

## Investigating the Effectiveness of Choice Theory on Marital Conflicts in Women

### Abstract

The present research aims to investigate the effectiveness of choice theory implementation on the action flexibility, lifestyle, and psychological needs satisfaction in betrayed women referred to the medical clinics of Tehran city. The sample size included 30 women selected from among the mentioned population using simple random sampling. Then, they were divided into two 15-member test and control groups. The pretest-posttest control group experimental research design was applied. The measurement tools included Conner- Davidson (2003) Action-Flexibility Scale, Laali and his colleagues (2012) lifestyle questionnaire, and William Glasser's four basic needs. At first, two groups were pretested. Next, the choice theory was implemented in the test group during eight 90-minute sessions. After the interference termination, both groups were post-tested. The data were analyzed using multiple covariance analysis. The results revealed that the choice theory implementation has been effective in action flexibility, lifestyle, and psychological needs satisfaction, and there observed a significant difference between the two test and control groups in the post-test stage ( $P < 0/01$ ).

**Keywords:** choice theory implementation, action flexibility, lifestyle, psychological needs satisfaction, betrayed women

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### Introduction

A marital affair is defined as an individual's engagement in sexual relationships with someone other than his/her spouse. This act is a traumatic, shocking non-personal experience for the damaged partner but, unfortunately, occurs in the marital lives. A marital affair is one of the most effective reasons for divorce and marital failure (Buss, 1994) since it involves a set of behavioral components, including improper emotional and sexual needs, opportunism, and deliberate fraud, the acceptance of which is not so easy for the individuals engaged in such condition. Furthermore, the marital affair is a tool by which a person shows the dark problematic aspect of his/her personality without committing patent crimes (Saeid Kaveh, 2010).

Some marital affair aspects are a reflection of sexual differences in attitude toward the gender in such a way that, compared to the women, the men usually emphasize less on the emotional dependence to the sexual relationships and are more interested in anonymous sexual experiences and tend to have more sexual partners (Johnson, 1999). Lifestyle is one of the fundamental factors effective in marital affair commitment. Lifestyle is one of the concepts broadly used in today's world. The dress, nutrition, values, and people's attitudes do not slowly change like in the past (traditional communities). Lifestyle is the individual's living pattern which reveals itself in personal activities, dependencies, and thoughts. World Health Organization considers lifestyle as a certain definable behavioral pattern obtained from the interaction between individual characteristics, social relations, environmental conditions, and social-economical positions (Abbasi Molid, 2013).

In addition to lifestyle, action flexibility is one of the cognitive dimensions in which different people engage in a disturbance. The recognition and development of this structure create a pearl of different hopeful wisdom and help the people to adapt themselves to severe disasters or pressures, overcome them, and even be empowered by such conditions. This characteristic is supported and developed by the individual's intrinsic abilities and social skills and his/her interaction with the environment and is revealed as a positive characteristic (Diener *et al.*, 2009). The improvement of marital satisfaction depends on the individuals' basic needs satisfaction. It is a general concept used broadly in different contexts, and various definitions are presented in the case.

Glasser maintains that people have five basic psychological needs. These are the need for survival, the need for love and a sense of belonging, the need for power, the need for freedom, and the need for fun. The degree of these needs is different in people, and the manner of meeting them has specific aspects. According to Glasser (2000), the choice theory is to make better choices, but any person should know the reason for his/her choices before choosing them. The choice theory drives our behavior and chooses our acts, such as a sense of misfortune (Khalili, Barzegar Kahnooyi, Sahebi, & Farahani, 2016).

The clinical observations and scientific studies reveal that marital affair disclosure has severe shocking, and destructive effects on spouses. Clinical experts report that the betrayed partner will often feel intense emotions of rage toward the betrayer person and engage in an internal sense of shame, depression, powerlessness, numbness, and abandonment (Spring and spring, 1996; Brown, 2008).

The choice theory implementation comprises various methods, all of which have in common the emphasis on the role of cognitive-behavioral processes in the development and continuity of psychological disorders and the application of behaviorism- and cognitivism-based experimental methods to treat and control wrong responding. Byron (2005) defines the therapy based on choice theory implementation as a therapeutic interference by reduction of frequency and severity of maladaptive responses among individuals seeking treatment and training the new skills to them, which causes a significant decrease in the unwanted behaviors as well as a significant development of more adaptive behaviors (Farahbakhsh *et al.*, 2004).

