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# The Efficacy of Reality Therapy on Existential Anxiety and Quality of Life of Students

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## ABSTRACT

**Objective**: The aim of this study was to investigate the effectiveness of reality therapy on existential anxiety and quality of life in male high school students of Sahneh.

**Methods**: This study was a quasi-experimental method that was performed with a pre-test-post-test design with a control group. The Statistical population includes all male students of high school of Sahneh in 2019-2020, who 34 people were selected by purposeful sampling method and were randomly divided into two experimental (17 people) and control (17 people) groups and answered Good Existential Anxiety Questionnaire and Quality of Life Questionnaire. Participants in the experimental group completed the reality therapy training sessions in eight 90 minutes sessions, while this training was not intended for the control group. Analysis of MANCOVA was used to analyze the data.

**Results**: The results showed that reality therapy reduces existential anxiety($F=48.12$, $P<0.001$) and improves quality of life($F=36.25$, $P<0.001$) in high school male students.

**Conclusions**: Due to the effectiveness of this program in reducing existential anxiety and improving quality of life, it is recommended to design and intervene for male students.

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## Introduction

Adolescence is one of the most important and at the same time the most turbulent and complex stages of life. Because along with physical changes, a series of changes occur in the emotions and desires of the individual, including imbalance and instability, irritability and despair in the face of failures (Orben et al., 2020). Research has shown that one of the growing factors in adolescents due to the turmoil and complexities of this period of life is existential anxiety (Abulof et al., 2021). Existential anxiety is an important component of mental health. Existential anxiety occurs when individuals deeply reflect on their existence. This reflection leads to thoughts and feelings related to freedom and responsibility, which also compels the individual to search for meaning in life and authentic living in accordance with the aforementioned purpose. Existential anxiety can also lead to a sense of alienation and isolation in individuals and highlight the awareness of nothingness. (Reed et al., 2021). This anxiety encompasses the entire life and is about the three factors of death and nothingness, the emptiness of life from meaning, and the feeling of guilt and blame. This reflection leads to thoughts and feelings related to freedom and responsibility, which also forces the individual to search for meaning in life and an authentic life according to the aforementioned purpose. Existential anxiety can also lead to a sense of alienation and isolation in individuals and highlight the awareness of nothingness (Temple & Gall, 2018). Existential anxiety is common in adolescents and is also related to the adolescent identity crisis and is accompanied by symptoms of mental disorders such as depressive disorders and anxiety (Abulof et al., 2021). Existential anxiety in adolescents can be a stimulus for the development of activities to become increasingly aware of freedom and the consequences of accepting or rejecting that freedom. In fact, when an individual decides to engage in the restoration and reconstruction of their life, the anxiety accompanying it can be a sign that indicates the individual's readiness for personal change, and if the adolescent learns to listen to the intelligent messages of anxiety, he or she can take the necessary steps to change their life correctly (Reed et al., 2021). In this regard, Asl Anari et al. (2016) showed in a study that existential anxiety can disrupt students' performance in various fields, especially in the field of education (Asl Anari et al., 2016).

As mentioned, in adolescents, anxiety increases following the critical conditions resulting from this period and the individual's attempt to find identity and meaning in life, and this increase in anxiety can increase the likelihood of developing some disorders such as depression (Abulof et al.,

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2021). Obviously, in these conditions, the quality of life of adolescents decreases to some extent (Miller and Landquist, 2020). Quality of life is an individual's subjective perception of the extent to which their important goals, needs, and desires are fulfilled. Therefore, quality of life is a cognitive judgment about the gap between an individual's current reality and their ideal life situations that provokes positive or negative emotional behavior in the individual (Kan et al., 2020). One of the dimensions of quality of life related to adolescent health is the type of relationship they have with their parents, and the results of research show that parental expectations of their children in terms of choosing a major, continuing their education at university, and choosing a job increase the level of stress and social harm among adolescents and affect their mental health and quality of life (Sharifi-Alonabadi et al., 2021). Another dimension of quality of life related to adolescent health is the school environment. Based on the results of research, adolescents who have a good relationship with their school environment (even if they do not have a good relationship with their family) have a lower incidence of behavioral diseases and mental disorders such as stress (Zimmerman et al., 2020). Improving the quality of life, including mental health, favorable social relationships, and access to appropriate health services, has a positive effect on adolescents' insight and knowledge and will lead to their success in academic, professional, and social fields (Sharifi-Alonabadi et al., 2021). Assessing students' existential anxiety and quality of life at school is of great importance, therefore, there is a need for an intervention that can be effective on the quality of life at school and students' existential anxiety and help improve the educational performance of these students (Glaser, 2019).

