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The Effectiveness of Reality Therapy and Emotion-Focused Therapy on Cognitive Avoidance in Women with Marital Distress

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ABSTRACT

Objective: The objective of the present investigation was to assess the efficacy of reality therapy and emotion-focused therapy in mitigating cognitive avoidance among women experiencing marital distress.

Methods: This research was conducted as a quasi-experimental pre-test-post-test design incorporating a control cohort and an interval for follow-up assessments. The studied population comprised all married women encountering marital distress who sought assistance at counseling clinics located in the second district of Tehran during the summer of 2023. A sample of 45 participants was selected through convenience sampling and being randomly allocated into three distinct groups: Experiment 1 involving Reality Therapy (n=15), Experiment 2 encompassing Emotion-Focused Therapy (n=15), and a control group (n=15). For the acquisition of research data, the study utilized the cognitive avoidance questionnaire developed by Sexton and Dugas (2009) and marital distress questionnaire formulated by Weissman, Snyder, and Bach (2009).

Results: The findings indicated that the average cognitive avoidance scores for the groups receiving reality therapy and emotion-focused therapy were significantly reduced compared to those recorded in the control group ($p<0.05$). Furthermore, the average cognitive avoidance score within the emotion-focused therapy group was significantly lower than that of the reality therapy group ($p<0.05$).

Conclusions: The results substantiate the efficacy of psychological interventions in diminishing cognitive avoidance and indicate that emotion-focused therapy may serve as a more efficacious intervention.

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Introduction

The well-being and functionality of the family unit are fundamentally linked to the mental health and emotional stability of couples. Mental health, in turn, is shaped by patterns of thought, emotion, and behavior (Bannon et al., 2002). Disruptive or maladaptive interactions between spouses can severely impair psychological and physical health, thereby diminishing the quality of marital satisfaction and harmony (Rafiee et al., 2021). When the emotional and psychological needs of partners go unmet within the family context, feelings of anger, frustration, and dissatisfaction emerge, often resulting in relational distress (Woolley, 2007). Marital distress constitutes one of the most significant and pervasive psychosocial stressors, with serious consequences not only for the individuals involved but also for the family as a whole. This condition may contribute to the onset or exacerbation of psychiatric disorders, such as depression and anxiety, alter immune functioning, and generally compromise individual well-being. Furthermore, the negative effects of marital dysfunction often extend to children, manifesting as emotional maladjustment, reduced psychological well-being, behavioral issues, difficulties in social functioning, and poor academic outcomes (Karami Noori, 2002).

One psychological construct relevant to marital distress is cognitive avoidance, which involves attempts to suppress distressing thoughts or memories through various mechanisms such as mental distraction, avoidance of triggering stimuli, or replacing distressing thoughts with neutral or imagined ones (Bögels & Mansell, 2004; Fartoosi et al., 2023). These strategies aim to divert attention from emotionally charged content, though in some cases they may inadvertently lead to greater psychological burden (Hedayati & Torkan, 2021). Cognitive avoidance operates as a mental regulatory strategy that individuals employ during social interactions to manage emotional discomfort (Sexton & Dugas, 2009). Empirical findings suggest that higher levels of cognitive avoidance and emotional detachment are associated with lower life expectancy in couples, whereas those with lower levels of such tendencies report a more optimistic outlook (SadriDemirchi et al., 2016).

Reality therapy, developed within Glasser's theoretical framework, is one of the established psychological interventions aimed at enhancing personal satisfaction, emotional well-being, and interpersonal effectiveness (Wubbolding, 2015). Numerous studies have confirmed the efficacy of reality therapy in promoting cognitive and emotional resilience (Davaie Markazi et al., 2021;

Zweidawi & Safarzadeh, 2021). Zweidawi and Safarzadeh (2021) demonstrated that group-based reality therapy significantly improves social well-being, life expectancy, and internal locus of control in women diagnosed with obsessive-compulsive disorder, with effects sustained over time. Another prominent therapeutic approach in the realm of couple interventions is Emotion-Focused Therapy (EFT). This modality, grounded in attachment theory, emphasizes the significance of emotional processing and the symbolic representation of internal experiences in the development of intimacy and relational satisfaction (Astin et al., 1995; Greenberg, 2011). Empirical research supports a strong association between attachment styles and marital satisfaction (Karreman & Vingerhoets, 2012). EFT has shown effectiveness in addressing various relational outcomes, including improvements in marital happiness, relational quality, depression, adjustment, intimacy, resilience, and reductions in PTSD symptoms and attachment-related difficulties (Parham et al., 2023).

