



Effectiveness of Reality Therapy Group Training based on Choice Theory on Distress Tolerance and Self-Compassion in Mother with Mentally Disabled Children

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This study aimed to evaluate the effectiveness of group reality therapy training based on choice theory on distress tolerance and self-compassion in mother with mentally disabled children. This study was conducted with a quantitative approach and a semi-experimental method with a pre-test-post-test design with a control group. The statistical population consisted of all the mothers of mentally disabled children in the city of Tehran academic year 2021-2022. Using available sampling 30 people were selected as a sample and randomly divided into two groups (experimental and control). The participants responded to the distress tolerance questionnaires of Simon and Kahler (2005) and self-compassion of Tef (2003) in the pre-test and post-test phases. The experimental group received reality therapy training in 7 sessions each week while the control group did not receive intervention during the research period. At the end of the research, the data were analyzed with covariance analysis at the significance level of (0/05). The results illustrated that the mean scores of distress tolerance and self-compassion increased significantly in the post-test phase compared to the control group ($p < 0/05$). In accordance with the results, reality therapy improved and increased distress tolerance and self-compassion in mothers with mentally disabled children. Hence, group training in the way of the reality therapy can be considered a valuable intervention in order to enhance tolerance of distress and compassion for these mothers.

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1. Introduction

The birth and presence of a child with mental disability may create very serious challenges for the family (Manzour, Jamshidi and Mohtashmi, 2022). A mentally retarded child is a child whose general intelligence and behavior and adaptive functions are lower than those of his age in the environment (Pervin, 2022); But in recent years, the term mental disability has replaced mental retardation (American Psychiatric Association, 2013). According to the definition of the American Psychiatric Association DSM-5, a mentally disabled child is a child who has significant limitations in the following areas: 1. Limitation in intellectual function (reasoning, learning and problem solving) 2. Reaching growth milestones significantly later than expected 3. Adaptive behaviors (conceptual, social, practical skills) lower than expected 4. Child passivity in all areas of life 5. the limited capacity of emotions (Yershova, Mikhailov, Malygin, Smirnova and Borlavkova, 2021; Sadeghi, 2021); that these restrictions should appear before 18 years old (Kalpidi, 2021; Adanier, Gerson, 2021; Shahin and Nogay, 2021); Also, according to the definition of the World Health Organization (WHO), disability is considered as a chronic suffering or limitation of executive capacity that these children have problems in their ability and talent and in understanding life-related matters and also need more help, support and education (Hayati, 2021). ; And a person with intellectual disability has a lower level of physical activity and a lower level of intelligence than his social group (World Health Organization, 2016; Marquez-Arrico et al., 2022).

Mental disability itself is not a disease, but it may be the result of a disease in many cases (Jebril and Chen, 2021); Also, children with intellectual disability need more care and support and constant supervision of their parents throughout their life (Nicholson, Conlon, Mimo, Doherty and Guerin, 2022). ; However, different theories have been expressed in the cause and origin of intellectual disability, which can be mentioned as biological, social, behavioral and educational causes (Virvert Eshil et al., 2021). One of the most stressful experiences for any family can be the birth and presence of a mentally disabled child (Farahani, Hamidipour and Heydari, 2021); But the family expects the birth of a healthy child, but the birth of a child with special and different psychological characteristics can significantly affect the performance of a family, especially mothers (Direh and Abidizadegan, 2021). Mothers feel more responsible for their disabled children, and because of this, mothers are exposed to a high level of stress and negative psychological consequences, which make