On the other hand, reality therapy is a set of techniques and tools that are useful in helping people move from destructive choices to constructive choices, from ineffective behaviors to effective behaviors, and most importantly, from an unhappy lifestyle to a happy lifestyle. Group reality therapy, based on Glasser's choice theory, holds people accountable and teaches them that the thinking, behavior, and feelings they experience are under their own control. This therapy sees the cause of psychological problems in individuals' choices and their lack of responsibility in satisfying their needs (Glaser, 2019). The main goal of group reality therapy is to help individuals achieve better ways to meet their needs, including the need for power or advancement, freedom or independence, and recreation, and its main concepts include identity, personality, responsibility, adaptive behavior, and ultimately realistic and rational dealing with issues and problems (Dermer

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and Dunham, 2019). Researchers have examined and confirmed the effect of reality therapy on a wide range of psychological symptoms. In this regard, Bani Hashemi et al. (2019) showed in a study that reality therapy leads to an increase in the quality of life and general health of caregivers of chronic patients. Also, Ahmadi Tabar et al. (2019) showed the effectiveness of group reality therapy on reducing aggression and anxiety in working children. High school students, who number over two million, are of particular importance as the future leaders of society, and studying their personality, behavioral, and performance characteristics in various fields, including educational and training issues, and trying to identify and diagnose effective and important factors to improve and modify their behavior is a necessity in humanities research, including psychology (Afzali and Amin Hatami, 2018). In the research background, the effectiveness of various therapeutic and educational approaches has been shown on quality of life variables and existential anxiety (Malavi and Anderson, 2020; Law and Zhao, 2015); On the other hand, the most important strength of reality therapy is its application to mental health as a preventive factor, and the emphasis is on strengths instead of eliminating weaknesses. The philosophical basis of this approach, which has a positive view, emphasizes personal responsibility and human interest, and is a perspective on life that has many benefits for the individual and society (Glaser, 2019), therefore it can reduce students' existential anxiety and provide conditions for improving their quality of life. In addition, according to the studies conducted by the researcher, no research has been conducted so far to investigate the effectiveness of reality therapy on students' existential anxiety and quality of life. Therefore, considering the issues raised, the present study attempts to investigate the effect of reality therapy on existential anxiety and quality of life of male students.

## Material and Methods

This study was applied in terms of purpose and in terms of implementation method, it was a quasi-experimental research with a pre-test-post-test design with a control group. The statistical population of this study consisted of all male students in the first grade of secondary school in Sahneh County in the academic year 2019-2020. Using the purposive sampling method and considering the inclusion and exclusion criteria of the study, 40 students who had the lowest quality of life score and the highest existential anxiety score among all students were selected. It should be noted that 3 absences from therapy sessions, psychological problems, and the use of

