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The Effectiveness of Reality Therapy and Emotion-Focused Therapy on the Psychological Well-Being of Women with Marital Distress

Maryam Toope[1], Seyed Mahmood Mirzamani Bafghi[2]✉, Mohammad Hatami[3]

1. Department of Psychology and Counseling, To.C., Islamic Azad University,Tonekabon, Iran, m.toope@iau.ac.ir
2. Department of Psychology, Baqiyatallah University, Tehran, Iran, mirzamani@bmsu.ac.ir
3. Department of Psychology, Kharazmi University, Tehran, Iran

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ABSTRACT

Objective: The aim of this study was to determine the effectiveness of reality therapy and emotion-focused therapy on the psychological well-being of women experiencing marital distress.

Methods: This research employed a quasi-experimental design with pre-test, post-test, a control group, and a follow-up period. The study population consisted of all married women with marital distress who visited counseling clinics in District 2 of Tehran during the summer of 2023. Using convenience sampling and based on inclusion and exclusion criteria, 45 participants were selected and randomly assigned to three groups: Reality Therapy (n = 15), Emotion-Focused Therapy (n = 15), and Control Group (n = 15). Data were collected using the short form of Ryff's Psychological Well-Being Scale (1989), the Weissman, Snyder, and Beach (2009) Marital Distress Questionnaire, and the Johnson & Greenman (2008) Emotion-Focused Therapy protocol. Data were analyzed using SPSS version 24.

Results: The findings indicated that the mean psychological well-being scores of participants in the reality therapy and emotion-focused therapy groups were significantly higher than those in the control group ($p < 0.05$). Additionally, the mean psychological well-being score in the emotion-focused therapy group was significantly higher than that of the reality therapy group ($p < 0.05$).

Conclusions: Both reality therapy and emotion-focused therapy were effective in improving the psychological well-being of women with marital distress. However, emotion-focused therapy demonstrated a greater impact compared to reality therapy. These results highlight the importance of emotion-focused therapeutic approaches in addressing marital distress and enhancing psychological well-being.

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Introduction

Marital distress, as one of the factors that leads to the gradual deterioration of marital relationships and increases couples' tendency toward divorce, is defined as a form of disintegration and indifference between spouses regarding one another's rights and responsibilities (Jafarinasab et al., 2021). According to Lindquist (2013), couples who experience distress and conflict are essentially those in which one partner desires something that the other does not. Marital distress arises when two individuals live together as a couple, yet due to the nature of their interactions, periods emerge in their shared life where disagreements occur or their needs remain unmet (Christensen et al., 2010).

Although various treatments for marital distress have produced statistically and clinically significant outcomes, other research findings indicate that many couples fail to benefit from common interventions or even deteriorate after some time following standard treatments (Schnider & Balderrama-Durbin, 2012).

Psychological well-being is considered a key indicator of public health. Although there is no universally accepted definition of this psychological construct, it is generally conceptualized as the subjective experience of positive emotions and life satisfaction. It has also been defined as positive psychological functioning, quality relationships with others, and a realistic perception of oneself (McAneney, Tooley, Hunter, Kovenen, Weill, Stevenson & Key, 2015). Individuals with low psychological well-being tend to evaluate life events and circumstances negatively and experience distressing emotions such as anxiety, depression, and anger (Martínez, 2000). Psychological well-being plays an essential role in the emergence of marital distress and couples' problems (Arbabi, Saravani & Zeinlipour, 2022). Psychological well-being refers to individuals' emotional and cognitive evaluations of their own lives and encompasses high life satisfaction, pleasant emotions, and low levels of negative mood (Sinn et al., 2009).

Emotion-Focused Therapy (EFT) operates through a mechanism in which the therapist, within an empathic therapeutic relationship, accesses the client's maladaptive emotions and helps transform them—through the use of emotions such as forgiveness, compassion, empathy, and protective anger—into more adaptive experiences. In this approach, clients are assisted in identifying, experiencing, and regulating their emotions, ultimately accepting them and constructing new

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meanings around them. Consequently, individuals become more capable of confronting emotions they had previously avoided (Greenberg & Goldman, 2011).

Glasser's Reality Therapy is one of the widely used interventions within cognitive psychology that aims to describe human behavior, establish behavioral principles, and outline pathways to satisfaction, happiness, and success. This therapeutic method emphasizes confronting reality, accepting responsibility, recognizing basic needs, morally evaluating the correctness of behavior, focusing on the here and now, fostering internal control, and ultimately achieving a successful identity—an outcome closely linked to self-esteem (Chang, 2014).