mothers more vulnerable (Bohlmajir, Pringer, Tal, & Sochpriz, 2010; Abdi Zarin, Esadi, Jafari and Tolainejad, 2021; Emerson, 2003); According to studies, the birth of a mentally retarded child exposes all family members, especially fathers and mothers, to mental disorders such as anxiety and depression (Rathi, Sanqavi and Kariya, 2021); Negative feelings, rejection, economic costs, negative attitude of the society towards the child, strong feelings of sadness, guilt and lack of sufficient information in this field can be considered as the main factors in the emergence of psychological stress of mothers (Mohammadi, Sadeghian, Shamsaei and Eskandari, 2021). Occurrence of conflicts in the family causes the formation of psychological injuries, which causes the lowering of components called self-compassion among family members, especially mothers. Self-compassion is a healthy and helpful way to relate to yourself when faced with problems (Neff, Toth-Craley, Knox, Kuchar, & Davidson, 2021); Or it can be called a balance between increasing self-kindness and compassion and decreasing self-responsibility (Morris and Otgar, 2020); And even as an emotional regulation tactic, effective understanding and acceptance of love and adaptation to coping is considered effective (Di Fabio and Saklofske, 2021); When the principle of self-compassion increases, we become kind to ourselves instead of criticizing ourselves (Lee, Wang, Cai, Sun Welio, 2021); And even in case of failure, we are able to compensate for the failure and correct our behavior (Silvera et al., 2020). Silveria et al., (2020) In a study that investigated the effect of self-compassion factors on the reduction of nurses' burnout factors, they concluded that there is a negative correlation between burnout and self-compassion subscales. Also, in another study by Deniz (2021), titled self-compassion and intolerance of fear of Covid-19, they came to the conclusion that as self-compassion decreases, the fear of contracting Covid-19 increases, which reduces psychological well-being. In a study by Beaumont, Irons, Reiner and Dagnall (2016); On the treatment staff and nurses, they concluded that by increasing the skills of self-compassion, it can create changes in the levels of self-judgment of people, which causes a significant decrease in self-criticism and self-judgment of people. Also, in another study that Brown, Waite, Rivera, Nichols and Freeman, (2020) they did paranoia on people; They concluded that increasing self-compassion skills reduces negative thoughts towards oneself and others.

Distress tolerance is a psychological construct that can be defined as a person's perceived ability and psychological resistance that increases behavioral tolerance against

negative emotions and emotional states and other aversive states (Zolensky, Vojanovic, Bernstein, & Liro, 2010; Burr, Dvorak, Stevenson, Schaefer, & Vanderlij, 2021; Gallego, McHugh, Willat, & Lapalainen, 2020). In the research that Williams, Thompson Wanders, (2013); carried out on depressed people and concluded that distress tolerance has a complete negative correlation with depression and mood disorders, which decreases with increasing depression distress tolerance and decreases depression distress.

Reality therapy is a new therapeutic approach founded by William Glasser (Storey, 2021). This approach emphasizes personal choice, personal responsibility, and personal transformation (Supani and Josuh, 2021). This treatment states that humans choose some behaviors to satisfy their basic needs and humans themselves are responsible for their behavior (Nyri, Soltanifar, Moharri and Akbarzadeh, 2021). Since negative emotions and emotions, if not controlled, can become the basis of many mental disorders, and based on the control skills that a person recognizes, how to recognize and control his dysfunctional emotions and feelings in various situations and conditions.

Various studies have shown the effectiveness of reality therapy on reducing problems and emotional self-regulation (Shouichi, 1399); Psychological well-being and its increase (Arafi and Ganjauri, 1396); Increasing academic motivation and reducing academic procrastination (Nikbakht, Abd Khodai and Hassanabadi, 1392); reducing students' identity crisis (Kakia, 1390); Increasing the reconstruction of working women's communication beliefs (Islam Boli, Alipour, Sepehari Shamlou and Zare, 1393); improving psychological well-being and increasing resilience (Haider et al., 2018); improving mental state, increasing psychological well-being and reducing self-criticism (Assadzadeh, Makundi, Askari, Pasha, and Naderi, 2019); done. Given that parents, especially mothers, play an essential role in maintaining the balance and mental health of the family, and on the other hand, the birth of a mentally disabled child causes tension and mental pressure on family members, especially mothers. Dealing with the situation of parents, especially mothers with mentally disabled children, is of great importance, and by increasing the tolerance of distress and self-compassion, it helps a lot to accept reality and responsibility, which reveals the importance and necessity of this research. Therapy on distress tolerance and self-compassion has not been performed on mothers with mentally retarded children, therefore, considering to the above theoretical and experimental foundations, this research seeks to answer the question whether the reality of therapy on distress

tolerance and self-compassion in mothers with children Is the mentally disabled effective?