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psychological interventions or medication were considered as the criteria for the subjects' exclusion. Given that three people from the experimental group (due to absence of more than three sessions) were excluded, 3 people from the control group were also excluded by chance. The final sample of the study on which the analysis was conducted consisted of 34 people (17 people in the experimental group and 17 people in the control group). The experimental group underwent reality therapy training based on Glasser's choice theory (2008) in 8 90-minute sessions at the counseling center of the Sahneh County Education Department over a period of two months from November to January 2019. The control group was also closely monitored in parallel with the experimental group. The method of selecting and assigning subjects and administering questionnaires was the same as the experimental group, but reality therapy in the form that was implemented for the experimental group was not considered for the control group. Of course, after the end of the study, a few sessions of reality therapy were also conducted for the control group. The present study has been registered with the Ethics Committee of Islamic Azad University, West Islamabad, under the ethics code IR.IAU.ESG.REC.1398.068. In order to comply with the ethical principles of the research, all subjects received information about the study and could leave the study at any time. They were assured that all information would remain confidential and would only be used for research purposes. In order to respect privacy, the characteristics of the subjects were not recorded. In the end, informed consent was obtained from all of them. The following tools were used to collect data:

**Existential Anxiety Questionnaire:** In the present study, the Existential Anxiety Questionnaire of Good and Good (1974) was used to measure existential anxiety. This questionnaire was made up of 32 questions to measure the level of existential anxieties (death, loneliness, sin, and meaninglessness in life), which measures anxiety in a dichotomous way (yes, zero, and no, one). The existential anxiety score is obtained by the sum of each individual's correct answers. In other words, the range of scores varies between (0) - (32). The scoring of questions 32, 22, 18, 15, 7, 3 is reversed. The reliability of the original version of the questionnaire was obtained as 0.66 (Good and Good, 1974). This scale was translated into Persian by Ganji (2009) and has 5 subscales: aimlessness of work (5 questions), worthlessness of meaning in life (4 questions), lack of interest in doing work (5 questions), inability to convince others (5 questions), and lack of sense of responsibility towards others (6 questions). The Cronbach's alpha of the original version of the

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questionnaire was reported to be 0.76 (Good and Good, 1974). In the study by Hooman et al. (2011), the reliability using the internal consistency method (Cronbach's alpha) and test-retest was obtained to be 0.86 and 0.80, respectively. Marashi et al. (2012) reported the validity of this test to be 0.49 through correlation with the Sarason and Gardner Anxiety Questionnaire (1962). In the present study, the Cronbach's alpha of the questionnaire was 0.68.

**Quality of Life Questionnaire:** The World Health Organization (1998) Quality of Life Questionnaire was used to measure quality of life. The short form of this questionnaire consists of 26 items and assesses four domains of physical health, mental health, social relationships, and environmental health with 24 questions (3, 6, 7, and 8 questions, respectively) (World Health Organization, 2010). This questionnaire has 4 subscales and an overall score. Initially, a raw score is obtained for each subscale, which must be converted to a standard score between 0 and 100 through a formula. A higher score indicates a higher quality of life. The reliability of the questionnaire was obtained through Cronbach's alpha for the subscales of physical health: 0.75, mental health: 0.76, social relationships: 0.62, and environmental connections: 0.75. Also, the fit indices (GFI=0.87, CFI=0.92, NFI=0.94, RMSEA=0.037) indicated the appropriate validity of the questionnaire (World Health Organization, 2010). In Iran, Abdollahpour et al. (2010) standardized this scale on 1167 people and obtained the reliability of the questionnaire using Cronbach's alpha for a healthy population in the areas of physical health: 0.70, mental health: 0.73, social relationships: 0.55, and environmental relationships: 0.80, and reported the reliability coefficient by the test-retest method after 2 weeks as 0.7. The validity of the questionnaire was examined by examining the ability to distinguish healthy and sick individuals through linear regression, and the results showed that this questionnaire distinguishes the healthy group from the sick well. In the present study, the overall Cronbach's alpha of the questionnaire was 0.79.

**Research method and summary of training sessions:** In order to select a representative sample of the statistical population, first, a school was selected from among the first secondary schools for boys in Sahneh city and the students were divided into two control and experimental groups. Then, a pre-test of the existential anxiety and quality of life questionnaire was administered to both control and experimental groups, and reality therapy group sessions based on Glasser's (2008) choice theory were held for the experimental group for 8 sessions of 90 minutes. Finally, the subjects of both groups were asked to complete the research questionnaires again. The data

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obtained from this study were first described using descriptive statistics methods such as mean, frequency, and percentage. Then, the differences between the experimental and control groups were examined using inferential statistics methods and analysis of covariance. The outline of the sessions is given in Table 1.