In light of these perspectives, this study holds practical implications for family counselors, psychological service providers, and family support organizations by identifying evidence-based therapeutic interventions that can be applied to enhance marital functioning. The findings may also inform broader educational and community-based efforts to raise awareness of the role that therapies such as Reality Therapy and EFT play in promoting emotional well-being and relational harmony. Given the limited comparative research on the efficacy of these two approaches in addressing cognitive avoidance among women experiencing marital distress, the present study seeks to examine and compare the effects of Reality Therapy and Emotion-Focused Therapy in this specific population.

Material and Methods

The current study employed a semi-experimental design with a pre-test–post-test structure, a control group, and a follow-up phase. The study population consisted of all married women experiencing marital distress who sought services at counseling clinics in Tehran's District 2 during the summer of 2023. From this population, 45 participants were selected through convenience sampling, based on predefined inclusion and exclusion criteria. Participants were then randomly assigned to three groups: Experimental Group 1 (Motivational Interviewing; $n = 15$), Experimental Group 2 (Emotion-Focused Therapy; $n = 15$), and a Control Group ($n = 15$).

Inclusion criteria for participation included basic literacy, no concurrent psychological treatment, confirmed marital distress based on counseling records, and a high level of motivation and willingness to address conflict symptoms through psychological intervention. Exclusion criteria encompassed the presence of significant medical or physical conditions as per health records, lack of cooperation, or absence from more than two therapeutic sessions.

Instruments

Cognitive Avoidance Questionnaire*:* Developed by Sexton and Dugas (2008), the Cognitive Avoidance Questionnaire consists of 25 items and assesses five dimensions of cognitive avoidance: thought suppression (items 1, 2, 5, 6, 14), thought substitution (items 4, 11, 17, 20, 25), distraction (items 8, 10, 12, 13, 21), avoidance of threatening stimuli (items 7, 9, 16, 18, 22), and imagery associated with thoughts (items 3, 15, 19, 23, 24). Responses are rated on a 5-point Likert scale ranging from 1 (completely false) to 5 (completely true), yielding total scores between 25 and 125. Higher scores indicate greater levels of cognitive avoidance. In a study conducted by Basaknejad et al. (2010), Cronbach's alpha values for the subscales ranged from 0.71 to 0.91, demonstrating good internal consistency.

Marital Distress Questionnaire*:* The Marital Distress Scale, developed by Whisman et al. (2009), comprises 10 items that assess five key domains: overall marital distress, sexual dissatisfaction, time spent together, emotional connection, and problem-solving communication. Items are scored on a 5-point Likert scale ranging from 1 (completely true) to 5 (completely false), with total scores ranging from 10 to 50. Higher scores reflect greater levels of marital distress. In the original study, Cronbach's alpha coefficients were 0.82 and 0.81 for women and men, respectively. Additionally, Behrad Far et al. (2017) reported excellent internal consistency, with alpha and split-half reliability coefficients of 0.94 and 0.90, respectively.

Intervention Procedures

Emotion-Focused Therapy (EFT): Emotion-Focused Therapy was implemented based on the protocol developed by Johnson and Greenberg (2008). The intervention consisted of eight 60-minute sessions conducted by the researcher. A summary of the content covered in these sessions is presented in Table 1.