2. Methodology

This research was practical in terms of purpose and in terms of methodology, it was among semi-experimental researches with a pre-test and post-test design with a control group. The statistical population of this research included all mothers with mentally retarded children in the centers covered by Tehran Welfare Organization in 1400-1400.

Sample size

Procedure

According to the limitations in the sampling process, Sampling method was available first among these centers, an available center was selected. After the necessary coordination of the director of the center, mothers of mentally disabled children were talked to. Regarding research and assuring mothers for the confidentiality of the information, the distress tolerance and self-compassion questionnaire was given to mothers with mentally disabled children. After completing the questionnaire and collecting them, 30 mothers who obtained the lowest distress tolerance and self-compassion scores were selected and randomly assigned to two groups of 15 silver test and control. Inclusion criteria included being a volunteer, having normal intelligence, not having a history of learning disorder, not having an acute or chronic disease, not participating in other treatment programs at the same time, not receiving individual counseling and drug therapy, having a minimum education and Having a child aged 6 to 12 with developmental and mental disabilities. Exclusion criteria of having more than two consecutive absent sessions or two absent sessions from the total treatment sessions. In order to comply with ethical considerations, a written consent was obtained from participating mothers to participate in reality therapy. They were also assured that their information would remain confidential and that they could withdraw from the research at any stage of the treatment. Sample people were measured in two stages with pre-test and post-test.

Data analysis

After collecting the data, they were analyzed using the statistical method of analysis of covariance (ANCOVA) and with the help of IBM-SPSS-23 statistical software.

Instruments

Emotional Distress Tolerance Questionnaire:

This questionnaire was prepared by Simon and Gaher in 2005, which has 15 items and 4 subscales of tolerance, absorption, evaluation and regulation. The statements of

this questionnaire are graded on a five-point scale (1- completely agree, 2- slightly agree, 3- neither agree nor disagree, 4- slightly disagree, 5- completely disagree) and each of these options is 1, 2, 3, respectively. They have 4 and 5 points. A high score on this scale indicates high distress tolerance. Simmons and Gaher (2005) reported alpha coefficients for this scale of 0.72, 0.82, and 0.70, respectively, and for the entire scale, 0.82. They also reported that this questionnaire has good initial convergent and criterion validity. Is. Alavi (2008) implemented this tool on 48 students of Ferdowsi University of Mashhad Medical Sciences (31 women and 17 men) and reported that the entire scale has high internal consistency reliability ($\alpha = 0.71$) and subscales. This scale has moderate reliability (tolerance 0.54, absorption 0.42, assessment 0.56, adjustment 0.58) and validity coefficient 0.61. Also, in the research that Azizi, Mirzaei and Shams (2008) conducted on this scale;

Cronbach's alpha was 0.67 and its retest reliability was 0.79.

Self-Compassion Questionnaire: This self-report scale has 26 questions created by Teff (2003) to measure the level of self-compassion. It has 6 subtests of self-kindness (5 items), self-judgment (5 items), human commonalities (4 items), isolation (4 items), mindfulness (4 items) and extreme identification (4 items). The scoring method of this scale is based on a 5-point Likert scale ranging from almost never (zero) to almost always (5). Khosravi, Sadeghi and Yabandeh (2012); The reliability of the subscales of this questionnaire was 0.81 for self-kindness, 0.79 judgment, human commonalities 0.84, isolation 0.85, mindfulness 0.80 and extreme identification 0.83, and the reliability of the whole scale was 0.76. reported 0.0 and Cronbach's alpha of self-kindness 0.76, self-judgment 0.88, human commonalities 0.89, isolation 0.91, mindfulness 0.84 and extreme identification 0.83.