**Table 1.** Summary of therapy sessions

| Session | Content |
|---|---|
| 1 | familiarizing members with expectations, criteria, and how to participate in the group |
| 2 | Introducing members to the concept of reality therapy and a brief explanation of the background of reality therapy and emotional engagement with group member |
| 3 | Teaching choice theory and the basic concepts of reality therapy |
| 4 | Identifying basic human needs, listing the basic needs of members |
| 5 | In this session, members are asked to summarize the previous session and ask questions that have arisen for them, and others are asked to become active in the group by answering. |
| 6 | Introducing anger and aggression from the perspective of choice theory, preparing a plan and program, helping clients by designing useful and practical programs to transform unsuccessful behavior into successful behavior, concluding a contract, not blaming, and examining work obstacles. |
| 7 | Define anxiety and provide strategies for controlling it. |
| 8 | Introduce WDEP and help the group develop a concrete plan to avoid using and giving in to external control, providing solutions to improve quality of life. |

## Results

The mean and standard deviation of the age of the subjects in the experimental group were (14.23, 1.25) and the control group (14.56, 1.33). Table 2 shows the mean and standard deviation of the experimental and control groups in the components of existential anxiety and quality of life in the pre-test and post-test stages.

**Table 2.** Mean and standard deviation of the subjects' scores in the two groups in the components of existential anxiety and quality of life.

| Variable | Stage | Group | Mean | SD |
|---|---|---|---|---|
| Purposelessness | pre-test | experimental | 3.47 | 0.72 |
| | | control | 4 | 0.8 |
| | post-test | experimental | 2 | 0.7 |
| | | control | 4.23 | 0.7 |
| Worthlessness of meaning in life | pre-test | experimental | 2.88 | 0.7 |
| | | control | 2.94 | 0.75 |
| | post-test | experimental | 1.88 | 0.6 |
| | | control | 3.35 | 0.6 |
| Lack of interest in doing things | pre-test | experimental | 4.18 | 0.8 |
| | | control | 3.7 | 0.8 |
| | post-test | experimental | 2.88 | 0.8 |
| | | control | 4.18 | 0.65 |
| Inability to convince others | pre-test | experimental | 3.83 | 0.9 |
| | | control | 4.06 | 0.76 |
| | post-test | experimental | 2.35 | 0.7 |
| | | control | 5.12 | 0.6 |
| Lack of sense of responsibility towards others | pre-test | experimental | 4.41 | 1.01 |

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|---|---|---|---|---|
| | | control | 4.5 | 0.9 |
| | post-test | experimental | 2.71 | 1.1 |
| | | control | 5 | 0.7 |
| Total existential anxiety score | pre-test | experimental | 20.36 | 2.55 |
| | | control | 19.23 | 2.33 |
| | post-test | experimental | 13.65 | 3 |
| | | control | 19.59 | 2.09 |
| Physical health | pre-test | experimental | 16.24 | 2.5 |
| | | control | 15.7 | 2.44 |
| | post-test | experimental | 19.35 | 3.08 |
| | | control | 14.24 | 2.13 |
| Mental health | pre-test | experimental | 15.47 | 3.8 |
| | | control | 17.06 | 3.5 |
| | post-test | experimental | 18.17 | 3.68 |
| | | control | 13.65 | 2.6 |
| Social relationships | pre-test | experimental | 6.65 | 1.9 |
| | | control | 9.77 | 3.05 |
| | post-test | experimental | 12.76 | 2.01 |
| | | control | 8.7 | 3.03 |
| Environmental health | pre-test | experimental | 19.42 | 5.9 |
| | | control | 18.65 | 5.3 |
| | post-test | experimental | 22.12 | 5.49 |
| | | control | 15.47 | 3.83 |
| Total score of quality of life | pre-test | experimental | 46.12 | 9.7 |
| | | control | 43.95 | 5.72 |
| | post-test | experimental | 52.12 | 9.55 |
| | | control | 41.3 | 5.2 |

