



The Effectiveness of Reality Therapy on Obsessive Beliefs and Cognitive Ability in Patients with Obsessive Beliefs: Tehran, Iran

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Abstract

Background: Obsessive-compulsive disorder (OCD) is a mental disorder in which a person has intrusive thoughts and feels the need to perform specific tasks repeatedly to relieve the distress caused by the obsessions, to the point that it disrupts their overall functioning.

Objectives: The present study aimed to investigate the effectiveness of reality therapy (RT) on obsessive beliefs and cognitive ability in individuals with obsessive beliefs. Based on the principles of cognitive and humanistic psychology, this study seeks to explain the role of RT-based interventions in reducing obsessive symptoms and improving individuals' psycho-emotional functioning.

Methods: This quasi-experimental study was conducted with a pretest-posttest design with a control group. The statistical population included people with obsessive beliefs who referred to psychiatric clinics in Tehran in 2025. For this, 30 individuals with formal, clinician-administered diagnosis of OCD were selected using purposive sampling and randomly assigned to two experimental and control groups (15 people in each group). The research tools included the Obsessional Beliefs Questionnaire (OBQ-44) and the Cognitive Ability Questionnaire (CAQ). The experimental group underwent RT intervention in ten 90-minute sessions, and the control group did not receive any intervention. The data were analyzed using the multivariate analysis of covariance (MANCOVA) test by SPSS (version 23) software.

Results: The findings showed that the total score of the variable "obsessive beliefs" in the pre-test phase for the control and experimental groups was 209.5 ± 16.2 and 207.2 ± 8.9 , respectively, and for the variable "cognitive ability" was 47.1 ± 3.9 and 46.5 ± 4.7 , respectively. For both variables, there was no significant difference between the two values obtained in pre-test phase. While, after the intervention (post-test phase), the total score of the variable "obsessive beliefs" for the control and experimental groups was 206.00 ± 14.95 and 186.0 ± 8.4 , respectively, and for the variable "cognitive ability" was 46.7 ± 3.5 and 61.8 ± 5.0 , respectively. Based on obtained results, there was a significant difference between the two values obtained for both variables in post-test phase. The results showed that the effect of RT on all components related to the variables "obsessional beliefs" and "cognitive ability" was significant ($P < 0.05$).

Conclusions: The findings of this study indicate that RT, as an approach based on individual choice and responsibility, can be effective in modifying dysfunctional beliefs, especially obsessive beliefs and cognitive abilities. The findings of the present study, can provide a basis for designing clinical interventions and training therapists in the field of cognitive psychology.

Keywords: Reality Therapy, Obsessive Beliefs, Cognitive Ability, Glasser Psychology, Tehran

1. Background

Obsessive-compulsive disorder (OCD) is a psychological disorder characterized by a diverse group of symptoms that include intrusive thoughts, obsessive rituals, obsessions, and compulsions (1). Compulsions

are repetitive behaviors or mental acts that occur in response to obsessions to reduce distress (2). Obsessions involve intrusive and recurrent thoughts, impulses, or images that are experienced as unwanted and inappropriate, while compulsions involve repetitive behaviors or mental acts that the individual feels

compelled to perform in response to the obsessions or according to rigid rules (3).

The OCD is a chronic and treatment-resistant neuropsychological disorder that often develops in childhood and causes significant long-term problems in the individual's life. This disorder involves uncontrollable thoughts that compel the individual to repeat certain actions and cause disruption to daily functioning (4). Individuals with OCD have intrusive thoughts that are also seen in normal individuals (5). There is no qualitative difference between the thoughts of individuals with OCD and healthy (normal) individuals; rather, there is a fundamental difference in the meaning that individuals with OCD assign to their thoughts. In this model, it is assumed that dysfunctional beliefs, which serve as a reference for evaluating obsessive thoughts, are the cause of the transformation of intrusive thoughts into obsessive thoughts (6). Dysfunctional beliefs cause that as the focus and attention on obsessive thoughts increase, efforts to avoid and suppress them become more ineffective. Therefore, dysfunctional beliefs play an important role in the development and maintenance of OCD symptoms and are even said to predict the type and severity of its symptoms (7).

