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Effectiveness of Reality Therapy on Self-control and Adjustment in Adolescents

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of reality therapy on self-control and adjustment among adolescents.

Methods: This quasi-experimental study employed a pre-test/post-test design with a control group. The statistical population consisted of all ninth-grade male students in District 5 of Tehran in 2024. Using convenience sampling, 30 eligible students were selected and randomly assigned to either the experimental group (n = 15) or the control group (n = 15). Research instruments included the Self-Control Scale developed by Tangney et al. and the Adjustment Scale by Sinha and Singh. The experimental group received eight 90-minute reality therapy sessions over four weeks, while the control group received no intervention. Data were analyzed using multivariate analysis of covariance (MANCOVA) with SPSS version 22.

Results: Findings indicated a significant difference between the experimental and control groups in post-test self-control scores. In other words, reality therapy had a positive effect on improving adolescents' self-control ($p < 0.001$).

Conclusions: Reality therapy can effectively enhance self-control among adolescents. School counselors may employ reality therapy sessions or workshops as an efficient intervention to improve self-control and adjustment in adolescents.

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Introduction

Cognitive mechanisms of acceptance and adjustment are central components of mental health, and when they are underdeveloped or impaired, they can lead to psychological damage and mental disorders (Mizock et al., 2014; Ruan et al., 2023). Adjustment refers to the continuous adaptation to changes, the establishment of a relationship between the self and the environment, and the recognition that individuals must pursue their goals within the framework of sociocultural norms (Israelashvili, 2023; Sohrabi et al., 2024). In other words, adjustment indicates that an individual possesses sufficient mechanisms to maintain well-being, respond adequately to environmental demands, and achieve personal goals (Piqueras et al., 2019). Adjustment is generally divided into three dimensions: social (reflecting adolescents' performance in social interactions), emotional (the ability to maintain emotional balance in the face of internal and external pressures), and educational (the individual's ability to cope with academic demands and school activities) (Khosravi Shastan et al., 2024).

Self-control, on the other hand, is the ability to regulate one's thoughts, emotions, and behavioral patterns, enabling adaptation and facilitating success across various life domains (Baumeister et al., 2007; Bowlin & Baer, 2012). It is a process in which individuals monitor their own behaviors, evaluate them against personal goals, standards, and criteria, and regulate their behaviors accordingly. Thus, self-control plays a significant role in achieving life goals and fostering optimal development (Alipour et al., 2023). Individuals with low self-control tend to experience emotions more intensely and for longer durations, react more strongly than others, and are at higher risk of social maladjustment due to avoidance of effective coping strategies (Moilanen et al., 2021). Self-control also bridges behavioral events and time-related delays, such as postponing tasks. When there is little or no gap between environmental events and the individual's behavioral responses, self-control may not be required. Therefore, temporal organization is one of the most important characteristics of self-control (Rai, 2019).

A variety of methods have been employed to address psychological difficulties and relational problems in adolescents. Among these, reality therapy has gained increasing attention in recent years, with empirical studies demonstrating its clinical effectiveness. Reality therapy is a collection of techniques and strategies designed to help individuals shift from destructive choices to constructive ones, from ineffective behaviors to effective ones, and most importantly, from an

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unsatisfying lifestyle to a fulfilling one (Glasser, 2001, 2014). This therapeutic approach emphasizes common sense, emotional involvement, reality, responsibility, and distinguishing right from wrong in the context of daily life (Bradley, 2014). Reality therapy practitioners maintain that the core problem of most clients lies in unsatisfying or unsuccessful relationships with significant individuals in their lives (Wubbolding et al., 2004). By engaging in reality therapy, clients are encouraged to clarify their needs, hopes, and aspirations, and to explore realistic ways in which counseling can support them (Wubbolding, 2010).

Given these considerations, schools and educational institutions must strive to enhance students' adjustment, not only to strengthen their self-efficacy and resilience but also to present themselves as environments that cultivate human and social capital. Implementing educational interventions to foster students' adjustment therefore appears essential. Accordingly, the present study was designed to investigate the effectiveness of reality therapy in improving self-control and adjustment among adolescents, seeking to answer the following research question: Does reality therapy significantly influence self-control and adjustment in adolescents?