Table1. Reality therapy treatment protocol based on choice theory quoted by Gholami and Naemi (2016)

Session	Aim	Content
1	Communicating, defining the general goals of treatment	Introducing the goals of reality therapy, planning about setting up sessions, rules, General approach to reality therapy
2	Emotions and emotions, familiarity with choice theory	Examining the theory of choice, examining and talking about the 5 basic needs (survival, love and belonging, need for power, freedom and fun) and how they affect life, a general discussion about emotions
3	Introducing general behavior	Examining the general human behavior
4	Better choice now	Examining how situations can affect our choices
5	Examining the principles of choice theory, familiarity with the perceptual system	Review the 10 principles of choice theory, familiarity with the perceptual scale, review and interpretation of the behavior machine based on the perceptual world, desirable world and needs.
6	Examining the principles of explaining behavior	Explaining the 5 principles of explaining behavior, tactions and thoughts that lead to the improvement of mothers' emotions and physiology.
7	Defining the two constructs of distress tolerance and self-compassion	Explanation the two constructs of distress tolerance and self-compassion, controlling emotions and how to control these emotions through choice theory. Post-test implementation

3. Findings

Table 2. The mean and standard deviation of distress tolerance and self-compassion variables

Variable	Group	N	Exp.		Cont.	
			Mean	SD	Mean	SD
Distress Tolerance	Pre test	15	38.26	1.79	35.28	1.79
	Post test	15	56.71	4.6	33.21	2.21
Self-Compassion	Pre test	15	41.85	8.9	46	5.4
	Post test	15	68.71	5.6	43.21	10.52

As in table 2, it can be seen that in the experimental group, in the post-test stage (after reality therapy group training), the average distress tolerance and self-compassion are higher than in the pre-test; That is, after reality therapy training, the average distress tolerance

and self-compassion has increased significantly; And these differences are not noticeable in the control group. Since the value of the significance level for the variables is greater than 0.05, then the null hypothesis and as a result the normality of the distribution of these

components was confirmed with a confidence level of 95%.

Levene test was used to check the assumption of homogeneity of variance of the variables. As the results showed, the significance level of Levin's test for distress tolerance variable ($p=0.439$), ($F(1,28)=0.615$) [and for

self-compassion variable] ($p=0.563$), ($343 F=0/0 (1,28)$) and more than the error level ($p \leq 0.5$) is reported; Therefore, the null hypothesis, which shows no difference between the variances of the variables, was confirmed.

Table 3: Univariate covariance analysis to investigate the effect of reality therapy training on distress tolerance

Source	SS	df	F	sig	Eta
Corrected model	928.1	2	28.3	0.1	0.677
y-intercept	369.5	1	22.5	0.1	0.455
Pre test	432	1	26.3	0.1	0.494
group	439.7	1	26.8	0.1	0.498
error	۴۴۲/۵	27	16.3		
Corrected total	1270.6	29			

As it can be seen in table 3, related to covariance analysis to investigate the effect of reality therapy group therapy training on distress tolerance, after adjusting the pre-test effect with $F(1,27) = 26.8$, the obtained value is statistically significant ($p \geq 0.1$). It means that with 99% certainty, reality therapy group therapy training has been

effective on distress tolerance, which is reported as 50% (ETA coefficient = 0.498).

Table 4. Univariate analysis of covariance to investigate reality therapy training on self-compassion

Source	SS	df	F	sig	Eta
Corrected model	1884.9	2	25.9	0.1	0.657
y-intercept	394.7	1	10.8	0.1	0.287
Pre test	1846.4	1	5.07	0.1	0.653
group	301.5	1	8.3	0.1	0.235
error	981.5	27	25.9		
Corrected total	2867.4	29			

As it can be seen in table 4, related to the analysis of covariance was observed, after adjusting the pre-test effect with $F(1,27) = 8.3$, the obtained value is statistically significant ($p \geq 0.1$), in the sense that with 99% confidence, reality therapy group therapy training It has been effective on self-compassion, which has been reported as 24% (Eta coefficient = 0.235).