Nowadays, the choice theory is applied as a flexible approach to perceiving issues and treating a wide range of communication problems, especially to prevent conflict and confused communication between spouses. Further, it is used in the case of drug abuse, depression, anxiety disorders, and family violence (Kim, 2015). Moreover, it is used to prevent marital problems (Markman, Yard, and Sally, 2006) and marital affairs

Regarding what was mentioned, the present research aims to investigate the effectiveness of choice theory implementation on action flexibility, lifestyle, and psychological needs satisfaction in the betrayed women of therapeutic clinics in Tehran city.

## **Research Methodology**

The statistical population of the present research included the betrayed women referred to the therapeutic clinics of Tehran city in 2016-17.

The research sample included 30 betrayed women selected voluntarily from among the women referred to the clinic during the summer of 2017, applying the availability sampling technique. Then, they were randomly categorized into two 15-member test and control groups.

### **Research design**

The pretest-posttest control group experimental research design was applied in this study. The purpose of experimental research is to find possible causes of a specific behavioral pattern.

### **Measurement tools**

#### **1- Action flexibility questionnaire**

This questionnaire was proposed by Conner and Davidson (2003) to measure action flexibility. They believe that this questionnaire can specify the flexible and nonflexible individuals in the clinical and nonclinical groups and be used in clinical research. This questionnaire comprises 26 items, each rated on a 6-point Likert scale (0-5), scored between 0 (completely incorrect) and 5 (completely correct). The Persian version of this scale was prepared by Jokar (2007). The

coefficient of Cronbach's alpha of the scale was 0.87, and the reliability was obtained at 0.73 by applying the pretest method.

#### **2- Lifestyle questionnaire**

This questionnaire comprises 70 items and aims to evaluate different dimensions of lifestyles (physical health, exercise and health, weight control and nutrition, preventing illness, psychological health, mental health, social health, avoiding addictive drugs, preventing incidents, and environmental health). It is rated based on the Likert scale. The questionnaire elements included: physical health (items 1 to 8), exercise and health (items 9 to 15), weight control and nutrition (items 16 to 22), preventing the illness (items 23 to 29), psychological health (items 30 to 36), mental health (items 37 to 42), social health (items 43 to 49), avoiding addictive drugs (items 50 to 55), preventing the incidents (items 56 to 63), and environmental health (items 64 to 70). Regarding the validity and reliability of the research, applying the factor analysis technique, Laali *et al.* (2012) confirmed the structural validity of the Lifestyle Questionnaire (LSQ) as a multidimensional tool for lifestyle measurement. Further, the reliability of the questionnaire was calculated using Cronbach's alpha. Cronbach's alpha confidence coefficient is usually considered in the interval between 0 (lack of consistency) and +1 (complete reliability). The questionnaire is assumed to be reliable if the obtained value is nearer to +1. Cronbach's alpha of Lifestyle questionnaire has been presented as follows: physical health (0.89), exercise and health (0.87), weight control and nutrition (0.85), preventing the illness (0.87), psychological health (0.88), mental health (0.84), social health (0.82), avoiding addictive drugs (0.79), preventing the incidents (0.85), and environmental health (0.76). The total value of Cronbach's alpha has been reported at 0.87.

#### **3- Glasser's basic psychological needs**

Whenever an action activates our psychological needs, we become interested in it. When an action satisfies our psychological needs, we get satisfied. Therefore, we are aware of our interests and satisfaction, but the reason we engage in our environment is that psychological needs activate and satisfy us (Reeve, 2011). This scale has been conducted by Sahebi (2011) measures the subjects' feelings of autonomy, competence, and communication with others. The mentioned scale included 7 clauses graded using a 7-point Likert scale. The questionnaire components include the need for survival (items 1 to 7), the need for love and a sense of belonging (items 1 to 7), the need for power (items 1 to 7), the need for freedom (items 1 to 7), and the need for fun (items 1 to 7). Moreover, in the research done by Sahebi *et al.*, Cronbach's alpha reliability for 35 items was reported as 0.92, and it was obtained for the subscales as follows: survival (0.71), love and sense of belonging (0.69), power (0.69), freedom (0.75), and fun (0.71). The reliability of the total test was obtained at 0.96, and the

subscales of survival, love, sense of belonging, power, freedom, and fun it was respectively reported as 0.44, 0.48, 0.61, 0.64, and 0.64 (Aghajani et al.).