Table 1. Summary of EFT intervention

Session	Content
1	Introduction, establishing continuity, exploring the motivation for treatment, explaining the concept of emotion, paying attention to pleasant and unpleasant emotional states
2	Acceptance and reflection of interactive and emotional experiences, discovering problematic interactions, assessing the problem and obstacles to attachment, creating a therapeutic agreement, continuing to assess and identify the cycle of negative interaction
3	Uncovering salient experiences related to attachment, discovering fears and feelings of insecurity, accepting fundamental unacknowledged feelings
4	Clarifying key emotional responses, coordinating the diagnosis between the therapist and the patients, accepting the cycle of interaction by the patients
5	Expressing emotions, increasing identification of attachment needs, accepting emotions, deepening engagement with the emotional experience
6	Deepening emotional engagement, improving interaction methods, focusing on the self not the other, redefining attachment
7	Reconstructing interactions and changing events, symbolizing desires, especially repressed desires, facilitating new solutions to solve problems
8	Reconstructing interactions, discovering new solutions to old problems, facilitating closure, identifying the interaction between the past and present pattern

Reality Therapy*:* The Reality Therapy intervention followed the instructional framework outlined in the revised edition of *Reality Therapy: A New Approach to Psychiatry* by William Glasser (2001). Participants in this group received eight sessions of structured training.

Table 2. Summary of RT intervention

Session	Aim	Content
1	Introduction	Conducting a pre-test, getting to know each other, stating rules and goals, creating an emotional relationship between members, and creating a sense of belonging to the group in members.
2	Introduction to Choice Theory and the Five Basic Needs	Providing the necessary explanation about teaching the theory of choice and the five basic needs (survival, love and belonging, need for power, freedom and fun); how they affect life; Members are asked to examine their needs during the week and prioritize them based on the five basic needs.
3	Teaching the Components of Behavior	Teaching how to identify behavioral components and how to act on each, teaching thinking, action, feeling and physiology, and teaching how to integrate behavioral components to shape overall behavior
4	Creating a Healthy Spirit for Relationships	Reviewing and identifying seven destructive and incompatible behavioral habits (unnecessary criticism, blaming, complaining, whining, threatening, punishing and tempting); Emphasizing the need to abandon these maladaptive and destructive behaviors to control others and replacing them with seven effective communication factors including (support, encouragement, acceptance, trust, respect, listening, and dialogue)
5	Learning Methods of Self-Control and Self-Control of Behavior	Teaching self-control methods, including maintaining calm in angry situations and using behavioral techniques such as deep breathing, counting forward or backward, and role-playing, in order to manage members in critical situations and prevent harm
6	Creating Responsible Behavior by Creating a Spirit of Cooperation	In this session, members are divided into smaller groups of 2 to 4 people and collaborate with each other in carrying out activities such as painting and drawing. By participating in these collaborative activities, members learn a sense of belonging and responsibility as much as possible.
7	Strategies for Planning New Behavior	In this session, individuals learn methods to replace wrong choices with right choices. They also learn to prevent irresponsible behaviors by choosing appropriate behaviors
8	Summary and Post-Test	Group members write letters to themselves about what changes they have made during the training sessions. Letters are read to members and members provide feedback on the letters. Meeting summaries are reviewed and group members draw conclusions with the help of the counselor. Post-test is administered.

Data Analysis

Data were analyzed using repeated measures analysis of variance (ANOVA) via SPSS software (version 24), enabling the assessment of differences within and between groups across pre-test, post-test, and follow-up phases.

Results

Among the people in the study, 15 people were in the control group, 15 people in the reality therapy group, and 15 people in the emotion-focused therapy group.

Table 3. Statistical description of cognitive avoidance scores in the three measurement stages by group