One of the psychological approaches that can have a significant impact on the management and treatment of OCD is reality therapy (RT). The RT emphasizes access to a successful identity that is achieved through successful work and considers the power of choice of the individual as an important factor in his or her mental health. Factors that create a gap between a healthy and unhealthy person include accepting responsibility, living in the present, making conscious and correct choices, being able to control problems, and being aware of real needs. In fact, the main goal of the RT approach is to help people become aware of their needs and monitor appropriate behavior and decision-making (8-10).

In the last decade, the application of RT to the treatment of psychological disorders has attracted the attention of many researchers in the form of various studies. The results obtained from the aforementioned studies can be examined from two theoretical and practical aspects (10). If RT is used to treat OCD, from a theoretical perspective, the findings related to the evaluation of the effectiveness and explanation of it can clarify the mechanisms of the effect of RT intervention on obsessive-compulsive individuals and thereby expand the theoretical scope of scientific findings. From a practical and applied perspective, the findings of the research on the use of RT for OCD can help counselors

and clinical psychologists in the treatment of mental patients and provide practical guidance (11, 12).

2. Objectives

The aim of this study was to investigate the effectiveness of RT on obsessive beliefs and cognitive ability in individuals with obsessive beliefs. Based on the principles of cognitive and humanistic psychology, this study seeks to explain the role of RT-based interventions in reducing obsessive symptoms and improving individuals' psycho-emotional functioning.

3. Methods

3.1. Study Design and Intervention Implementation

This study was a quasi-experimental design, pre-test/post-test, with a control group and repeated measures. Based on this method, the selected individuals were randomly divided into an experimental group and a control group. After the members were placed in the experimental and control groups, the RT intervention was applied to the experimental group, while the control group did not receive any intervention. Finally, after the end of the educational intervention for the experimental group, the post-test phase was conducted for both study groups. Among the 18 - 60-year-olds with OCD referring to counseling centers in Tehran in the 2024 - 2025 academic year, 30 individuals (15 experimental and 15 control) were selected using purposive and convenience sampling. The experimental group underwent RT intervention in ten 90-minute sessions, and the control group did not receive any intervention. In order to control for demographic effects, the two study groups were matched in terms of the two variables of age and gender.

When selecting the samples, some criteria including "non-regular participation in educational classes", "failure to complete the required assignments" and "lack of interest in attending educational classes" were considered as exclusion criteria. Meanwhile, "having obsessive beliefs", "informed consent", "age range 18 - 60 years", "not taking chemical or herbal medicines" as well as "not participating in psychological treatment courses" were considered as inclusion criteria for the samples.

3.2. Questionnaires

One of the research tools was the Persian version of the Obsessional Beliefs Questionnaire (OBQ-44), which is one of the most valid questionnaires in the field of

obsessional questionnaires and assesses individuals' obsessive beliefs that can disrupt daily functioning. The OBQ-44 covers the main cognitive domains in OCD and has seven components, including feeling responsible for harm and damage, assessing danger and threat, perfectionism, need for certainty, giving importance to thoughts, and controlling thoughts. This questionnaire has 44 questions, and the answer to each question is in the form of a seven-point Likert scale from strongly disagree to strongly agree (13, 14). The validity and reliability of the Persian version of the OBQ-44 were assessed by Shams et al. (15). To calculate the concurrent reliability, the internal consistency reliability was estimated using Cronbach's alpha coefficient (0.92) and the split-half coefficient called the modified correlation (0.94), and the reliability coefficient obtained from the OBQ-44 test-retest method ($r = 0.82$) was also used to calculate the non-concurrent reliability. Overall, the above data indicated high internal consistency and also indicated the stability of the test scores over a period of 5 to 14 days. To estimate the criterion validity of the questionnaire (OBQ-44), its correlation with two other questionnaires, including Obsessional Compulsive Inventory-Revised (OCI-R) and Maudsley Obsessive-Compulsive Inventory (MOCI), was calculated, which was equal to 0.57 and 0.5, respectively, and was significant. To examine the construct validity of the questionnaire, factor analysis was used. The findings showed that the OBQ-44 is saturated with three factors that have a high correlation with each other, and the high correlation of these three factors indicates the convergence of these factors, which meets the measurement objectives of the OBQ-44 (14).