#### **4- Post-traumatic stress disorder (PTSD) Citizenship Scale Questionnaire**

This test is a self-report scale compiled by Keane et al. (1988) and is used to evaluate the severity of post-traumatic stress disorder symptoms. This scale includes 35 items, and subjects answer these items on a 5-point scale. These options are scored 1, 2, 3, 4, and 5, respectively. Participants with scores of 107 and above responding the presence of *PTSD*. The Cronbach's alpha coefficient of this test is reported in the range of 0.86 to 0.94.

##### **A) Research procedure**

- 1- Sampling: 50 betrayed women referred to interference counseling centers in Tehran city were subjected to PTSD tests. Totally 30 women were selected from among those who obtained higher scores.
- 2- Randomly categorized of sample into two test and control groups.
- 3- Implementation of lifestyle, basic psychological needs, and action flexibility questionnaires on two groups for collecting data as the pretest.
- 4- The application of the independent variable in this research would be choice theory (source: Glasser's therapeutic protocols (1980), translated by Dr. Sahebi et al. (2011), trained to the test group during eight 90-minute sessions. The control group did not be subjected to therapy or training during the interference period. This group merely received psychological and counseling services.
- 5- Implementation of lifestyle, basic psychological needs, and action flexibility questionnaires on two groups for collecting data as the posttest.
- 6- Analysis of collected data.

##### **B) Interference sessions explanation**

In the present research, the choice theory was implemented based on Glasser's therapeutic protocols (translated by Dr. Sahebi et al. (2011) on the betrayed women during eight 90-minute sessions described as follows:

###### **First session:**

Getting to know the group members, building a trust-based relationship among members, and communicating group rules  
In this session, the bear card was used to build a trusting relationship between the group members. Fifty-two bear cards compiled by Dr. Sahebi represent different feelings. In the beginning, each member starts talking and building a relationship with others by expressing their feelings for the past 48 hours and introducing himself. To continue, the group's

rules were stated for effective and efficient interaction regarding the members' agreement.

###### **Second session:**

In this session, first, the members stated their needs. Then, everyone stated her five basic needs regarding choice theory, and this matter that these needs must be effectively met to improve every person's life quality.

###### **Third session:**

In this session, the members' needs and the level of these needs satisfaction were examined. Then, the members talked about the reasons for betrayal and its role in the individual's life.

###### **Fourth session:**

In this session, the behavior machine was trained regarding Glasser's choice theory basics, and the causes of feelings and physical pains were discussed according to the four components of the behavior machine, i.e., thought, action, feeling, and physiology, and it was set as a task for the members to examine and pay attention to how they act in their life regarding their behavior machine.

###### **Fifth session:**

Examination of every person's behavior machine in the past week and psychological explanation of external and internal control.

Task: what do you want to do to achieve your goal?

Training and understanding the general behavior and choosing one's behavior, evaluating the ability to control oneself, and improving one's positive behavioral aspects. Training that we choose our behaviors and the past only affects our lives, but it does not determine our present behavior.

###### **Sixth session:**

In this session, every woman expressed her four basic questions regarding choice theory basics:

1. What do you want in your life?
2. What do you do to achieve this goal?
3. Does what you do lead you to this goal?
4. Write your practical plan.

###### **Seventh session:**

In this session, considering the explanations and strategies presented in past sessions and this matter, we act and behave at any time to meet our basic needs, and we are free to choose methods to meet these needs and have the right to make choices. Therefore, we are %100 responsible for our behaviors since we choose them (acceptance of behavior responsibility in the present and future).

###### **Eighth session:**

In this session, the individuals presented feedback on provided pieces of training and their effect on the subjects' life. Then, the goals were planned with the SMART method to meet them without stopping the others from achieving their goals. It means that any individual should have specific, measurable, achievable, relevant, and time-bound goals.