Multivariate analysis of covariance was used to test the research hypothesis, so its assumptions were first examined. First, we examined the normality of the data. The results of the Kolmogorov-Smirnov test showed that the null hypothesis in this test that the data follow a normal distribution (P>0.005) was not rejected and the data distribution is consistent with a normal distribution. The Levine test was used to examine the assumption of homogeneity of error variances, and the significance level for all research variables was greater than 0.05, which indicated that the assumption of homogeneity of error variances was confirmed. The results of the M-Box test (P=0.465) also indicated that the assumption of homogeneity of variance and covariance matrices was established. Given that the assumptions of normality of the data, homogeneity of variance and covariance matrices, and homogeneity of error variances were established; Therefore, analysis of covariance can be used.

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**Table 3.** Results of the analysis of covariance of the effectiveness of reality therapy on existential anxiety and quality of life in students

| Variable | SS | DF | MS | F | Effect size | P |
|---|---|---|---|---|---|---|
| Purposelessness | 42.47 | 1 | 42.47 | 90.25 | 0.64 | p < 0.001 |
| Worthlessness of meaning in life | 17.38 | 1 | 17.38 | 50.5 | 0.54 | p < 0.001 |
| Lack of interest in doing things | 14.24 | 1 | 14.24 | 28.05 | 0.44 | p < 0.001 |
| Inability to convince others | 64.97 | 1 | 64.97 | 59.34 | 0.68 | p < 0.001 |
| Lack of sense of responsibility towards others | 44.74 | 1 | 44.74 | 52 | 0.58 | p < 0.001 |
| Physical health | 222.62 | 1 | 222.62 | 31.67 | 0.51 | p < 0.001 |
| Mental health | 174.38 | 1 | 174.38 | 17.2 | 0.33 | p < 0.001 |
| Social relationships | 140.02 | 1 | 140.02 | 21.08 | 0.42 | p < 0.001 |
| Environmental health | 375.56 | 1 | 375.56 | 16.78 | 0.33 | p < 0.001 |

As can be seen in Table 3, there is a significance difference between the means of the components of aimlessness of work ($F = 25.90$, $p < 0.001$), worthlessness of meaning in life ($F = 5.50$, $p < 0.001$), lack of interest in doing work ($F = 28.05$, $p < 0.001$), inability to convince others ($F = 34.59$, $p < 0.001$), lack of sense of responsibility towards others ($F = 52$, $p < 0.001$), physical health ($F = 31.67$, $p < 0.001$), mental health ($F = 20.17$, $p < 0.001$), social relationships ($F = 21.08$, $p < 0.001$), and environmental health ($F = 16.78$, $p < 0.001$) between the two groups.

## Discussion

The present study aimed to investigate the effectiveness of reality therapy on existential anxiety and quality of life in male high school students in Sahneh. The results of the present study showed that reality therapy led to a reduction in all components of existential anxiety in male junior high school students. This finding is consistent with the findings of Ahmadabadi et al. (2010), Elahinejad et al. (2018), Melvey and Anderson (2020), and Šalkevicius et al. (2019).

This finding can be explained by the theory of existential psychology. As a philosophical theory of people and the problems of humanity and existence, this theory deals mainly with the themes of life rather than with techniques. These themes include: death and life, freedom, responsibility for oneself and others, finding the meaning of life and coping with feelings of emptiness, becoming aware of oneself and looking beyond existing problems and everyday events, as well as establishing honest and intimate relationships with others (Callahan, 2021). According to this theory, those who suffer from existential anxiety are people who believe that the world is fundamentally meaningless and that everything they do or think they can do is in itself worthless or useless. As a result, they have no energy to work and do things just to get rid of them and are

