



Comparison of the Effectiveness of Reality Therapy and Cognitive Behavioral Therapy on Depression and Adjustment in Post-Abortion Women

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Abstract

Aim: This study aimed to compare the effectiveness of reality therapy and cognitive behavioral therapy on depression and women's adaptation after abortion. **Methods:** The research method was quasi-experimental of pre-test, post-test and follow-up with a control group. The statistical population in this study included women after abortion who referred to a gynecologist in one of the gynecology and obstetrics clinics in the western part of Tehran, who after diagnosis (receiving treatment inquiry); using the available sampling method, 45 people were selected and using a completely random method, they were divided into 3 groups of 15 people and were replaced in 3 groups: first experiment (15), second experiment (15) and control (15). The data collection instrument was a questionnaire, coping strategies and agreeableness, supplemented by women. Educational interventions were implemented with pre-established targets for women and the questionnaires were again executed and data analysis was carried out 50 days later. **Results:** The results showed that behavioral cognitive therapy and reality therapy was effective on depression ($P < 0.01$) and adjustment ($P < 0.01$) in post-abortion women. Also, the results showed that cognitive-behavioral therapy has a better effect on the components of health adjustment, social adjustment, emotional adjustment and job adjustment than reality therapy. **Conclusion:** It can be concluded that behavioral cognitive therapy and reality therapy was effective on depression and adjustment and can be used for post-abortion women.

Keywords: Reality therapy, cognitive behavioral therapy, depression, coping strategies, adaptability.

Introduction

Depressive disorder, as a type of anxiety disorder, is one of the most common psychiatric disorders, which makes some people call it a mental cold (Rangebar, Ashke, and Dadghari, 2010). Depression is a sometimes continuous and sometimes unstable mood that can cover different aspects of a person's life and interfere with them. Based on this, mood change means severe to mild sadness, sadness and irritability that affect people (Baghiani et al., 2012).

Steinberg et al. (2014), believe that abortion as a traumatic and stressful factor causes psychological complications, while Steinberg (2016) and Biggs et al. (2013) believe that abortion itself does not lead to psychological complications.

Adjustment is a psychological process according to which a person deals with the desires and challenges of daily life and controls them (Ghartape et al., 2015). In fact, adjustment is a multifaceted concept and a dynamic and continuous process, and refers to a balanced relationship between a person and the environment; In this way, a person satisfies his needs according to social and individual demands (Park, 2014; Moostafa & Lias, 2013; Yellaiah, 2012). Subcategories of adjustment include adjustment at home, which means successive adaptation to changes and establishing a relationship between the person and the home environment and family members; adjustment means adapting to changes in health and physical condition; social adjustment in the sense of one's thoughts, beliefs and memories and arguments about others and feelings and cognitive abilities; Emotional adjustment means adapting to changes regarding the changing state of people's emotions and feelings regarding relevant issues; Job adjustment means adapting to changes in the job status and work environment of people (Haj Abutalebi, et al., 2011).

Group reality therapy is a counseling and psychotherapy method that William Glasser (2007), a psychiatrist, founded for therapists, counselors and other people with the aim of helping people to become aware of their needs, monitor their behavior and make appropriate choices. Reality therapy is a method based on doing and in which it tries to satisfy the needs through the satisfaction of the images of the qualitative world. Together with the client, the therapist will create an achievable plan with positive steps that will put him in the direction of satisfying the need. The program is what the client can do. This type of treatment helps patients to move from ineffective and destructive behaviors and choices to efficient and productive ones. For this reason, it is expected that in this type of treatment, women will be more prepared to understand the realities after abortion (Ernberg et al., 2013).

Among other treatment methods that can be considered in this research is group cognitive behavioral therapy. The modern roots of cognitive behavioral therapy can be traced to the development of behavioral therapy in the early 20th century and the development of cognitive therapy in the 1960s and the subsequent merger of the two (Heimberg & Becker, 2002). Cognitive behavioral group therapy developed by Himberg and Becker (2002) is an intervention specifically designed for this disorder. In this intervention, cognitive restructuring takes place in the context of mock exposure exercises (symbolic simulation) (Berg, Landrith, & Fall, 2017). The main goal of cognitive therapy in a group is to eliminate errors and distortions and biases in thinking so that people can work more efficiently (McLean, Vital, Torderson, Taylor, Sochting et al., 2001). McLean et al. (2001), showed that the behavioral methodology is more effective in a group. Also, the researches of Esbar et al. (2005)

indicate the significant effect of the group approach in reducing the symptoms of the disorder. In this method, behavioral techniques mainly include methods of avoiding stimulus situations or changing the response to such stimuli and giving new responses to it (Kapiliz, 2000). Numerous scientific, academic and clinical researches have shown that group cognitive behavioral therapy is completely effective in treating depression and many mental and even physical diseases. However, the success and effectiveness of the cognitive behavioral therapy method depends on the useful cooperation of the counselor or psychotherapist with the patient or client. In addition, this treatment method includes accurate identification of problems, creation of attainable goals, empathic communication, reality check, training and doing various assignments. Different people can make positive and constructive changes in their lives by doing these things (Beck et al., 1988).

