

## Comparing the Effectiveness of Reality Therapy and Schema Therapy on the Perfectionism of Working Women in Shiraz

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### ABSTRACT

The present research was conducted with the aim of comparing the effectiveness of reality therapy and schema therapy on the perfectionism of working women. The materials and methods of this research are Quasi-experiment with a pre-test and post-test design. The statistical population consists of working women based in Shiraz. First, a number of 150 working women completed Hill et al.'s perfectionism inventory (2004), then 45 individuals who had the higher scores compared to the rest, were selected and randomly placed in three groups of 15, including two experimental groups and one control group; and then the first experimental group was exposed to 8 sessions of reality therapy and the second experimental group was exposed to 8 sessions of schema therapy and the control group did not receive any intervention. The information obtained from covariance analysis was analyzed with the SPSS software. The findings obtained from the covariance analysis showed that both methods led to a significant reduction in the perfectionism of the participants of the experimental groups. Among the two types of therapy, schema therapy had a greater effect in reducing perfectionism; but there was no significant difference between the two methods in reducing perfectionism. Based on the results, both reality therapy and schema therapy can be used to reduce the perfectionism of working women.

### Introduction

Family is one of the most fundamental social institutions, and like other social phenomena throughout history, it has undergone changes due to various factors. Among the influential factors in the socio-economic developments of societies, it's the women's entry into the public arena and their increasing participation in social and economic activities, which has led to high impacts on the construction of family and transformation of patterns in the family relationships and change of concept in women's role. This new role has changed terms and status of women in the family. Conflict between work and family has been one of the topics of interest in numerous studies in the last 25 years, therefore, in recent years, great attention has been distributed to the social-psychological factors of human, and the industrial countries above all allocate a particular view over the working environment and working people, because the job has a direct relationship with the body and mind, therefore it has a clear impact on various aspects of people's lives.

Humans share an innate desire within themselves to grow and flourish, and such a need makes them strive to improve their potentials to the highest point. It is the natural tendency of every individual to achieve higher states of growth beyond the current one and this is a fine thing in itself, however such a need has no



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longer the same real meaning for a person with perfectionism. A perfectionist only wishes to be a perfect individual, but they lack the effort to realize that desire, and the idea of being perfect and having no weaknesses in them, cultivates the roots of superiority over others (Beitel et al., 2015). From the theoretical point, perfectionism is considered two-dimensional, including adaptive and maladaptive perfectionism (Lo and Abbott, 2013), positive and negative (Choo and Chan, 2013), active and passive (Maohua and Yujuan, 2014), normal and abnormal perfectionism (Terry-Short et al., 1995). The results from Stoeber and Otto's research (2007) indicates when compared to unhealthy perfectionists, healthy perfectionists show higher levels of positive personality traits, more contentment with mental life, more adaptive coping mechanisms, and better practical coherence. Normal perfectionists enjoy striving and competing for excellence and perfection and recognize personal limits, in contrast, abnormal perfectionists are individuals who don't seem well and content even when they are in their best performance state. In other words, due to unrealistic expectations, they'll never be satisfied with their performance (Dakanalis et al., 2014).

Reality therapy is one way for reducing perfectionism. Choice theory as the underlying theory behind reality therapy, generally treats every single thing done by an individual as a behavior with components that consists of acting, thinking, feeling and physiology, and places great emphasis on the choices that people make through their behavior. Humans have direct control over the two components of acting and thinking and indirect control over feeling and physiology. The choice theory has emphasis on the direct control components which are acting and thinking (Sahebi, 2016). In choice theory, behavior, rather than being considered as a response to external stimuli and factors, is defined as human effort to handle the environment and meet their needs. Reality therapy constantly lay stress on which behaviors are issued from within and mostly made by ourselves, and therefore destiny is in our own hands. We are the captain of our ship and it is us who can control its course, so one significant teaching of reality therapy is the fact which our behaviors come from within and most of them are made by choice (Sahebi, 2016). Glasser signified that human beings are motivated by five internal needs, which are the need for survival, power, freedom, fun, and belonging (Glasser, 2008). Reality therapy place emphasis on gaining access to a successful identity which results from taking successful actions and considers the power of one's choice to be an important factor for their mental health. What creates the gap between healthy and unhealthy persons is accountability and living in the present, making conscious and appropriate choices, handling issues and being aware of real needs. In fact, the main purpose of the reality therapy as an approach, is to assist people with becoming aware of their needs and monitoring their behaviors, and so enabling them to make more appropriate and fitting decisions (Gholami and Naimi, 2016).