Material and Methods

This study employed a quasi-experimental design with pre-test and post-test measures and a control group. The statistical population included all ninth-grade male students in District 5 of Tehran during the 2023–2024 academic year. Using convenience sampling, 30 eligible students were selected and randomly assigned to the experimental group (n = 15) and the control group (n = 15).

Inclusion criteria were: being a ninth-grade male student, having no diagnosed psychological disorders according to school counseling records, not undergoing other psychological treatments or interventions, and willingness to participate in the study. Exclusion criteria included: lack of interest in participation, absence from more than two intervention sessions, and incomplete or invalid responses on questionnaires.

Instruments

Self-Control Scale (SCS): Developed by Tangney et al. (2018), this 36-item questionnaire is rated on a 5-point Likert scale ranging from 1 (never) to 5 (very much). Total scores range from 36 to 180, with higher scores indicating greater self-control. Tangney et al. (2018) reported acceptable

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content validity, test-retest reliability of 0.89, correlations with social desirability of 0.54 to 0.60, and Cronbach's alpha of 0.89. In Iran, Asgarian et al. (2020) confirmed content validity and reported Cronbach's alpha of 0.82.

Adjustment Inventory for School Students (AISS): Developed by Sinha and Imam (2018), this 60-item yes/no scale measures three domains of adjustment: emotional, social, and educational. Higher scores indicate lower levels of adjustment (i.e., greater maladjustment). The maximum score for each subscale is 20, and the total score ranges from 0 to 60. A cutoff score of 30 differentiates high versus low adjustment. Sinha and Imam (2018) reported split-half reliability of 0.95 for total adjustment and subscale reliabilities ranging from 0.93 to 0.96. Retest reliabilities ranged from 0.90 to 0.96. In Iran, Karami (2003) confirmed content validity through expert judgment and reported a Kuder–Richardson reliability coefficient of 0.94 for total adjustment.

Intervention

The experimental group participated in **eight 90-minute sessions of reality therapy** over a period of four weeks, while the control group received no intervention during this time. The intervention was based on Glasser's (2001) choice theory model, the validity of which was confirmed in Iran by Bahrami et al. (2020). Table 1 presents a summary of the session content and activities.

Table 1. Summary of Reality Therapy Sessions (Glasser)

Session	Title	Content	Homework
1	Therapeutic relationship	Orientation to study goals, session plan, confidentiality, ethical principles, rapport-building	–
2	Choice theory & responsibility	Internal vs. external control, responsibility for satisfying needs without harming others	Record examples of responsibility in daily life
3	Five basic needs	Survival, love/belonging, power, freedom, fun; emphasis on worthiness and being loved	Rank personal needs by importance
4	Quality world	Perceptions of reality and personal "quality world"	List beliefs, people, and objects in one's quality world
5	Total behavior	Goal-directed behaviors with four components: acting, thinking, feeling, physiology	List examples of total behavior
6	Seven caring habits	Listening, supporting, respecting, encouraging, etc.	Write examples of caring habits
7	Seven deadly habits	Criticism, blame, threat, punishment, etc.	Write examples of destructive habits
8	Summary and consolidation	Review and integrate all learned concepts	Reflection on personal gains

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Ethical Considerations

Because the participants were minors, written informed consent was obtained from parents. Participants and parents were assured that all collected data would remain confidential and used solely for research purposes.

Data Analysis

Descriptive statistics (mean, standard deviation) and inferential statistics were used. Data were analyzed using multivariate analysis of covariance (MANCOVA) with SPSS version 22.

Results

Table 2 presents the descriptive statistics for the study variables across pre-test and post-test stages.

Table 2. Descriptive Findings for Study Variables

Variable	Group	Pre-test M (SD)	Post-test M (SD)
Self-control	Experimental	41.78 (1.89)	56.48 (1.78)
	Control	42.67 (1.67)	43.69 (1.56)
Adjustment	Experimental	32.54 (2.65)	45.79 (2.65)
	Control	32.67 (2.78)	34.79 (2.45)

As shown in Table 2, the mean scores of both self-control and adjustment increased from pre-test to post-test in the experimental group, whereas no notable changes were observed in the control group.