In a study conducted by Haji Karam, Ghamari, and Amiri Majd (2019) on the effectiveness of group reality therapy on work–family conflict and psychological well-being among married female employees of a telecommunications company, findings showed that group reality therapy reduced work–family conflict and increased psychological well-being. Similarly, the results of a study by Ardestani Balaei, Benisi, and Zomorodi (2021), which examined the effectiveness of Emotion-Focused Therapy on psychological well-being, social acceptance, and social competence among 30 primary school teachers in Varamin selected through convenience sampling, indicated that Emotion-Focused Therapy significantly improved these variables.

Given that numerous studies have investigated variables such as marital satisfaction or marital conflict in relation to the constructs examined in this research, there remains a noticeable gap concerning the combined effects of the present variables. The results of such a study may have extensive applications in pre- and post-marital counseling. Therefore, the aim of the present study was to determine the effectiveness of Reality Therapy and Emotion-Focused Therapy on the psychological well-being of women experiencing marital distress.

Material and Methods

The present study employed a quasi-experimental design with a pretest–posttest structure, including a control group and a follow-up phase. The study population consisted of all married women experiencing marital distress who sought services from counseling clinics in District 2 of Tehran during the summer of 2023. Using convenience sampling and based on the inclusion and exclusion criteria, 45 participants were selected and randomly assigned to three groups:

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Experimental Group 1: Motivational Interviewing (n = 15), Experimental Group 2: Emotion-Focused Therapy (n = 15), and a Control Group (n = 15).

Inclusion criteria

The criteria for inclusion were: basic literacy, not receiving concurrent psychological treatments during the study, confirmed marital distress based on counseling records, and having sufficient motivation and willingness to reduce or resolve conflict-related symptoms through the psychological interventions under investigation.

Exclusion criteria

The criteria for exclusion included: documented severe medical conditions or physical injuries according to health records, lack of cooperation, and absence from more than two treatment sessions.

Measures

Ryff's Psychological Well-Being Scale – Short Form: The 18-item short form of the Psychological Well-Being Scale, developed by Ryff (1989), assesses six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Items are rated on a 6-point Likert scale ranging from *strongly disagree (1)* to *strongly agree (6)*. Items 1, 4, 5, 8, 15, 16, 17, and 18 are reverse-scored. Total scores range from 18 to 108, with higher scores indicating greater psychological well-being. Construct validity was confirmed in Ryff's (1989) study, and reliability coefficients for the subscales ranged from 0.72 to 0.89. In a study by Khanjani et al. (2014), construct validity was confirmed via factor analysis, and Cronbach's alpha values for the subscales of self-acceptance, environmental mastery, positive relations, purpose in life, personal growth, autonomy, and the total scale were 0.51, 0.76, 0.75, 0.53, 0.73, 0.72, and 0.71, respectively.

Marital Distress Questionnaire: The Marital Distress Questionnaire is a 10-item scale developed by Wiseman, Snyder, and Burch (2009) assessing five domains of marital distress: overall marital distress, sexual dissatisfaction, time spent together, emotional communication, and problem-solving communication. Items are scored on a 5-point Likert scale from *completely true (1)* to *completely false (5)*, producing a total score between 10 (lowest distress) and 50 (highest distress). Wiseman et al. (2009) reported acceptable content validity and Cronbach's alpha coefficients of 0.82 for women and 0.81 for men. In the study by Behradfar et al. (2016), construct validity was

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supported by factor analysis, and Cronbach's alpha and split-half reliability were 0.94 and 0.90, respectively.

Emotion-Focused Therapy Sessions

The Emotion-Focused Therapy (EFT) sessions were based on the treatment protocol by Johnson and Greenman (2008) and were conducted by the researcher over eight 60-minute sessions. A summary of the session content appears in Table 1.