Another variable which seems to be of importance in reducing perfectionism is schema therapy. Schema therapy is an integrated and recent treatment that is mainly based on the development and expansion of traditional cognitive-behavioral therapy concepts and methods and combines the principles and schools of cognitive-behavior therapy, attachment, Gestalt and psychoanalysis, in the form of a therapeutic and conceptual model (Kellogg, 2006). Schema therapy deals with the deepest level of cognition and targets primary maladaptive schemas and helps patients overcome schemas by using experiential and interpersonal cognitive strategies. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, the ultimate goal of which is to improve schemas and coping styles (Yang, 1999). Considering that perfectionist individuals may have unrelenting standards schema, schema therapy have specifically conducted a new system of psychotherapy more suitable for such people. Therefore, schema therapy manages to reduce perfectionism through prepared tools in the process (Zare and Zandkarimi, 2020). It should also be noted that there is a theoretical relationship between the schemas of perfectionism, emotional inhibition, social isolation, undeveloped self, defectiveness and emotional deprivation. Therefore, recognizing and surpassing these schemas can create significant changes in a one's behaviors and actions (Young, 2003). The results from researches done by of Kiamanesh and Bahrami (2017) and Renner et al. (2018) indicates schema therapy has sufficient effectiveness on psychological and emotional components. Working women are one of the main pillars of family and society, and their impact on parenting is of importance, and the subject of perfectionism matters where it influences their emotions, behaviors and functioning.

Therefore, it is necessary to investigate such setbacks and issues from different angles, since these individuals are participating in social developments and their complications to adapt to environment results in irrecoverable consequences for all in the societies, and so the attention is calling to regard the factors affecting their health. For these reasons, it comes necessary to establish the effectiveness of reality therapy and schema therapy on the perfectionism of working women. Since the effectiveness of these methods has not been investigated in the statistical population of working women, by applying the two mentioned treatments on perfectionism, reality therapy can be compared with schema therapy and determine which treatment is more effective in reduction of perfectionism in working women, and in addition, level of health in working women can find new promising fronts. Therefore, this research seeks to answer the question of whether reality therapy and schema therapy have significant effectiveness in the reduction of perfectionism in working women, and if so, which approach is more effective in doing so?

## **Method**

### **Sample and Sampling Method**

The research method was quasi-experimental with a pre-test post-test design and follow-up with a control group. In this research, 150 individuals were randomly chosen among working women in city of Shiraz. 45 of these people were selected as the final sample, based on the criteria of perfectionism, and then randomly placed in three groups of fifteen, consisting of two experimental groups and one control group. The control group did not receive treatment, but all three groups were exposed to the pre-test and post-test. Before the implementation of the training sessions, the perfectionism of the experimental and control groups was measured by Hill et al's. (2004) perfectionism inventory (pre-test) and after presenting the independent variables (reality therapy and schema therapy) in two separated experimental groups, once more the same questionnaire was administered to all three groups. The data obtained from covariance analysis was analyzed with SPSS software. The criteria to include people was willingness for cooperation, having a job or being employed, and so any unwillingness to continue cooperation and having associated disorders, were dismissed. In the present research, the principles of confidentiality of personal information and data analysis were stated for the subjects and they gave their full consent in written to participate in the study.

### **Tools Used**

#### **The Perfectionism Inventory**

This scale was created by Hill et al. (2004) to assess the perfectionism level. Hill's perfectionism scale contains 59 items and 8 subscales, which include Concern Over Mistakes, High Standards for Others, Need for Approval, Organization, Parental Pressure, Plan fulness, Rumination, and Striving for Excellence. Its scoring method is Likert type and each item is evaluated between 1 and 5 and they include strongly disagree, disagree, neither agree nor disagree, agree, strongly agree respectively. The total score is obtained from the sum of 8 subscales. Hill and colleagues have calculated the internal consistency and retest reliability coefficient of this scale between 0.71 and 0.91. In Iran and in the first research work on the psychometric properties of this inventory, its internal consistency reliability coefficient is 0.90 and its validity through correlation with general health indicators and disease states has been reported as (Jamshidi et al., 2009). This scale has made a clearer distinction between the adaptive and maladaptive aspects of perfectionism. Therefore, the adaptive aspect is achieved from the total scores of organization, plan fulness, striving for excellence, high standards for others, and from the total scores of concern over mistakes, need for approval, parental pressure, and rumination, the maladaptive side of perfectionism is achieved.