Group	Variable	Pretest		Posttest		Follow-Up	
		Mean	SD	Mean	SD	Mean	SD
Control	Suppression	17.80	2.678	17.60	2.473	17.47	2.356
	Thought substitution	19.20	2.859	18.60	2.230	18.87	2.669
	Distraction	18.73	5.035	19.87	3.944	19.56	3.516
	Avoidance of threatening stimulus	18.47	2.850	18.73	3.173	18.67	3.288
	Thought-related imagery	18.80	3.367	18.63	2.559	18.98	2.489
	Cognitive avoidance	93	7.045	93.43	6.421	93.54	7.487
RT	Suppression	17.73	2.492	13.80	1.656	14.33	1.676
	Thought substitution	18.73	3.127	14.60	2.849	14.80	2.908
	Distraction	18.40	5.054	13.20	3.385	12.87	3.758
	Avoidance of threatening stimulus	17.80	3.167	14.73	2.631	15.07	3.369
	Thought-related imagery	18.10	2.753	13.83	2.438	14.11	2.298
	Cognitive avoidance	90.77	3.314	70.16	3.434	71.18	5.502
EFT	Suppression	17.27	2.576	11.20	1.971	11.77	1.635
	Thought substitution	18.47	2.722	10.87	3.021	11.07	3.195
	Distraction	18.60	3.291	8.53	3.182	7.93	2.314
	Avoidance of threatening stimulus	17.67	2.582	10.93	2.890	11.07	3.305
	Thought-related imagery	17.98	3.085	10.06	2.383	10.34	2.736
	Cognitive avoidance	89.98	5.253	51.59	5.412	52.17	6.209

As can be seen in Table 3, the mean scores in the control group in the pre-test did not change much compared to the post-test and follow-up stages, but in the experimental groups, we saw a decrease in the scores in the post-test and follow-up stages compared to the pre-test

Table 4. Results of Mauchly's Test of Sphericity

Variable	Mauchly's Test	Chi Square	DF	P
Suppression	0.711	13.963	2	0.001
Thought substitution	0.455	32.265	2	0.001
Distraction	0.766	10.924	2	0.004
Avoidance of threatening stimulus	0.548	24.670	2	0.001
Thought-related imagery	0.513	27.405	2	0.001

As can be seen, Mauchly's Test of Sphericity is statistically significant, indicating a violation of the sphericity assumption. Failure to establish this assumption increases the probability of a type II error, so the significant values (p values) obtained in the multivariate test are not reliable. Therefore, Greenhouse-Geisser and Huynh-Feldt estimates that adjust the degrees of freedom are used (table 4).

Table 5. Results of the multivariate within-subjects effects test for comparing cognitive avoidance between the control and experimental groups

Effect		Value	F	Effect DF	Error DF	P	Effect size
Time	Pillai's Trace	0.940	14.358	10	162	0.001	0.470
	Wilks' Lambda	0.089	37.656	10	160	0.001	0.702
	Hotelling's trace	9.924	78.399	10	158	0.001	0.832
	Roy's Largest Root	9.891	160.241	5	81	0.001	0.908
Time * Group	Pillai's Trace	0.898	4.804	20	332	0.001	0.224
	Wilks' Lambda	0.137	10.951	20	266.280	0.001	0.392
	Hotelling's trace	6.071	23.829	20	314	0.001	0.603
	Roy's Largest Root	6.030	100.101	5	83	0.001	0.858

Table 5 shows that all multivariate tests are significant, which indicates the presence of a main effect related to the repetition factor (pretest, posttest, and follow-up) as well as an interactive effect between groups and repetition (i.e., the presence of differences between groups during the measurement stages).

Table 6. Bonferroni post-hoc test

Group	Dependent variable	Phase	Phase	Mean difference	Std. error	P
Control	Suppression	Pretest	Posttest	0.200	0.526	1
			Follow-Up	0.333	0.490	1
		Posttest	Follow-Up	0.133	0.311	1
	Thought substitution	Pretest	Posttest	0.600	0.689	1
			Follow-Up	0.333	0.760	1
		Posttest	Follow-Up	-0.267	0.328	1
	Distraction	Pretest	Posttest	-1.133	0.932	0.692
			Follow-Up	-0.827	0.952	1
		Posttest	Follow-Up	0.307	0.608	1
	Avoidance of threatening stimulus	Pretest	Posttest	-0.267	0.656	1
			Follow-Up	-0.200	0.778	1
		Posttest	Follow-Up	0.067	0.386	1
	Thought-related imagery	Pretest	Posttest	0.161	0.740	1
			Follow-Up	-0.186	0.826	1
		Posttest	Follow-Up	-0.347	0.385	1
RT	Suppression	Pretest	Posttest	3.933	0.526	0.001
			Follow-Up	3.400	0.490	0.001
		Posttest	Follow-Up	-0.533	0.311	0.281
	Thought substitution	Pretest	Posttest	4.133	0.689	0.001
			Follow-Up	3.933	0.760	0.001