Parametric assumptions were first tested. Results confirmed the normal distribution of scores across groups and variables at the pre-test stage ($p > .05$), indicating that skewness and kurtosis were within acceptable ranges. Levene's test also showed homogeneity of variances for both self-control and adjustment. Furthermore, the assumption of homogeneity of regression slopes was met, as no significant interaction was found between the independent variable and the covariate ($p > .60$). Thus, the assumptions required for conducting analysis of covariance (ANCOVA) were satisfied.

Multivariate analysis of covariance (MANCOVA) was conducted to test the study hypothesis. Results indicated that after controlling for pre-test scores, there were significant group differences in at least one of the dependent variables (self-control or adjustment) ($p < .05$), supporting the main hypothesis. Table 3 presents the detailed ANCOVA results.

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Table 3. Multivariate Analysis of Covariance for Study Variables by Group (Pre-test Controlled)

Variable	Source	SS	df	MS	Eta²	F	p
Self-control	Pre-test	124.76	1	124.76	.024	1.015	.142
	Group	437.87	28	437.87	.764	82.78	< .001
	Error	97.65	29	102.76			
Adjustment	Pre-test	186.27	1	186.27	.061	0.561	.218
	Group	742.87	28	742.87	.851	94.23	< .001
	Error	82.67	29	92.98			

As shown in Table 3, reality therapy produced statistically significant effects on both self-control ($F = 82.78$, $p < .001$) and adjustment ($F = 94.23$, $p < .001$). These findings indicate that reality therapy was effective in enhancing self-control and adjustment among adolescents.

Discussion

The present study aimed to examine the effectiveness of reality therapy on adolescents' self-control and adjustment. The findings revealed significant differences in post-test self-control scores between the experimental and control groups, indicating that reality therapy was effective in improving adolescents' self-control. This result is consistent with previous studies. For example, Delilar and Havasi (2019) found that group reality therapy significantly reduced academic burnout and enhanced self-control in the experimental group compared to controls.

These findings can be explained by the fact that reality therapy teaches individuals to accept responsibility for the outcomes of their choices in life and education. Another reason for its effectiveness may lie in the enhancement of problem-solving skills. This therapeutic approach encourages individuals not to avoid difficulties, but rather to take responsibility for their problems and actively work toward solutions. In doing so, reality therapy helps shift the focus from avoidance or confrontation to constructive problem-solving. Moreover, by strengthening internal control, reality therapy fosters responsibility-taking. According to Glasser (2014), success requires abandoning external control and instead adopting internal control consistent with the principles of choice theory. Reality therapy thus helps individuals move away from external control and toward internal control, which directly aligns with the concept of self-control.

The findings also showed a significant difference in adjustment scores between the experimental and control groups, suggesting that reality therapy effectively enhanced adolescents' adjustment. This result aligns with earlier research. For instance, Abdollahzadeh (2020) reported that group reality therapy positively influenced moral intelligence and academic adjustment, including

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dimensions such as honesty, responsibility, forgiveness, empathy, and adaptability to academic environments, disciplines, and study skills.

From a theoretical perspective, the goal of reality therapy is to help individuals regain control over their lives. Glasser's method emphasizes that individuals are responsible for their present circumstances because of the choices they have made, while also teaching them that they can make better choices in the future. This therapeutic process enables individuals to develop healthier patterns of thought, recognize and challenge irrational evaluations, and consequently strengthen their ability to cope with difficulties. By fostering adaptive attitudes and beliefs, reality therapy contributes to improved adjustment {Glasser, 2001 #164}.

Despite these promising findings, some limitations should be noted. First, the use of convenience sampling limits the generalizability of the results. Future studies should employ randomized sampling methods to enhance external validity. Second, the study sample was drawn from a single school, which may limit the transferability of findings. Third, data collection relied solely on self-report questionnaires, which are subject to response bias. Future research is therefore encouraged to use multiple methods of data collection, such as interviews or observations, alongside questionnaires, to improve the robustness and generalizability of findings.

In practical terms, school counselors can employ reality therapy, either through individual sessions or structured workshops, as an effective intervention to enhance adolescents' self-control and adjustment.

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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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