Another tool used in the present study was the Persian version of the Cognitive Ability Questionnaire (CAQ), which was designed by Nejati (16). The CAQ has 30 questions and seven components (including: Memory, inhibitory control and selective attention, decision-making, planning, sustained attention, social cognition, and cognitive flexibility). The reliability of the CAQ was calculated using the Cronbach's alpha method and the alpha coefficient was 0.834. Thus, the validity of the questionnaire was assessed as very satisfactory. To measure the concurrent validity of the test, the correlation method was used, and a significant correlation was observed for all components (except social cognition) (15).

3.3. Statistical Analysis

SPSS (version 23) software was used for statistical analysis of the data. In this software environment, analysis of variance with repeated measures ANCOVA at

a significance level ($\alpha = 0.05$) were used to analyze the variables and research findings.

4. Results

The findings showed that the total score of the "obsessive beliefs" variable in the pre-test phase for the control and experimental groups was 209.46 ± 16.19 and 207.20 ± 8.91 , respectively, and for the "cognitive ability" variable was 47.13 ± 3.88 and 46.53 ± 4.70 , respectively. For both variables, no significant difference was observed between the two values obtained (Tables 1 and 2). While after the intervention (post-test phase), the total score for the variable "obsessive beliefs" for the control and experimental groups was 206.00 ± 14.95 and 186.00 ± 8.40 , respectively, and for the variable "cognitive ability" was 46.73 ± 3.55 and 61.80 ± 5.04 , respectively, which was a significant difference between the two values obtained for both variables (Tables 3 and 4). The findings showed that the effect of RT on all components related to the variables "obsessive beliefs" and "cognitive ability" was significant ($P < 0.05$, Tables 5 and 6).

5. Discussion

The findings of the present study showed that RT has a significant effect on individuals' obsessive beliefs. Obsessive beliefs are rooted in distorted cognitive patterns that include exaggerated responsibility, excessive concern about risks, and perfectionism (6, 7). The RT, by emphasizing realistic responsibility, conscious choices, and acceptance of limitations, reconstructs these distorted patterns (16, 17). From a cognitive perspective, RT causes the individual to focus on practical and manageable choices instead of focusing on irrational and uncontrollable thoughts, which leads to a decrease in the intensity of obsessive beliefs (18). In explaining this finding, it can be said that OCD is a type of cognitive processing disorder in which a person experiences thoughts, images, and impulses that are intrusive and intrusive, causing discomfort and the individual finds them meaningless and alien to him/her (4, 6, 7, 12). In this regard, it is important to understand the information processing processes that are involved in the development and maintenance of OCD. This will, on the one hand, lead to a better understanding of OCD and a more accurate and realistic picture of this disorder, and on the other hand, it is a fundamental step in creating effective intervention techniques in the treatment of OCD (19, 20).

Obsessive-compulsive individuals suffer from chronic anxiety due to perfectionism and excessive control over the environment. The RT helps the

Table 1. Descriptive Findings in the Pre-test Phase in the Control and Experimental Groups Regarding the Components of Obsessive Beliefs ^a

Components of Obsessive Beliefs	Study Groups	
	Control Group	Experimental Group (RT Group)
General	65.87 ± 8.46	67.47 ± 5.45
Perfectionism and certainty	51.20 ± 5.41	50.00 ± 4.33
Responsibility and risk and threat assessment	36.33 ± 3.13	35.73 ± 2.74
Importance and control of thoughts	31.53 ± 2.39	31.07 ± 2.05
Complete the work	24.53 ± 3.25	22.93 ± 2.68
Full score of obsessive beliefs	209.47 ± 16.19	207.20 ± 8.91

Abbreviation: RT, reality therapy.