		Posttest	Follow-Up	-0.200	0.328	1
	Distraction	Pretest	Posttest	5.200	0.932	0.001
			Follow-Up	5.533	0.952	0.001
		Posttest	Follow-Up	0.333	0.608	1
	Avoidance of threatening stimulus	Pretest	Posttest	3.067	0.656	0.001
			Follow-Up	2.733	0.778	0.003
		Posttest	Follow-Up	-0.333	0.386	1
	Thought-related imagery	Pretest	Posttest	4.270	0.740	0.001
			Follow-Up	3.989	0.826	0.001
		Posttest	Follow-Up	-0.281	0.385	1
EFT	Suppression	Pretest	Posttest	6.067	0.526	0.001
			Follow-Up	5.500	0.490	0.001
		Posttest	Follow-Up	-0.567	0.311	0.226
	Thought substitution	Pretest	Posttest	7.600	0.689	0.001
			Follow-Up	7.400	0.760	0.001
		Posttest	Follow-Up	-0.200	0.328	1
	Distraction	Pretest	Posttest	10.067	0.932	0.001
			Follow-Up	10.667	0.952	0.001
		Posttest	Follow-Up	0.600	0.608	0.989
	Avoidance of threatening stimulus	Pretest	Posttest	6.733	0.656	0.001
			Follow-Up	6.600	0.778	0.001
		Posttest	Follow-Up	-0.133	0.386	1
	Thought-related imagery	Pretest	Posttest	7.926	0.740	0.001
			Follow-Up	7.645	0.826	0.001
		Posttest	Follow-Up	-0.281	0.385	1

In Table 6, based on the results obtained in the reality therapy and emotion-focused therapy groups, the difference between the mean scores of the pre-test stage and the post-test and follow-up stages is significant ($p<0.05$). By comparing the mean scores in the three stages, it is observed that the mean of cognitive avoidance in the post-test and follow-up stages has decreased significantly compared to the pre-test stage. The difference between the post-test and follow-up scores is not significant ($p<0.05$), which indicates the stability of the treatment effects over time. In the control group, the difference between the pre-test and post-test and follow-up scores, as well as the difference between the post-test and follow-up scores, is not significant ($p<0.05$).

Table 7. Results of the between-subjects effects test to compare the mean cognitive avoidance scores of the groups

Source	Variable	SS	DF	MS	F	P
Group	Suppression	400.559	2	200.280	17.369	0.001
	Thought substitution	662.044	2	331.022	17.743	0.001
	Distraction	1348.616	2	674.308	20.534	0.001
	Avoidance of threatening stimulus	656.193	2	328.096	15.029	0.001
	Thought-related imagery	819.490	2	409.745	27.365	0.001
Error	Suppression	484.300	42	11.531		
	Thought substitution	783.556	42	18.656		
	Distraction	1379.214	42	32.838		
	Avoidance of threatening stimulus	916.889	42	21.831		
	Thought-related imagery	628.886	42	14.973		

Table 7 presents the results of the between-subjects effects test to examine the mean cognitive avoidance scores of the control, reality therapy, and emotion-focused therapy groups. Based on the results, the F values for all cognitive avoidance components are significant ($p<0.01$).