It is worth mentioning that at the beginning of each session, except for the first session, the task is determined, the task specified in the previous session is reviewed and checked for the next session, and in the last session, only the task is reviewed and checked, and no task is presented (Wobblidin, 2000). It is the pride of reality therapy specialists that they never give up. As long as the referents keep counseling, the counselor still hopes for a positive change and will not hesitate to give them all sorts of tips and support. The duration of treatment, more than anything else, depends on how quickly the therapist can build a good therapist-client relationship based on choice theory. The sooner this relationship is established, the less time required for treatment would be decreased (Sahebi, 2013).

### Data analysis

Two methods were applied for data analysis:

- A) Use of descriptive statistics indexes including frequency, frequency percentage, mean, and standard

Table 1: descriptive indexes of action flexibility, lifestyle, and psychological needs satisfaction in the pretest and post-test stages

Variables	Control				Test			
	Pretest		Posttest		Pretest		Posttest	
	M	SD	M	SD	M	SD	M	SD
action flexibility	59.2	10.14	57.9	9.2	61.8	11.6	79.4	12.4
lifestyle	91.5	7.02	95.5	9.9	93.3	7.32	103.2	8.7
psychological needs satisfaction	115.4	17.8	120.1	16.7	117.1	15.8	130.8	18.4

deviation to describe the demographical characteristics of testees and research variables

### B) Findings' inferential data

- Using Levene's test (to examine the assumption of the equality of variable variances)
- Using regression slope homogeneity test to examine the homogeneity of research variables
- Using the Kolmogorov-Smirnov test (to comply with the assumption of normality of explanation scores)
- The use of multivariate analysis of covariance (MANCOVA) test to calculate the research hypothesis and the one-way analysis of covariance (ANCOVA) test was used to analyze data by applying SPSS version 20.0 software.

### Results

Table 2: results of examining the normality of research variables distribution by Kolmogorov-Smirnov test

Stage	Variable	Kolmogorov-Smirnov Z	p-value
Pretest	action flexibility	0.447	0.56
	Lifestyle	0.48	0.58
	psychological needs satisfaction	1.11	0.164
Posttest	action flexibility	0.671	0.759
	Lifestyle	1.11	0.164
	psychological needs satisfaction	0.98	0.21

p>0.01

Table 3: regression line slope in the dependent variables

Indexes	MS	df	F	P
Action flexibility	74.42	2	1.33	0.296
lifestyle	1.59	2	0.085	0.919
psychological needs satisfaction				

\*p>0.01

Table 4: Levene's test results to examine the assumption of the equality of research variables variance in the pretest and post-test stages

Stage	Dependent variables	F	df <sub>1</sub>	df <sub>2</sub>	P
	Action flexibility	0.673	1	18	0.423

Pretest	Lifestyle	1.235	1	18	0.153
	psychological needs satisfaction				
Posttest	Action flexibility	1.19	1	18	0.289
	Lifestyle				
	psychological needs satisfaction	0.731	1	18	0.404

\*p>0.01

Table 5: results of the examination of assumed homogeneity of variance-covariance matrixes by Box's test

Indexes	Box	F	df <sub>1</sub>	p-value
	7.96	2.33	3	0.075

p>0.01

### Research hypotheses

The multivariate covariance analysis (MANCOVA) method was used to examine the research variables; the results are presented in the following Tables:

Hypothesis 1: the choice theory implementation is effective in the action flexibility, lifestyle, and psychological needs satisfaction of betrayed women.

Hypothesis 2: the choice theory implementation is effective on the action flexibility of betrayed women.

Hypothesis 3: the choice theory implementation is effective in the lifestyle of betrayed women.

Hypothesis 4: the choice theory implementation is effective for the psychological needs and satisfaction of betrayed women.

Table 6: results of multivariate covariance analysis on the mean scores of action flexibility, lifestyle, and psychological needs satisfaction in the post-test stage

Variables	Test	Value	F	P	Effect size	Power
Group	<i>Pillai-Bartlett trace</i>	0.574	34.398	*0.001	%96	1
	<i>Wilks' lambda</i>	0.426	4.398	*0.001	%96	1
	Hotelling lai trace	1.346	4.398	*0.001	%96	1
	Roy's Largest Root	1.346	4.398	*0.001	%96	1

\*p<0.01

Table 7: action flexibility and psychological needs satisfaction of test group on mean scores in the post-test stage