^a Values are expressed as mean ± standard deviation (SD).

Table 2. Descriptive Findings in the Pre-test Phase in the Control and Experimental Groups Regarding the Components of Cognitive Ability ^a

Components of Cognitive Ability	Study Groups	
	Control Group	Experimental Group (RT Group)
Memory	15.27 ± 2.47	16.34 ± 2.03
Inhibitory control and selective attention	17.87 ± 1.69	15.47 ± 2.75
Decision-making	12.87 ± 2.48	12.14 ± 2.19
Planning	8.137 ± 1.07	8.41 ± 1.69
Sustained attention	8.47 ± 1.51	8.14 ± 1.51
Social cognition	7.207 ± 1.70	8.47 ± 0.91
Cognitive flexibility	10.47 ± 2.17	9.407 ± 2.13
Total cognitive ability score	47.14 ± 3.89	46.54 ± 4.70

Abbreviation: RT, reality therapy.

^a Values are expressed as mean ± standard deviation (SD).

Table 3. Descriptive Findings in the Post-test Phase in the Control and Experimental Groups Regarding the Components of Obsessive Beliefs ^a

Components of Obsessive Beliefs	Study Groups	
	Control Group	Experimental Group (RT Group)
General	64.67 ± 8.01	59.67 ± 4.81
Perfectionism and certainty	50.74 ± 4.12	45.81 ± 3.73
Responsibility and risk and threat assessment	35.53 ± 2.87	32.40 ± 2.13
Importance and control of thoughts	31.20 ± 3.17	28.40 ± 2.55
Complete the work	23.87 ± 2.06	19.73 ± 1.79
Full score of obsessive beliefs	206.00 ± 14.95	186.00 ± 8.40

Abbreviation: RT, reality therapy.

^a Values are expressed as mean ± standard deviation (SD).

individual to shift the source of control from the outside (e.g., obsessive rules, fear of contamination) to the inside by strengthening the sense of internal control (21, 22). Research evidence shows that therapeutic approaches based on increasing internal control reduce the severity of obsessive symptoms, reduce anxiety, and

ultimately lead to a decrease in the need for obsessive beliefs and actions (23, 24).

Research using neuroimaging techniques has shown that OCD is associated with abnormalities in specific brain circuits involved in motivation, habit, response control, and decision-making. The main circuit implicated in OCD is the Cortico-Striatal-Thalamic-

Table 4. Descriptive Findings in the Post-test Phase in the Control and Experimental Groups Regarding the Components of Cognitive Ability^a

Components of Cognitive Ability	Study Groups	
	Control Group	Experimental Group (RT Group)
Memory	14.87 ± 2.097	19.41 ± 2.36
Inhibitory control and selective attention	17.41 ± 1.51	18.81 ± 2.76
Decision-making	13.20 ± 1.82	15.60 ± 2.26
Planning	8.20 ± 1.01	12.06 ± 1.94
Sustained attention	8.47 ± 1.40	11.13 ± 1.77
Social cognition	6.27 ± 1.71	11.27 ± 1.39
Cognitive flexibility	10.60 ± 1.50	11.73 ± 1.98
Total cognitive ability score	46.73 ± 3.55	61.80 ± 5.04

Abbreviation: RT, reality therapy.

^a Values are expressed as mean ± standard deviation (SD).

