves greatly influence their thoughts, feelings, and behaviors related to themselves, and this influence can significantly affect many aspects of social behavior, interpersonal relationships, self-confidence, and even mood states and tensions. A person’s self-perception is the foundation of their thoughts, feelings, and behaviors. Sometimes, this sense of self can be destabilized by external factors and important people in one’s life, or life events and failures can undermine it. Divorced individuals may simultaneously experience both of these feelings, and in the context of the prevailing social culture in Iran, which holds a negative view of divorce, this can further diminish their self-esteem, affecting various aspects of their life and relationships. Reality Therapy helps these individuals reconstruct their thoughts and feelings, develop a reality-based self-view, analyze the various aspects of their

situation, set new goals, and move toward these goals while rebuilding their social and interpersonal connections. This allows them to focus more on reality and the reconstruction of their life based on personal goals, which reduces the emphasis on divorce and strengthens their self-worth. By focusing on their strengths and planning for the future, their confidence and sense of capability are enhanced, which contributes to the rebuilding and strengthening of their self-esteem.

Emotion-Focused Therapy helps individuals focus on their emotions and feelings, analyze their emotional experiences, and identify both adaptive and maladaptive emotions and emotional regulation strategies. Recognizing adaptive and maladaptive emotions allows individuals to gain a clearer understanding of their emotions. Subsequently, strengthening adaptive emotion regulation and using strategies to manage rumination, cognitive restructuring, and other emotion-focused techniques contribute to the cognitive restructuring of these individuals. Cognitive restructuring leads to new and more adaptive thoughts, and adaptive emotions and thoughts foster greater psychological adaptation and cognitive reconstruction, which ultimately increases self-esteem in these individuals.

It was concluded that both Reality Therapy and Emotion-Focused Therapy are effective in enhancing communication beliefs in divorced women in Tehran, and the effectiveness of both therapies remains sustained over time. There is no significant difference between the effectiveness of Reality Therapy and Emotion-Focused Therapy on the communication beliefs of divorced women in Tehran; however, Reality Therapy showed greater effectiveness than Emotion-Focused Therapy. These results are consistent with the findings from prior studies (Abedi et al., 2024; Borna, 2015; Davaie Markazi et al., 2021; Dehnavi et al., 2020; Hosseinzadeh et al., 2021; Hosseinzadeh et al., 2020; Markazi et al., 2021).

To explain these findings, it can be said that the emphasis in Reality Therapy on internal control helps individuals realize that they can have control over their own life. It assists them in avoiding being controlled by external forces and teaches them that all control must come from within. The ability to attribute success to oneself and the belief that thoughts, behaviors, and emotions are under one’s control is fundamental in this therapeutic approach (Hosseinzadeh et al., 2021). Reality Therapy counselors, based on Glasser’s concepts, aim to improve individuals’ quality of life by increasing responsibility and teaching communication skills in clinical interventions (Dehnavi et al., 2020).

The goal of Reality Therapy is to reduce external control and promote internal control within the individual. According to Glasser, individuals have the capacity to use their abilities for learning and growth, and everyone is autonomous. Therefore, when individuals focus more on their decisions rather than their circumstances, they live with greater responsibility and, as a result, experience a more fulfilling and successful life (Dehnavi et al., 2020).

In general, Reality Therapy helps individuals reconstruct their cognition based on the realities of their life. The causes and various aspects of their life's breakdown are examined, which leads to a new perspective on their current situation. In this intervention, individuals are encouraged to review their life planning and reconstruct their life goals based on their new circumstances. The new cognitive restructuring encourages individuals to move toward their goals and build new relationships. Over time, with new experiences, this process leads to the strengthening of communication beliefs.

In Emotion-Focused Therapy, the intervention proceeds based on individuals' emotions, thoughts, and feelings. In this approach, individuals gain a deep understanding of their emotions, and recognizing the structure and causes of emotional responses helps identify cognitive distortions, irrational beliefs, and maladaptive emotional responses. A new perspective on emotions and emotional-behavioral responses motivates individuals to address and rebuild their flawed emotional-cognitive structures and develop new, adaptive structures. This adaptive mental structure gradually leads to the reconstruction of communication beliefs and the emergence of adaptive behaviors, which in turn improves communication beliefs and interpersonal relationships. Positive communication beliefs lead to the creation of new interpersonal and social relationships and new situations for individuals.

5. Limitations and Suggestions

One of the limitations of the current study is the restricted sample size, which was limited to divorced women in Tehran. Therefore, caution should be exercised when generalizing the results to other geographical areas. Another limitation is the restriction of the sample to District 2 of Tehran Municipality. Additionally, the study's results are limited to the year 2023, and the findings may change over time. Another limitation is the inability to control individual-related variables, such as familial, cultural, environmental, and social variables, among others. The follow-up period in this study was one month, and due to the potential drop-off

of participants, the researcher was unable to track the long-term effectiveness of the treatment. It is recommended that future researchers include other psychological variables among divorced women. It is also suggested that such research be conducted with men and married couples. Future studies should investigate the impact of the two methods on other psychological variables among divorced women. It is recommended that future research also consider and control for social, economic, and cultural variables. Additionally, further studies should explore the impact of other psychological treatments on self-esteem, communication beliefs, and love trauma symptoms. It is suggested that future studies include longer follow-up periods to track the sustainability of the therapeutic effects. Based on the findings of this study, psychologists and counselors are encouraged to use Reality Therapy and Emotion-Focused Therapy as intervention methods to help increase self-esteem in divorced women. Furthermore, psychologists and counselors are recommended to use these therapeutic methods to improve communication beliefs and address love trauma symptoms in divorced women. Family courts are advised to refer individuals to counseling sessions after divorce in order to reduce psychological stress and prevent mental health problems. It is recommended that Reality Therapy, based on Choice Theory, be incorporated into educational programs for couples and family therapy. By adopting this approach, therapists can identify unrealistic expectations among couples and strengthen intimate relationships between spouses and families.

Authors' Contributions

This article is derived from the doctoral dissertation of the first author, who conducted the research and wrote the manuscript. The second author supervised the study, and the third author provided consultation on the research process.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the PhD dissertation of the first author at the Arak Branch, Islamic Azad University, Arak, Iran. The dissertation topic was approved by the Research Council of Islamic Azad University, Arak Branch, with registration code 162583921 on 23/8/2022 by the relevant committee.

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