Table 1. Emotion-Focused Therapy Sessions

Session	Content
1	Introduction, establishing rapport, assessing treatment motivation, explaining the concept of emotion, attending to pleasant and unpleasant emotional states
2	Accepting and reflecting emotional/interactional experiences, identifying problematic interactions, assessing attachment-related barriers, establishing therapeutic alignment, continued assessment and identification of the negative interaction cycle
3	Exploring attachment-related salient experiences, identifying fears and insecurity, accepting invalidated core emotions
4	Clarifying key emotional responses, creating alignment between therapist formulation and client experience, client acceptance of the interaction cycle
5	Emotional expression, identifying attachment needs, deepening emotional engagement
6	Further deepening emotional engagement, improving interactional patterns, focusing on self rather than partner, redefining attachment
7	Reconstructing interactions and modifying patterns, symbolizing desires—especially suppressed ones, facilitating new solutions to relational problems
8	Reconstructing interactions, identifying new solutions to longstanding issues, facilitating termination, clarifying links between past and present interaction patterns

Reality Therapy Training Sessions

The present study used an educational protocol based on the revised version of William Glasser's (2001) Reality Therapy principles. A summary of the session content is provided in Table 2.

Table 2. Summary of Glasser's Reality Therapy Training Sessions

Session	Objective	Content and Activities
1	Introduction	Administration of the pretest, group member introductions, explaining rules and goals, establishing emotional rapport and a sense of belonging among members
2	Familiarization with Choice Theory and Basic Needs	Explaining Choice Theory and the five basic needs (survival, love and belonging, power, freedom, fun); discussing their impact on life; members are asked to evaluate their personal needs during the week and prioritize them according to the five basic needs
3	Teaching Behavioral Components	Teaching the identification of behavioral components—acting, thinking, feeling, and physiology—and how each function; teaching how to integrate components to form total behavior
4	Building a Healthy Relationship Style	Identifying seven destructive behavioral habits (criticizing, blaming, complaining, nagging, threatening, punishing, bribing) and emphasizing the need to replace them with seven effective connecting habits (support, encouragement, acceptance, trust, respect, active listening, dialogue)
5	Learning Self-Control Strategies	Teaching self-control strategies for anger management, including deep breathing, forward/backward counting, and role-play to manage crises and prevent harm

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6	Promoting Responsible Behavior through Cooperation	Members are divided into smaller groups (2–4 people) to collaborate on drawing/design tasks; cooperative activities foster belonging and responsibility
7	Strategies for Planning New Behaviors	Teaching methods for replacing ineffective choices with effective ones and preventing irresponsible behaviors through appropriate behavioral choices
8	Conclusion and Posttest	Members write letters to themselves describing the changes they experienced throughout the sessions; letters are shared and discussed; the group reviews session summaries and completes the posttest with the counselor's guidance

Data Analysis

Data were analyzed using SPSS version 24.

Results

Among the participants in the study, 15 individuals were assigned to the control group, 15 to the reality therapy group, and 15 to the emotion-focused therapy group.

Table 3. Descriptive statistics for psychological well-being scores across three measurement stages by group

Group	Variable	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Control	Autonomy	6.67	2.610	6.79	2.772	6.40	2.444
	Environmental Mastery	6.13	2.475	6.40	2.028	6.78	2.448
	Personal Growth	7.40	2.197	7.27	1.870	7.67	1.988
	Positive Relations	6.53	2.326	6.40	1.549	6.67	1.988
	Purpose in Life	5.67	1.877	5.33	1.291	5.80	1.781
	Self-Acceptance	4.93	1.907	5.37	1.774	5.13	1.685
	Psychological Well-Being (total)	37.33	6.810	37.56	3.948	38.45	5.488
Reality Therapy	Autonomy	6.80	2.597	10.40	2.586	10.26	2.817
	Environmental Mastery	6.58	2.061	9.80	2.274	9.22	2.090
	Personal Growth	7.60	1.920	10.84	2.549	10.56	2.432
	Positive Relations	6.60	1.920	9.84	2.549	9.61	2.395
	Purpose in Life	5.47	2.031	8.40	1.805	8.19	1.711
	Self-Acceptance	5.33	1.839	7.97	2.394	7.44	2.205
	Psychological Well-Being (total)	38.38	5.960	57.25	8.070	55.27	6.834
Emotion-Focused Therapy	Autonomy	7.13	2.800	13.87	2.356	13.56	2.272
	Environmental Mastery	6.73	2.251	12.73	2.631	12.23	2.803
	Personal Growth	7.07	1.831	13.87	2.167	13.53	2.264
	Positive Relations	6.07	1.944	12.87	2.167	12.67	1.839
	Purpose in Life	5.93	1.668	10.53	2.134	10.31	2.274
	Self-Acceptance	5.27	1.280	10.60	2.261	9.95	2.478
	Psychological Well-Being (total)	38.20	6.144	74.47	7.039	72.25	7.397

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As shown in Table 3, the mean scores in the control group show minimal change from pretest to posttest and follow-up. In contrast, both experimental groups exhibit substantial increases in scores at the posttest and follow-up stages compared to the pretest.