Table 5. Covariance Analysis of the Obsessive Beliefs Variable in the Two Phases of Pre-test and Post-test in the Experimental Group (Recipient of Reality Therapy Intervention)

Variables; Sources of Variance	Sum of Squares	DF	Mean of Squares	F	P	Effect Size
General				27.326	0.001	0.33
Intervention effect	43.584	1	43.584			
Error	43.064	27	1.595			
Total	124934.000	30	-			
Perfectionism and certainty				0.98	0.001	0.51
Intervention effect	118.649	1	118.649			
Error	32.587	27	1.207			
Total	70504.000	30	-			
Responsibility and risk and threat assessment				14.417	0.001	0.34
Intervention effect	53.680	1	53.680			
Error	47.177	27	1.747			
Total	34865.000	30	-			
Importance and control of thoughts				8.58	0.007	0.24
Intervention effect	38.593	1	38.593			
Error	60.971	27	2.258			
Total	26932.000	30	-			
Complete the work				16.81	0.001	0.38
Intervention effect	74.266	1	74.266			
Error	31.593	27	1.170			
Total	14490.000	30	-			
Full score of obsessive beliefs				108.66	0.001	0.62
Intervention effect	2405.041	1	2405.041			
Error	315.801	27	11.696			
Total	1159598.000	30	-			

Abbreviation: DF, degree of freedom.

Cortical (CSTC) circuit. This circuit includes the orbitofrontal cortex (OFC), which is involved in error processing and consequences of actions; the basal ganglia, particularly the striatum, which is involved in habit formation and movement control; and the thalamus, which relays sensory information to the

cerebral cortex. In people with OCD, there appears to be excessive activity in this circuit; for example, the OFC may be overactive and continuously send “danger” or “defect” signals, even in the absence of actual threat. This overactivity can lead to an inability to stop obsessive thoughts and compulsive behaviors because

Table 6. Covariance Analysis of the Cognitive Ability Variable in the Two Phases of Pre-test and Post-test in the Experimental Group (Recipient of Reality Therapy Intervention)

Variables; Sources of Variance	Sum of Squares	DF	Mean of Squares	F	P	Effect Size
Memory				91.62	0.001	0.57
Intervention effect	82.499	1	82.499			
Error	24.596	27	0.911			
Total	8975.000	30	-			
Inhibitory control and selective attention				45.47	0.001	0.42
Intervention effect	85.832	1	85.832			
Error	50.962	27	1.887			
Total	8522.000	30	-			
Decision-making				36.41	0.001	0.37
Intervention effect	52.648	1	52.648			
Error	39.039	27	1.446			
Total	4845.000	30	-			
Planning				25.66	0.001	0.28
Intervention effect	18.422	1	18.422			
Error	19.383	27	0.718			
Total	2106.000	30	-			
Sustained attention				40.78	0.001	0.402
Intervention effect	26.537	1	26.537			
Error	17.567	27	0.651			
Total	2131.000	30	-			
Social cognition				121.79	0.001	0.51
Intervention effect	86.931	1	86.931			
Error	19.271	27	0.714			
Total	2561.000	30	-			
Cognitive flexibility				39.38	0.001	0.31
Intervention effect	25.718	1	25.718			
Error	17.631	27	0.653			
Total	3837.000	30	-			
Total cognitive ability score				352.00	0.001	0.62
Intervention effect	1815.425	1	1815.425			
Error	123.782	27	4.585			
Total	90582.000	30	-			

Abbreviation: DF, degree of freedom.

the brain cannot properly process the “all is well” signal (25). In contrast, cognitive control and decision-making training in RT can activate executive control regions (such as the dorsolateral prefrontal cortex), which are associated with reduced activity in the obsessive-compulsive circuit. Interventions that increase cognitive inhibition also reduce obsessive rumination (26). The RT activates this same pathway by increasing self-regulation.

The research findings also showed that RT has a significant effect on the cognitive ability of people with obsessive beliefs. This finding can be explained from several theoretical, psychological, neurological and clinical perspectives. Glaser's RT, by focusing on responsible choice, autonomy and goal setting in life,

activates the prefrontal areas of the brain (especially the dorsolateral prefrontal cortex). These areas are responsible for executive functions such as cognitive control, working memory and response inhibition, which usually have poor performance in people with obsessive beliefs (27). In fact, obsessive beliefs cause the mind to chronically engage with irrational and repetitive thoughts that consume cognitive resources and occupy working memory space. The RT intervention helps reduce cognitive load by replacing ineffective thoughts with meaningful and realistic goals, thereby increasing working memory capacity and conscious decision-making (28, 29). In RT sessions, the therapist challenges the person's current thoughts and beliefs by helping them identify core psychological needs, such as