### **Treatment Protocol**

**Table 1- Summary of reality therapy sessions.**

Sessions	Goals	Content
First	Establishing basic communication and understanding the principles of Choice theory	Introducing the members to each other. Explaining the rules and regulations and how to do the work and explaining the principles of choice theory
Second	getting to know choice theory and basic needs	Introducing the 5 basic needs and their impact on life and people's ability to choose a lifestyle
Third	Introducing general behavior and knowing its components	Examining the concept of general behavior and explaining the behavior machine, which is the front wheels of thinking and action and the rear wheels of feeling and physiology, and the discussion about perfectionism in the mind and the way a person works.
Fourth	Familiarity with types of identity	Discussing the types of identity and how they are formed, and people's familiarity with their identity and how to adjust it
Fifth	Creating accountability	Familiarizing people with the method of accepting responsibility for their behavior and the necessity of accountability in life
Sixth	Reflecting on wishes and wants	Examining the wishes of people in the right way and the method of achieving the wishes and evaluating the methods of achieving the wishes
Seventh	Practical planning and consideration of other options	How to plan to solve and overcome the problems, familiarize the members with the way of commitment to act based on prepared plan
Eighth	Getting to know the rules of refusing to give in to excuses	Familiarizing the members with how to refuse excuses regarding the implementation of the chosen plans and programs, then summarizing previous meetings, coming to conclusions and giving gratitude

**Table 2- Summary of schema therapy sessions.**

Sessions	Goals	Content
First	Communication and initial assessment	Introducing the members to each other. Explaining the rules and regulations and how to do the work and explaining the general principles of schema therapy
Second	Education about schemas and coping responses	Educating early maladaptive schemas, explaining their types and coping responses
Third	Cognitive strategies	Presenting the logic behind cognitive techniques and implementing the schema validity test and using empathic confrontation
Fourth	Cognitive techniques	Evaluating the advantages and disadvantages of people's coping responses and establishing a dialogue between the schema aspect and the healthy aspect
Fifth	Experimental strategies	Presenting the logic behind experimental techniques and its goals and mental imagery, and relating the mental image of the past to the present
Sixth	Breaking patterns	Presenting the logic of behavioral techniques and stating its purpose and determining a comprehensive list of specific behaviors as the subject of changing and prioritizing behaviors and increasing the motivation to change those behaviors.
Seventh	Behavioral techniques	Practicing healthy behaviors through visualization and role playing and overcoming obstacles to change and making important changes
Eighth	Conclusion	Overviewing assignment, addressing questions and problems, summarizing previous meetings and giving gratitude

## Results

In the current research, both descriptive statistical methods, such as frequency tables, graphs, averages, etc., have been used to classify information, and inferential statistical methods have been used to analyze the data and examine research questions and hypotheses.

The pre-test and post-test data have been analyzed through covariance analysis, and Bon Ferroni's post hoc test has been used to compare the effectiveness of the test groups. All statistical calculations were done using SPSS statistical software.

**Table 3- Mean and SD in three stages of pre-test, post-test and follow-up on perfectionism scores in two experimental groups and one control group.**

Dependent variable	Stages	Group	Mean	SD
Perfectionism	Pre-test	Experiment 1 (reality therapy)	19.95	211.71
		Experiment 2 (schema therapy)	218.00	27.74
		Control	218.00	18.50
	Post-test	Experiment 1 (reality therapy)	188.14	18.94
		Experiment 2 (schema therapy)	171.69	26.27
		Control	215.67	15.58
	Follow up	Experiment 1 (reality therapy)	188.93	18.32
		Experiment 2 (schema therapy)	173.31	27.41
		Control	216.17	15.16

The mean and standard deviation of the pre-test-post-test scores and follow-up research variables in two experimental groups and one control group are presented in Table No. 3.

**Table 4- Covariance results for the experimental and control groups in the perfectionism variable in the post-test and follow-up stages.**

Dependent variable	Stages	Source of variations	sum of squares	df	Mean square	F	Sig.	$\eta^2$
Perfectionism	Post-test	Reality therapy group	3297.59	1	3297.59	13.85	.0001	.397
		Error	5150.98	21	245.28			
		Schema therapy group	11823.33	1	2084.83	34.15	.0001	.631
		Error	6924.54	20	346.23			
	Follow up	Reality therapy group	3280.33	1	3280.33	16.80	.0001	0.444
		Error	3100.26	21	195.255			
		Schema therapy group	11300.00	1	11300.00	32.37	.0001	.618
		Error	6981.26	20	449.06			

Examining the results of table 4 show that the effectiveness of the independent variable of reality therapy on the post-test scores of the dependent variable of perfectionism was statistically significant  $F(1,21)=13.85$ ,  $P=.0001$ ,  $\eta^2=.397$ . The results demonstrates that the intervention has significant effect  $F(1,21)=16.80$ ,  $P=.0001$ ,  $\eta^2=.444$ , in the follow-up phase, which shows its stability and strengthening. Also, the effectiveness of schema therapy on the post-test scores of this dependent variable was also statistically significant  $F(1,20)=34.15$ ,  $P=.0001$ ,  $\eta^2=.631$ . The results reveals that the intervention has significant effect  $F(1,20)=32.37$ ,  $P=.0001$ ,  $\eta^2=.618$ , in the follow-up phase, which shows the stability of the results of the two test groups.