Therefore, it seems that conducting this research with the aim of comparing the effectiveness of group reality therapy and group cognitive behavioral therapy on depression and adjustment in women after abortion is mandatory. The current research sought to answer the following questions:

- 1- Was group reality therapy and group cognitive behavioral therapy effective on depression and adjustment in women after abortion in the post-examination stage?
- 2- Was group reality therapy and group cognitive behavioral therapy on depression and adjustment in women after abortion surgery in the follow-up phase?

Method

The research method was quasi-experimental of pre-test, post-test and follow-up with a control group. The statistical population in this study included women after abortion who referred to a gynecologist in one of the gynecology and obstetrics clinics in the western part of Tehran, who after diagnosis (receiving treatment inquiry); using the available sampling method, 45 people were selected and using a completely random method, they were divided into 3 groups of 15 people and were replaced in 3 groups: first experiment (15), second experiment (15) and control (15). The data collection instrument was a questionnaire, coping strategies and agreeableness, supplemented by women. Educational interventions were implemented with pre-established targets for women and the questionnaires were again executed and data analysis was carried out 50 days later.

Results

In the cognitive-behavioral group pre-test, among the compatibility components, the highest score belongs to the "health compatibility" and "job compatibility" components with an average of 15.67, and the lowest score belongs to the "social compatibility" component with an average of 11.13. In the post-test of this group, the highest score belongs to the "job compatibility" component with an average of 22.07, and the lowest score belongs to the "social compatibility" component with an average of 17.47. In the pre-test of the reality therapy group, among the compatibility components, the highest score belongs to the "health compatibility" component with an average of 14.60, and the lowest score belongs to the "social compatibility" component with an average of 11.67. In the post-test of this group, the highest score belongs to the "job compatibility" component with an average of 18.53, and the lowest score belongs to the "social compatibility" component with an average of 15.33. In the pre-test of the control group, among the components of compatibility, the highest score belongs to the component "job compatibility" with an average of 15.20, and the lowest score belongs to the component "social compatibility" with an average of 11.60. In the post-test of this group, the highest score belongs to the "health compatibility" component with an average of 15.87, and the lowest score belongs to the "social compatibility" component with an average of 11.73. Depression scores in two groups of cognitive-behavioral tests and reality

therapy have decreased significantly in the post-test. However, this difference was insignificant in the control group.

The effect of the between-groups variable of time on all components is significant ($P < 0.05$). That is, there is a significant difference in the scores of the groups in the post-test compared to the pre-test. Also, the effect of within-group variables of the interventions was significant in increasing the scores of the groups ($P < 0.05$). That is, the intervention of group cognitive-behavioral therapy and group reality therapy has increased the scores of women's adjustment components compared to the control group. The interaction between time and intervention and the simultaneous effect of these two variables on the component scores are also statistically significant ($P < 0.05$). In other words, the scores of the adaptation components of women participating in each intervention differ during different times. The effect of the time group variable on depression is significant ($P < 0.05$). That is, there is a significant difference in the depression scores of the groups in the post-test compared to the pre-test. Also, the interventions' within-group variable effect significantly reduced the depression score of the groups ($P < 0.05$). That is, the intervention of group cognitive-behavioral therapy and group reality therapy has been able to reduce the depression score of women compared to the control group. The interaction between time and intervention and the simultaneous effect of these two variables on the depression score of women is also statistically significant ($P < 0.05$). In other words, the depression score of women participating in each intervention is different from each other during different times.

The average scores of all components in both experimental groups are significantly higher than the control group ($P < 0.05$). Also, there is a significant difference between the two experimental groups (cognitive-behavioral therapy and group reality therapy) in terms of effectiveness except for the home adaptation component ($P = 0.910$). The method of cognitive-behavioral therapy has had a better effect on the components of health adaptation, social adaptation, emotional adaptation, and job adaptation than reality therapy and has caused better improvement in them. The results of the Bonferroni test show that the mean depression scores of both test groups are significantly lower than the control group ($P < 0.05$). Also, there is a significant difference between the two experimental groups (cognitive-behavioral therapy and group reality therapy) in terms of effectiveness on depression. According to the results, cognitive-behavioral therapy has a better effect on women's depression than reality therapy and has caused better improvement in them.

Conclusion

The present study was conducted with the aim of comparing the effectiveness of group reality therapy and group cognitive behavioral therapy on depression and adjustment of women after abortion. The obtained results showed that group reality therapy and cognitive behavioral therapy are effective on women's depression and adjustment after abortion, and this influence is more evident in cognitive behavioral therapy. Accordingly, the average value obtained from depression in the experimental groups was lower than the average value of the control group. In addition, the effectiveness of reality therapy compared to cognitive behavioral therapy on depression has been lower. This difference showed that cognitive behavioral therapy is more effective in reducing depression. This is because the intervention of cognitive behavioral therapy has emphasized confrontation and meditation in the inference of depression and stressful situations and made women focus on this fact to accept the facts with knowledge.

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