Table 8. Bonferroni post-hoc test

Dependent variable	Group 1	Group 2	Mean difference	Std. error	P
Suppression	Control	RT	2.333	0.716	0.007
		EFT	4.211	0.716	0.001
	RT	EFT	1.878	0.716	0.036
Thought substitution	Control	RT	2.844	0.911	0.010
		EFT	5.422	0.911	0.001
	RT	EFT	2.578	0.911	0.021
Distraction	Control	RT	4.564	1.208	0.001
		EFT	7.698	1.208	0.001
	RT	EFT	3.133	1.208	0.039
Avoidance of threatening stimulus	Control	RT	2.756	0.985	0.023
		EFT	5.400	0.985	0.001
	RT	EFT	2.644	0.985	0.031
Thought-related imagery	Control	RT	3.456	0.816	0.001
		EFT	6.013	0.816	0.001
	RT	EFT	2.557	0.816	0.009

Table 8 presents the pairwise comparisons to examine the mean cognitive avoidance scores of the control, reality therapy, and emotion-focused therapy groups. Based on the results, the average cognitive avoidance scores of the reality therapy and emotion-focused therapy groups were significantly lower than those of the control group ($p<0.05$). Also, the average cognitive avoidance of the emotion-focused therapy group was significantly lower than those of the reality therapy group ($p<0.05$).

Discussion

The findings of this study indicate that both reality therapy and emotion-focused therapy produced statistically significant reductions in cognitive avoidance across the pre-test, post-test, and follow-up phases. A comparison of mean scores across these stages revealed a notable decline in cognitive avoidance during the post-test and follow-up phases relative to the pre-test, suggesting that both therapeutic interventions were effective. Moreover, the lack of a statistically significant difference between post-test and follow-up scores implies that the therapeutic benefits were sustained over time. In contrast, no significant changes were observed in the control group across any of the measurement points, underscoring the specific impact of the interventions.

These results are consistent with prior research in the field. For instance, Asli Azad et al. (2021) demonstrated that online reality therapy significantly reduced perceived stress and experiential avoidance in COVID-19 survivors. Additional support comes from studies such as those by Mohammadi et al. (2022), which reported the efficacy of compassion-focused and emotion-focused therapies in alleviating psychological and marital problems among veterans' spouses, and Kashdan et al. (2010) established the effectiveness of reality therapy in reducing cognitive avoidance in individuals with post-traumatic stress disorder. Khayeri et al. (2019) confirmed the utility of emotion-focused therapy in mitigating symptoms of obsession, rumination, and cognitive avoidance. Similarly, Berman et al. (2010) observed that emotion-focused therapy enhanced emotional regulation and marital satisfaction in couples facing breast cancer.

Regarding the mechanisms underlying the effectiveness of reality therapy in reducing cognitive avoidance, this approach emphasizes personal responsibility and the rejection of avoidance-based coping. Rather than focusing on past events, reality therapy encourages individuals to take purposeful action and reassess maladaptive thought patterns. Through active participation in structured group sessions, participants were guided to recognize their agency in shaping outcomes by altering their behaviors and beliefs. The opportunity to share and reflect upon the experiences of other group members further reinforced these insights. By cultivating awareness of personal needs and promoting behavior aligned with those needs, reality therapy appeared to effectively disrupt patterns of cognitive avoidance.

Similarly, emotion-focused therapy demonstrated efficacy in reducing cognitive avoidance by helping clients access, process, and regulate emotions associated with marital distress. Therapists guided participants to reflect on moments when their issues were less intense or absent, often employing rating scales to identify such exceptions and frame them as opportunities for change. The intervention’s emphasis on client-driven solutions and emotional awareness contributed to shifts in perspective, empowering individuals to reframe their challenges and strengthen their coping capacities (Davis & Osborn, 2007). In group settings, this approach fostered a positive self-concept by emphasizing clients’ strengths and successes, redirecting attention from problems to viable solutions. This reorientation not only improved emotional resilience but also reduced reliance on cognitive avoidance strategies.

Nevertheless, certain limitations must be acknowledged. The sample lacked homogeneity in key demographic characteristics such as age, socioeconomic status, and cultural background, which may restrict the generalizability of the findings. Moreover, the study was limited to married women experiencing marital distress, suggesting that further research is needed to examine the applicability of these interventions to other populations. Despite these constraints, the study offers valuable insights into the practical benefits of reality therapy and emotion-focused therapy. It is recommended that such interventions be incorporated into marital counseling programs, either as workshops or structured training sessions, to enhance relational well-being and promote psychological resilience among couples.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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