Stage	Dependent variables	M.S.	df	F	P	Influence coefficient
Pretest	Action flexibility	2472.58	1	1.43	0.48	
	Lifestyle	16293.78	1	0.83	0.18	
	Psychological needs satisfaction	1695.87	1	1.08	0.23	
posttest	Action flexibility	1295.13	1	22.22	0.001	0.481
	Lifestyle	11420.72	1	5.87	0.001	0.33
	Psychological needs satisfaction	1845.19	16	13.48	0.001	
Error	Action flexibility	932.204	16			
	Lifestyle	264.707	16			
	Psychological needs satisfaction	389.4	16			
Total	Action flexibility	308131.08	30			
	Lifestyle	914717.01	30			
	Psychological needs satisfaction	695842.08	30			

\*p<0.01

## Discussion and Conclusion

The present research aims to investigate the effectiveness of choice theory implementation on action flexibility, lifestyle, and psychological need satisfaction in betrayed women. Accordingly, four hypotheses complied that the obtained results are discussed as follows:

Hypothesis 1: the choice theory implementation is effective in the action flexibility, lifestyle, and psychological needs satisfaction of betrayed women.

Concerning Table 7, the results of covariance analysis by pretest study with the control group revealed a significant difference between the two groups' scores of action flexibility ( $p<0.01$ ,  $F= 22.22$ ), lifestyle ( $p<0.01$ ,  $F= 5.87$ ), and psychological needs satisfaction ( $p<0.01$ ,  $F= 13.48$ ) in the posttest stage. In other words, the test group's scores of action flexibility, lifestyle, and psychological needs satisfaction have significantly increased in the post-test stage in comparison to the control group and pretest stage. Therefore, the main hypothesis of the research, i.e., the effectiveness of choice theory implementation on the action flexibility, lifestyle, and psychological needs satisfaction of betrayed women are confirmed.

The obtained results are relatively in line with the findings of studies done by Farahbakhsh et al. (2006), Ghorbanalipour (2008) in Iran, and Sadat Bari et al. (2013) outside of Iran.

To explain the aforesaid hypothesis, it can be said that action flexibility is the appropriate adaptation of a person when facing disaster and mental and psychological trauma with any psychologically stressful source (such as family problems and serious problems related to a person's health, high-pressure work environment or financial pressure). The betrayed women's lifestyle is severely damaged. Psychological needs satisfaction is one of the effective factors of marital satisfaction. If the marital life creates an undesirable condition to satisfy spouses' different needs, not only the positive aspects of marriage are not fulfilled, but also it develops negative and sometimes irreversible outcomes. These negative outcomes do not merely affect the spouses and cause a wide range of disorders in their children. These include isolation, depression, weak social competence, weak educational performance, and communication problems. Meanwhile, to solve this problem, some psychological interventions such as choice theory have been applied. Glasser's theory is the basis of such interventions. He believes that we choose our behaviors and are completely responsible for our emotional, behavioral, and physical problems. For this reason, he uses concepts such as engagement, depression, and anger to describe the individuals' problems. Therefore, it can be concluded that the effectiveness of choice theory implementation can be helpful in this respect.

Hypothesis 2: choice theory implementation is effective on the action flexibility of betrayed women.

Regarding Table 7, the results of covariance analysis by pretest study with the control group revealed a significant difference between the two groups' scores of action flexibility ( $p<0.01$ ,  $F= 22.22$ ) in the post-test stage. In other words, the test group's scores of action flexibility have significantly increased in the posttest stage in comparison to the control group and pretest stage.

The obtained results are relatively in line with the findings of studies done by Khalili et al. (2016), Arabpour et al. (2012) in Iran, and Enzelichet, Aronson, and Godomkay (2006) outside of Iran.

To explain the aforesaid hypothesis, it can be said that action flexibility is one of the protective factors that, along with other factors, plays a significant role in the individuals' success and surviving hardships. Studies revealed that many children and adolescents who grew up in high-risk environments could overcome these problems, enjoy a healthy life, and be regarded as persons with action flexibility due to the effectiveness of such protective factors. Action flexibility can help the individual to overcome undesirable events and improve his/her social and family competence despite being exposed to extreme stress. In addition, Glasser states that choice theory is based on the old belief that all our behaviors are a kind of choice motivated by our incessant desire woven into our genes. Therefore, regarding our genetic features, the way we deal with life is not random. It is completely optional, and we always do our best to choose the best option. In other words, from Glasser's viewpoint in choice theory, the human being makes all his efforts to meet his needs. These needs are not controlled from the outside but are completely actuated by an intrinsic factor under the individual's control. For instance, we stop the car at the red light because we want not to be fined and not to have an accident; otherwise, we can choose to violate the law and run the red light. Therefore, it can be said that the choice theory implementation is effective in promoting betrayed women's action flexibility.