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completely emotionally indifferent. They do not enjoy seeing things like sunsets or watching children play (Asl Anari et al., 2016). Since group reality therapy training can induce a proper way of thinking and individuals can learn how to recognize their irrational and unreasonable evaluations, it naturally gives individuals the power to deal with the problems they face in a healthy way, overcome difficulties, move with the flow of life, and experience a purposeful and meaningful life. On the other hand, reality therapy, by increasing focus on the present moment and focusing on what one has, and consequently finding meaning among the positive and valuable aspects of one's life, has been able to overcome despair and worry about the future and the meaninglessness of life, which are the main components of existential anxiety, and reduce this anxiety (Melloi & Anderson, 2020). If a person fails to find a valuable meaning in life, he feels empty and confused. This feeling can cause uncertainty about the goal and how to reach it, and as a result, he suffers from high existential anxiety (Asal Anari et al., 2016). Reality therapy helps to restore and select the goal in life, regardless of any situation or problem. By accepting new responsibilities in life due to changes in past ineffective attitudes that may not have been problematic, a person can take steps towards empowering himself. Individuals seeking to participate in reality therapy sessions, as a result of becoming aware of their existential strengths and weaknesses, seek to strengthen their fundamental needs and seek self-change. Change in such individuals takes an ascending and developmental form. They take the right path, even challenging ones, and are confident in the results they have achieved. As a result, they achieve their deepest meanings, values, goals, and highest motivations. It is obvious that existential anxiety is reduced in these conditions (Salkivicius et al., 2019).

In addition, the results of the present study showed that reality therapy led to an improvement in all components of quality of life in male junior high school students. This finding is consistent with the findings of studies by Bani Hashemi et al. (2019), Moshirian Farahi et al. (2016), Law and Zhao (2015), and Mark et al. (2011).

In explaining this finding, it can be said that reality therapy, as an intervention that can increase internal control and responsibility and enable individuals to effectively satisfy their own needs, so that the needs of others are not harmed, can not only reduce adjustment problems such as aggression, but also has a broad impact on various aspects of life and can improve quality of life. Belief in an internal source of control increases acceptance and maintenance of well-being during

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helplessness and increases the search for health-related information, which generally increases the quality of life (Bani Hashemi et al., 2019). Therefore, according to Glasser's theory, teaching individuals internal control in order to examine multiple paths to achieve a single goal, as well as brainstorming in recognizing situations, correctly recognizing the reality of the world, and making the right and responsible choice, can put the control of mental and physical conditions on the shoulders of individuals themselves; in this way, not only do individuals exercise their own internal control through careful examination and recognition, but they also consider themselves involved in the performance and control of their mental and physical conditions through responsible behavior, and thus can overcome psychological problems such as reduced quality of life (Law and Zhao, 2015). Reality therapy is an appropriate treatment that teaches an individual how to effectively control their life and guides them towards gaining control of their life and problems, because Glasser believes that a person who feels a lack of control experiences multiple pressures, including stimulation by external stimuli, other people, and is stimulated by a variety of external factors. Perhaps the most important achievement of reality therapy sessions is that the individual becomes aware that they have the right to choose and are able to control their thoughts, behavior, feelings, and ultimately their physiology, and as a result, experience a higher quality of life (Glaser, 2019).

In summary, the results of the present study showed that reality therapy led to a reduction in existential anxiety and improved students' quality of life. Therefore, considering the effect of reality therapy on existential anxiety and students' quality of life, it is suggested that reality therapy be considered as part of the students' curriculum and the work plan of school counselors, and that reality therapy training workshops be held in schools to reduce existential anxiety and improve students' quality of life.

Like other studies, the present study has faced some limitations. For example, due to the lack of long-term access to students, it was not possible to conduct a follow-up period to assess the continued effectiveness. Also, the sample was selected only from male students in the first grade of secondary school in Sahneh city, and this issue makes the generalization of the results cautious. In line with the limitations of this study, it is recommended that follow-up studies be conducted to examine the long-term effects of reality therapy, and for greater generalizability, research be conducted in a larger sample size of students.

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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 ethics committee of Islamic Azad University.

### 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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