belonging, power, freedom, and fun. This process is a form of cognitive restructuring that is consistent with the cognitive-behavioral therapy paradigm (8-12). Recent studies have also shown that cognitive restructuring can modulate hyperactive activity in the medial prefrontal cortex and reduce obsessive thoughts (30). Another explanation is that RT reduces cognitive involvement with obsessions. One of the central problems in OCD is excessive preoccupation with the content of obsessive thoughts. This reduces cognitive resources and impairs the ability to focus, selective attention, and problem-solving (8-11). The RT recalibrates the attentional system by shifting the person's focus from obsessive thoughts to internal goals and real needs (8, 9). From a neurological perspective, this shift in attentional focus may be associated with activation of the central control network and inhibition of the default mode network; A network that is activated during intellectual conflicts and rumination (31).

The neurological explanation for this effect is that RT enhances cognitive flexibility. Cognitive flexibility is a key component of healthy cognitive function that allows an individual to explore different perspectives, try new strategies, and avoid rigid obsessive behaviors. The RT helps improve this cognitive skill by teaching alternative choices. From a neurological perspective, this process is associated with increased connectivity between the prefrontal cortex and basal ganglia, which are involved in regulating flexible responses (32, 33).

Previous studies have shown that RT is also effective in treating other mental disorders and reduces obsessive beliefs. Ebnosharieh and Aghili (34) reported that group RT training based on Glasser's choice theory improved the general health of divorced women and reduced their obsessive beliefs (35). The findings of the study by Rezaee and Babakhani showed that online training in RT concepts increased and improved cognitive emotion regulation and reduced maternal anxiety in students during the COVID-19 quarantine period (36). In addition, Eslamy et al. found that group RT reduced negligent behaviors and increased student responsibility (37). Abdi Dehkordi et al. reported that group RT can be used as a suitable method to improve the psychological and academic status of gifted students (38). The results of the study by Vafaei-Jahan showed that RT significantly reduced anxiety in people who believe in the superstition of the sore eye (39). In this regard, Farzan Azar and Mehrabi showed that RT can be effective in improving the psychological state of infertile women (40). Also, the results of the study by Hoseini Almadani showed that RT has a significant effect on improving social competence and quality of life of

drug addicts (41). Based on the findings of the study by Azimi et al., it was determined that RT has a positive and significant effect on the psychological flexibility of the elderly (42).

5.1. Conclusions

The findings of this study indicate that RT, as an approach based on individual choice and responsibility, can be effective in modifying dysfunctional beliefs, especially obsessive beliefs and cognitive abilities. The findings of the present study, while confirming the effectiveness of RT in the treatment of OCDs, can be a basis for designing clinical interventions and training therapists in the field of cognitive psychology.

5.2. Limitations

The limitations of the present study included reduced external validity and low confidence in the generalizability of the results to other parts of the population due to the controlled conditions of the study, the selection of samples only from Tehran as the statistical population, the lack of follow-up of the results, the limited time of the training course, and the lack of full cooperation during the training course. The use of a self-report questionnaire as the only tool to measure personality variables of public health, which are complex and multi-causal, is another limitation of this study. The variables of this study were measured with self-report questionnaires, and these tools may not be accurate enough due to the influence of response bias, the tendency to present social desirability, or the lack of understanding of individuals about themselves.

Footnotes

Authors' Contribution: M. A. K.: Participation in study design, data collection writing and revision of original and revised manuscript, and data analysis; R. Z.: Participation in study design, supervision, investigation, methodology, project administration, and data curation.

Conflict of Interests Statement: The authors declare no conflict of interest.

Data Availability: The dataset presented in the study is available on request from the corresponding author during submission or after publication.

Ethical Approval: The study protocol was approved by the Ethics Committee of Zanjan Branch, Islamic Azad

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