Table 4. Mauchly's Test of Sphericity

Variable	Mauchly's W	χ^2	df	p-value
Autonomy	0.748	11.893	2	0.003
Environmental Mastery	0.876	5.412	2	0.067
Personal Growth	0.929	3.008	2	0.222
Positive Relations	0.820	8.142	2	0.017
Purpose in Life	0.928	3.080	2	0.214
Self-Acceptance	0.778	10.299	2	0.006

As shown, several of the Mauchly's sphericity tests are statistically significant, indicating a violation of the sphericity assumption. Violating this assumption increases the likelihood of Type II error; therefore, the multivariate p-values cannot be considered reliable. For this reason, the Greenhouse–Geisser and Huynh–Feldt corrected estimates, which adjust the degrees of freedom, were used (Table 4).

Table 5. Multivariate within-subjects effects for comparing psychological well-being across the control and experimental groups

Effect	Value	F	df Effect	df Error	p-value	Effect Size
Time (repeated measures)	Pillai's Trace	0.983	12.893	12	160	0.001
	Wilks' Lambda	0.059	41.151	12	158	0.001
	Hotelling's Trace	15.304	99.477	12	156	0.001
	Roy's Largest Root	15.257	203.431	6	80	0.001
Time × Group Interaction	Pillai's Trace	0.989	4.491	24	328	0.001
	Wilks' Lambda	0.089	11.553	24	276.808	0.001
	Hotelling's Trace	9.397	30.345	24	310	0.001
	Roy's Largest Root	9.307	127.195	6	82	0.001

Table 5 shows that all multivariate tests are statistically significant. This indicates a significant main effect of time (pretest, posttest, follow-up) as well as a significant interaction effect between group and time, meaning that the groups differ in their patterns of change across the measurement stages.

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Table 6. Bonferroni Post-hoc Test

Group	Variable	Phase	Phase	Mean Difference	Std. Error	Sig.
Control	Autonomy	Pretest	Posttest	-0.120	0.406	1
			Follow-up	0.267	0.508	1
		Posttest	Follow-up	0.387	0.325	0.725
	Environmental Mastery	Pretest	Posttest	-0.267	0.382	1
			Follow-up	-0.647	0.407	0.358
		Posttest	Follow-up	-0.380	0.296	0.619
	Personal Growth	Pretest	Posttest	0.133	0.433	1
			Follow-up	-0.267	0.481	1
		Posttest	Follow-up	-0.400	0.380	0.896
	Positive Relations	Pretest	Posttest	0.133	0.422	1
			Follow-up	-0.133	0.508	1
		Posttest	Follow-up	-0.267	0.349	1
	Purpose in Life	Pretest	Posttest	0.333	0.347	1
			Follow-up	-0.133	0.407	1
		Posttest	Follow-up	-0.467	0.328	0.488
	Self-Acceptance	Pretest	Posttest	-0.440	0.410	0.869
			Follow-up	-0.200	0.457	1
		Posttest	Follow-up	0.240	0.292	1
Reality therapy	Autonomy	Pretest	Posttest	-3.600	0.406	0.001
			Follow-up	-3.460	0.508	0.001
		Posttest	Follow-up	0.140	0.325	1
	Environmental Mastery	Pretest	Posttest	-3.220	0.382	0.001
			Follow-up	-2.640	0.407	0.001
		Posttest	Follow-up	0.580	0.296	0.170
	Personal Growth	Pretest	Posttest	-3.240	0.433	0.001
			Follow-up	-2.960	0.481	0.001
		Posttest	Follow-up	0.280	0.380	1
	Positive Relations	Pretest	Posttest	-3.240	0.422	0.001
			Follow-up	-3.007	0.508	0.001
		Posttest	Follow-up	0.233	0.349	1
	Purpose in Life	Pretest	Posttest	-2.933	0.347	0.001
			Follow-up	-2.720	0.407	0.001
		Posttest	Follow-up	0.213	0.328	1
	Self-Acceptance	Pretest	Posttest	-2.633	0.410	0.001
			Follow-up	-2.107	0.457	0.001
		Posttest	Follow-up	0.527	0.292	0.236
EFT	Autonomy	Pretest	Posttest	-6.733	0.406	0.001
			Follow-up	-6.427	0.508	0.001
		Posttest	Follow-up	0.307	0.325	1
	Environmental Mastery	Pretest	Posttest	-6	0.382	0.001
			Follow-up	-5.493	0.407	0.001
		Posttest	Follow-up	0.507	0.296	0.283
	Personal Growth	Pretest	Posttest	-6.800	0.433	0.001
			Follow-up	-6.467	0.481	0.001
		Posttest	Follow-up	0.333	0.380	1
	Positive Relations	Pretest	Posttest	-6.800	0.422	0.001
			Follow-up	-6.600	0.508	0.001
		Posttest	Follow-up	0.200	0.349	1
	Purpose in Life	Pretest	Posttest	-4.600	0.347	0.001
			Follow-up	-4.380	0.407	0.001
		Posttest	Follow-up	0.220	0.328	1
	Self-Acceptance	Pretest	Posttest	-5.333	0.410	0.001
			Follow-up	-4.680	0.457	0.001
		Posttest	Follow-up	0.653	0.292	0.092