**Table 5- Results of Bonferroni's post-hoc test comparing post-tests of the experimental and control groups in perfectionism of working women.**

Dependent variable	Group (i)	Group (j)	Mean difference	SD.E	Sig.
Perfectionism	Experiment 1 (reality therapy)	Experiment 2 (schema therapy)	19.462	7.288	0.025
	Experiment 2 (schema therapy)	Control	-33.886	7.461	0.000
	Experiment 1 (reality therapy)	Control	-24.324	7.333	0.007

From the results of table 5, it can be concluded that schema therapy has a higher effectiveness on the perfectionism component of working women compared to reality therapy.

## Discussion

The aim in this research was to compare the effectiveness of reality therapy and schema therapy on the perfectionism of working women. The results stated that reality therapy and schema therapy were indeed effective on perfectionism, and schema therapy had shown more influence on perfectionism than reality therapy. The effectiveness of reality therapy on reducing perfectionism can be explained by the fact that when people encounter events that occur in their lives, different interpretations come to their minds and they usually process it by choosing one of them; however, perfectionists have more than average criteria. They set high standards for success and consider themselves a failure if they don't reach those ambitious goals. They make up their entire realizations about all the events in the world with the law of all or nothing; for perfectionists, the results of any work count as either complete failure or complete success the results of this study are in agreement with the research of [Sabbonchi and Lundh \(2012\)](#); they concluded that people with perfectionism, due to excessive anxiety, may limit the choices that come to their mind and cannot choose proper solutions while dealing with events, and only focus on their limited options. Nevertheless, while in the state of reality therapy, more existing options and plannings are reflected on for implementation. When people become able to view more alternatives ahead of them, they make more practical and efficient choices according to their circumstance and situations ([Glasser, 2014](#)).

To elaborate what is founds furthermore, it can be said that in reality therapy, the main stress is on the attentivity on present time, accepting what is real and taking responsibility. Therefore, the subjects are taught to evaluate their behavior and see if certain behavior is practical and profitable or not, and to set more adaptable plans and include pragmatic behaviors. Thus, in order to achieve their goals, they have to be actively committed. The reality therapist, creates a private and active relationship, focuses all their efforts on the behavior and acting accountably. He or she always pays attention to the present, and especially to the current behaviors of the clients, so that would achieve more harmony and success.

Moreover, the findings of this research on schema therapy, are aligned with the results of [Zare and Zandkarimi \(2020\)](#) and [Sohrabi et al. \(2020\)](#). These findings confirm that the early maladaptive schemas that were discussed before, increase perfectionism in people ([Young, 2003](#)). According to theory of schema therapy, perfectionistic individuals have a maladaptive interpersonal schema that contributes to problematic emotional experiences, resulting in a maladaptive schema when a person receives criticism and rejection instead of receiving love and acceptance. Thus, schema therapy is able to reduce perfectionism through its processes and exercises ([Zare and Zandkarimi, 2020](#)).

It matters to note that, theoretically, there is a relationship between the schemas of perfectionism, emotional inhibition, social isolation, undeveloped self, defectiveness and emotional deprivation. Therefore, recognizing and changing these schemas can create major transformations in a person's behavior and actions ([Young, 2003](#)). In other words, when these schemas are targeted through schema-focused therapeutic interventions, extensive and profound changes begin inside individuals. Perfectionist people have self-destructive schemas and behaviors which make them resistant to change and correction. For this reason, these people feel hopelessness toward changing their patterns and thoughts and they tend to insist on these cognitions and behaviors as integral part of their lives; as a result, they're resistant to change.

Schema therapy seems to reduce people's resistance to change by challenging these outworn attitudes, cognitions and schemas ([Riso et al., 2007](#)). The findings indicate such interventions can have long-term effects on psychological variables such as perfectionism, considering that they address people's problems in an all-round and transformative manner. These effects, in turn, cause the growth and strengthening of cognitive aspects and emotional self-regulation of people, thus this approach can maintain its results for a long time and lead the individual to a healthy positive cycle ([Ledley et al. 2005](#)). Among the limitations of this research, there's that the selected sample was working women and so, any generalization of these results to other groups and people must be done with caution. In addition, considering the pivotal need to pay heed to the perfectionism of working women and the economic, social and psychological damages

caused by it, the findings suggest psychologists and counselors can apply reality therapy and schema therapy as effective and influential therapeutic interventions in reducing perfectionism.

## Conclusion

The results of this research suggest both treatments of reality therapy and especially, schema therapy, had a lasting effect on improving perfectionism, and thus they both can be administered to reduce perfectionism in working women.

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