Hypothesis 3: the choice theory implementation is effective in the lifestyle of betrayed women.

Regarding Table 7, the results of covariance analysis by pretest study with the control group revealed a significant difference between the two groups' scores of lifestyle ( $p<0.01$ ,  $F= 5.87$ ) in the post-test stage. In other words, the test group's scores on lifestyle have significantly increased in the posttest stage compared to the control group and pretest stage. Therefore, The aforesaid hypothesis is confirmed.

The obtained results are relatively in line with the findings of studies done by Aghayousefi et al. (2016) and Ghorbanimehr (2014).

To explain the aforesaid hypothesis, it can be said that making choices is a prerequisite to lifestyle fulfillment. Whereas the consumption culture provides consumers with a wide range of choices in today's world, and choice is indicative of values and attitudes that the consumption concept relates to the social identity. The talents of a person and his determined choices are the responsibilities based on which he is judged. Therefore, talent is integrated with a sense of identity. Lifestyle does not comprise the behaviors that people do not have the right to choose for some reasons. This is why lifestyle is stressed in society as we proceed along the developed world. In Glasser's choice theory, the individuals' general behavior often is represented as a metaphor for four dimensions of general behavior using the general behavior machine of choice theory. According to Glasser, the function of the brain as a control system constantly supervises our feelings and determines the way we meet our needs (love and sense of belonging, power, freedom, fun, and survival) for a long-term life. A sense of distress involving restlessness, annoyance, anger, anxiety, sadness, depression, etc., is a feeling that is indicative of dissatisfaction with one or more of our needs.

Hypothesis 4: the choice theory implementation is effective in the psychological needs satisfaction of betrayed women.

Regarding Table 7, the results of covariance analysis by pretest study with the control group revealed a significant difference between the two groups' scores of psychological needs satisfaction ( $p < 0.01$ ,  $F = 13.48$ ) in the post-test stage. In other words, the test group's scores of psychological needs satisfaction significantly increased in the post-test stage compared to the control group and pretest stage. Therefore the aforesaid hypothesis is confirmed.

The obtained results are in line with the findings of studies done by Farahbakhsh et al. (2004), Amini et al., and Abbasi et al. (2013)

To explain the aforesaid hypothesis, it can be said that psychological needs satisfaction is one of the protective factors that, along with other factors, plays a significant role in the individuals' success and surviving hardships. Studies revealed that individuals who are exposed to high-risk environments could overcome these problems, enjoy a healthy life, and be regarded as persons with action flexibility due to the effectiveness of such protective factors in their life. Action flexibility can help the individual to overcome undesirable events and improve his/her social, educational, and occupational competence despite being exposed to extreme tensions. The betrayed women suffer from a lower level of action flexibility. Therefore, the intervention can help solve this problem. Glasser's reality therapy is one of the therapeutic

interventions common in the field of cognitive psychology to describe human beings, determine behavioral rules, and achieve satisfaction, happiness, and success. In this method of treatment, the emphasis is put on facing reality, taking responsibility, recognizing basic needs, making moral judgments about the rightness or wrongness of behavior, concentrating on the present time and place, internal control, and consequently, achieving successful identity, which is directly related to the quality of life. Therefore, the choice theory implementation can be positively effective in this regard.

#### **Limitations:**

This research lacked a follow-up phase due to time constraints.

#### **Research Suggestions:**

Considering that effectiveness of choice theory has not been examined in the research done in our country, it is suggested:

- To examine the effect of this approach on other variables such as self-confidence, obsession, self-esteem, etc.

Regarding the setting of this research Tehran city, the researchers are suggested to accomplish similar studies in other cities of the country.

- More demographic variables such as being an immigrant, income status, number of children, etc., are suggested to be taken into account in future studies.

#### **Practical suggestions:**

- To apply choice theory to couple therapy

- To hold training workshops about choice

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