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Table 7. Between-Subjects Effects for Comparing Psychological Well-Being Scores

Source	Variable	SS	DF	MS	F	P
Group	Autonomy	540.929	2	270.465	15.471	0.001
	Environmental Mastery	383.192	2	191.596	13.101	0.001
	Personal Growth	369.244	2	184.622	16.734	0.001
	Positive Relations	360.665	2	180.333	17.354	0.001
	Purpose in Life	249.232	2	124.616	14.799	0.001
	Self-Acceptance	269.058	2	134.529	13.655	0.001
Error	Autonomy	734.230	42	17.482		
	Environmental Mastery	614.242	42	14.625		
	Personal Growth	463.362	42	11.032		
	Positive Relations	436.446	42	10.392		
	Purpose in Life	353.667	42	8.421		
	Self-Acceptance	413.776	42	9.852		

All F-values for the psychological well-being components are significant ($p < 0.01$), showing that the groups differ meaningfully in all subscales.

Table 8. Bonferroni Post-hoc Test

Dependent Variable	Group 1	Group 2	Mean Difference	Std. Error	Sig.
Autonomy	Control	Reality Therapy	-2.536	0.881	0.019
		Emotion-Focused	-4.902	0.881	0.001
	Reality Therapy	Emotion-Focused	-2.367	0.881	0.031
Environmental Mastery	Control	Reality Therapy	-2.096	0.806	0.039
		Emotion-Focused	-4.127	0.806	0.001
	Reality Therapy	Emotion-Focused	-2.031	0.806	0.047
Personal Growth	Control	Reality Therapy	-2.222	0.700	0.008
		Emotion-Focused	-4.044	0.700	0.001
	Reality Therapy	Emotion-Focused	-1.822	0.700	0.038
Positive Relations	Control	Reality Therapy	-2.149	0.680	0.009
		Emotion-Focused	-4.000	0.680	0.001
	Reality Therapy	Emotion-Focused	-1.851	0.680	0.028
Purpose in Life	Control	Reality Therapy	-1.751	0.612	0.020
		Emotion-Focused	-3.327	0.612	0.001
	Reality Therapy	Emotion-Focused	-1.576	0.612	0.041
Self-Acceptance	Control	Reality Therapy	-1.767	0.662	0.032
		Emotion-Focused	-3.458	0.662	0.001
	Reality Therapy	Emotion-Focused	-1.691	0.662	0.043

Table 8 shows the pairwise comparisons of psychological well-being scores among the Control, Reality Therapy, and Emotion-Focused Therapy groups.

Discussion

Based on the obtained results in the reality therapy and emotion-focused therapy groups, the difference between the mean scores of the pre-test and the post-test/follow-up stages was

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significant. Comparing the mean scores across the three stages shows that psychological well-being scores increased significantly in the post-test and follow-up stages compared to the pre-test. The difference between post-test and follow-up scores was not significant, indicating the stability of treatment effects over time. In the control group as well, the differences between pre-test and post-test/follow-up scores and also between post-test and follow-up scores were not significant. The resulting findings are consistent with previous related studies, which are discussed below.

The study by Mansourian et al. (2022) showed that Emotion-Focused Couples Therapy had an effect on the psychological well-being of incompatible couples dealing with infidelity. In the study by Azandariani et al. (2022), results indicated that emotion-focused intervention and acceptance-and-commitment-based therapy affected emotional self-regulation, psychological well-being, and maintained these effects at follow-up. Qolipour Firouzjai et al. (2022) compared the effectiveness of reality therapy and logotherapy on components of subjective well-being among women seeking divorce due to marital infidelity and found significant differences among groups in the post-test and follow-up in emotional, psychological, and social well-being; both interventions were effective, and no significant differences were found between the two interventions.