4. Discussion

Considering the importance of distress tolerance and self-compassion especially in mothers with intellectually disabled children, the present study was conducted to investigate the effect of reality therapy group therapy on distress tolerance and self-compassion in mothers with mentally disabled children. The effect of this method was a significant increase in two constructs, distress tolerance and self-compassion. in other words, there was a significant difference between the post-test scores of the experimental group and the control group. The results obtained from this research with the researches of Soleimani, Ghaffari and Baezt, (2017); Roby, (2011);

Dantesler, (2015); Wabbolding, (2015) were consistent. These researchers reported their findings, one of the main factors and problems of mothers with mentally disabled children is the lack of ability and necessary skills to face negative emotions and problems caused by having a mentally disabled child, and also having a mentally disabled child causes difficult conditions (Sadeghi, Alipour, Padrond and Padrond, 1400); Also, mothers with mentally disabled children often blame themselves for the fact that their child has such a disorder and blame themselves and experience a lot of mental tension and stress towards their child and other conditions that these children impose on their families. and this exacerbates the concern (Anasta, Poulos, Gover, Monte, & Duiavol, 1992); Also, these mothers always have negative emotions and naturally have a high level of self-criticism throughout their lives, and this self-critical view increases vulnerability and naturally reduces distress tolerance (Noori and Shahabi, 1396).

In addition, the results of these studies showed that reality therapy strategies are effective in reducing anxiety and stress symptoms, as well as improving the level of health and tolerance of distress. Glasser believes that people choose depression for reasons such as controlling their anger, getting others to help them, various types of discomfort and feeling poor, depression, anxiety, on the other hand, people can tolerate distress when they can meet the 5 basic needs. to provide for themselves and to feel that they are in control of their lives and that they can create better conditions for themselves with more correct elections (Taufighi, Babankhani, Qamari and Pouyamanesh, 2019). In this treatment, the process of taking responsibility for the behaviors and events of life and controlling the world increases, which increases cognitive coordination in mothers with mentally disabled children, and naturally increases the capacity to bear distress in mothers with mentally disabled children. As it has been determined that the increase in distress tolerance is an effective factor for reducing social, behavioral and emotional incompatibility, which leads to a sense of self-satisfaction, a change in attitude towards one's problems and behaviors; Therefore, improvement in the level of tolerance of distress causes a change in cognitive capacity and, in turn, improves adaptation skills in relation to mentally disabled children (Raisi, Sharifi, Ghazanfari, and Cherami, 2019).

Self-compassion through reducing negative feelings and emotions towards oneself and improving these feelings through kindness, self-love and empathy which plays the main role in regulating interpersonal relationships, social relationships and responsibility. People who have high self-compassion have more social adjustment and also suffer from less stress, and the increase in compassion created by reality therapy causes mothers with mentally disabled children to be less strict with themselves and accept negative life events more easily. Therefore, they are able to deal more effectively and efficiently with their failures and problems. (Ghazanfarianpour and Chalbani, 2021).

The present study, like other studies, had limitations. The first limitation can be attributed to the effectiveness of this treatment, since only the community of mothers of mentally retarded children in Tehran was used in this study, therefore, the generalization of the results to other research communities and other cultures should be done with caution. Another limitation of the research was the limitation in data collection and statistical and sampling method, since the current research used the available sampling method for sampling and also the questionnaire was the only data collection tool, so the interpretations

made from the available data will be limited. Based on the findings of the current research, it is suggested that the reality therapy group training intervention program based on choice theory be used as one of the supportive treatments for parents of intellectually disabled children. It is also suggested that the effectiveness of reality therapy on the fathers of these children should be carried out in future researches. Also, compare the effectiveness of this intervention with other interventions on distress tolerance and self-compassion, and investigate the role of cultural differences on these two structures in large and small societies. It is also suggested that this intervention be investigated for other mothers with children who need special help, including those with physical-motor disabilities, blind and deaf, and learning disabilities.

Conflict of interests

The authors of this article state that there is no conflict of interest in the present study.

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