Ardestani Balaei et al. (2021) showed that emotion-focused therapy improved psychological well-being, social acceptance, and social competence in teachers. Mahmoudian, Zanganeh Motlagh, and Dehestani (2021) found that reality therapy enhanced psychological well-being and decreased marital dissatisfaction among married women, showing improvement in environmental mastery, self-acceptance, positive relationships, purpose in life, personal growth, and autonomy. Kamsari et al. (2021), comparing Adlerian group counseling and group reality therapy on psychological well-being of middle-school students in Tehran, found significant differences between groups; Adlerian counseling had a greater effect than reality therapy.

Zavidavi and Safarzadeh (2020) reported that reality therapy significantly improved social well-being, hope, internal locus of control, and reduced external locus of control among women with obsessive-compulsive disorder, with effects maintained at follow-up. Afsharpoor and Aghdasi (2020), comparing reality therapy and existential therapy on psychological well-being of women with breast cancer, found no significant differences between the two treatments across dimensions such as autonomy, self-acceptance, environmental mastery, positive relationships, purpose in life, and growth; therefore, both treatments were equally effective and may be used complementarily.

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Asadzadeh et al. (2019) showed that reality therapy improved psychological well-being and self-criticism among individuals with generalized anxiety disorder, although no significant difference was observed between experimental and control groups in social adjustment. Haji Karam et al. (2019) found that group reality therapy reduced work-family conflict and increased psychological well-being among married women working in a telecommunications company. Chamani Qalandari et al. (2019) showed that reality-therapy training improved psychological well-being and happiness among military soldiers. Sadri Demirchi et al. (2016) found that reality therapy increased emotional, psychological, and social well-being among elderly men living in nursing homes.

Gryllis et al. (2001) also showed that reality therapy significantly reduced tension and improved women's well-being. Kim (2008) found that a reality-therapy-based program enhanced subjective well-being and interpersonal relationships in university students. Johnson (2012), in a survey of 144 counselors, reported that reality therapy combined with spiritual interventions increased social well-being.

To explain the effectiveness of reality therapy in increasing the psychological well-being of women with marital distress, one can refer to the principles of reality therapy. Reality therapy emphasizes responsibility-taking, acceptance of reality, and accurate judgment regarding one's abilities. It teaches individuals that although human needs are universal, people are free to choose behaviors to satisfy those needs; thus, they are responsible for these behaviors. Glasser argues that proper satisfaction of the five basic needs is essential. One key need is the need for achievement and power; its opposite is repeated failure, which destroys self-confidence.

In the group sessions, participants first became aware of barriers to self-confidence, gained insight into their strengths and weaknesses, learned that even skilled individuals make mistakes in public speaking, and were taught to focus on strengths rather than weaknesses. Through group discussions, exercises, and feedback, they explored paths to success and understood that failure is part of life. They learned that people differ in the behaviors they choose in moments of failure. Reality therapy also emphasizes improving interpersonal relationships. Learning correct relational skills within a respectful framework guides individuals toward success. Satisfying the needs for belonging and friendship leads to positive emotions. Participants, by receiving positive feedback

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and forming new relationships, developed greater self-belief. Consequently, group reality therapy—by changing beliefs and behaviors—improved psychological well-being among couples. To explain the effectiveness of Emotion-Focused Therapy (EFT), one can state that emotional-skills training not only promotes adjustment but also reduces interpersonal problems, depression, and negative emotions, while increasing intimacy, sociability, and responsibility (Bywater & Sharpless, 2012). Individuals referred to EFT often struggle with intense unexpressed emotions, unmet needs, expectations, and painful memories. They are unable to heal these emotional wounds and struggle to express emotions or process past experiences. By the end of treatment, clients acquire greater emotional awareness, emotional expression, regulation, and appropriate emotional communication (Pavio & Nieuwenhuis, 2001). EFT, grounded in humanistic principles, creates deep empathy and a safe environment for clients to trust, accept, and replace maladaptive emotions. Its group format helps clients feel understood among others with similar problems, facilitating therapeutic progress. These combined techniques improve couples' psychological well-being.

One limitation of this study is its cross-sectional implementation, meaning responses may be biased and generalization to other times is limited. It is recommended that similar studies be conducted in other cities and cultures so that findings can be compared across populations.

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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