RESEARCH ARTICLE

The Effect of Reality Therapy on the Level of Anxiety and Depression in Army Wife

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ABSTRAK

LATAR BELAKANG: Kecemasan dan depresi merupakan gejala psikopatologi terbesar yang ditemukan pada istri tentara yang tinggal di asrama Kopassus, yaitu 15-40%. Perlu manajemen yang tepat untuk menangani cemas dan depresi istri tentara yang tinggal di asrama Kopassus dengan terapi realitas. **TUJUAN:** untuk mengetahui apakah ada pengaruh terapi realitas terhadap tingkat kecemasan dan depresi pada istri tentara di asrama Grup 2 Kopassus.

METODE: Penelitian ini menggunakan rancangan penelitian *randomized control trial pretest and post-test two group design.* Pengambilan sampel dilakukan dengan teknik Simple Random sampling. Subyek penelitian sebanyak 30 orang yang diperoleh sesuai kriteria inklusi dan eksklusi dibagi menjadi dua kelompok. Kelompok perlakuan dengan terapi realitas, dan kelompok kontrol dengan wawancara biasa. Responden mengisi kuisioner Lie Minnesota Multiphasic Personality Inventory (L-MMPI), profil biodata diri, kuisioner Taylor Manifest Anxiety Scale (TMAS), dan kuesioner Beck Depression Inventory (BDI). Uji statistik yang digunakan adalah *Uji Wilcoxon Rank Test* dan *Mann-Whitney* dan dianggap bermakna bila p < 0.05.

HASIL: Hasil analisis *Uji Wilcoxon Rank Test* pada variabel TMAS (kecemasan) dan BDI (depresi) menunjukkan adanya perbedaan yang bermakna (p<0.05) dan pada analisis *Mann-Whitney* pada variabel kecemasan dan depresi menunjukan adanya perbedaan yang bermakna antara kelompok terapi realitas dengan kelompok kontrol (wawancara biasa), p < 0.05. Terapi realitas mempunyai nilai TMAS dan BDI lebih rendah dibanding dengan kelompok kontrol.

KESIMPULAN: Terapi realitas efektif menurunkan tingkat kecemasan dan depresi pada istri tentara.

Kata kunci: Kecemasan, Depresi, Istri Tentara, Terapi Realitas

ABSTRACT

BACKGROUND: *Anxiety and depression, are the most common psychopathological symptoms among army wives living in Kopassus (Indonesian army special force) dormitory, with the prevalence of 15-40%. Proper management with reality therapy for anxious and depressed army wives living in Kopassus dormitory is needed.* **OBJECTIVE:** *to determine the effect of reality therapy on anxiety and depression levels in army wives in Kopassus Group 2 dormitory.*

METHODS: *This study was designed as a randomized control trial pretest and post-test two group design. Sampling was done by simple random technique. Thirty subjects were divided into two groups. Control group received regular interview, while experimental group received reality therapy. Respondents were asked to fill out The Lie Minnesota Multiphasic Personality Inventory questionnaire (L-MMPI), biodata, the Taylor Manifest Anxiety Scale questionnaire (TMAS), and the Beck Depression Inventory questionnaire (BDI). The Wilcoxon Rank Test and Mann-Whitney were applied for data analysis, with the significance level of p<0.05.*

RESULT: *The Wilcoxon Rank Test in the TMAS (anxiety) and BDI (depression) showed a significant difference (p<0.05). The Mann-Whitney analysis of the anxiety and depression variables showed a significant difference between the reality therapy group and the control group (regular interview) (p <0.05). The experiment group has a TMAS and BDI score lower than that of the control group.*

CONCLUSION: *The reality therapy is effective to lower the level of anxiety and depression in army wives.*

Keywords: Anxiety, Depression, Army Wife, Reality Therapy

INTRODUCTION

Army wife living in military dormitory will have a social interaction with the other residents. Healthy relationships are the goal of each individual to gain mutual support. There is a reciprocal relationship and mutual respect according to culture and religion, each capable of realizing and responding emotionally, and receiving influence with one another (Gottman, 2011).

During a stay in dormitory, army's wives of Special Forces (Kopassus) will bear the additional burden including the psychological and social problem.

The wife should have an environmental mastery in the absence of a husband that may cause feelings of loneliness, separation, and anxiety about the husband's occupational risk including the accidence and death. Other burden is that the wife should play a role as husband and father, and wife dealing with domestic affairs and child care, in addition to being a member of the organization of soldier's wife union (PERSIT), and employees (for those who work). With such role change, unprepared couples without support from the environment may have a feeling of loss and alienation, from the leading to helplessness, resulting in psychiatric disorders including sleep disorder (TNI Dispen-AD, 2013). Psychic and social burden may contribute to anxiety, irritability, physically weariness, concentration disturbance on doing their work, despair, sadness, lack of enthusiasm (Gottman, 2011).

Anxiety and depression are the most common psychopathological symptoms found in army wives living in Kopassus dormitories accounting for 15-40% (Ghous et al, 2015). Anxiety and depression may occur because of reactions of new and different environmental conditions, very strict dormitories rules, the absence of husband, and organizational activities (Ghous et al., 2015) requiring a proper management. The management of therapy for army wives in dormitories with anxiety and depression are carried out with psychotherapy including reality therapy (PDSKJI, 2013).

This study aimed to identify various factors affecting the anxiety and depression, and also to determine the effect of psychotherapy reality on the army wives in Kopassus. The reality therapy was chosen so that the participants can improve coping with various problems, In addition, this reality psychotherapy is also intended to guide patients in identifying the successful identities, as well as the various steps to achieve it. Once the successful identities can be achieved, it is expected to improve the anxiety and depression of the army wives (Corey, 2010).

METHODS

This study was designed as a randomized control trial pretest and post-test, two groups, design. The inclusion criteria were army wives living in Kopassus Group 2 dormitories with anxiety and depression, at least a high school graduates, and are able to communicate well. The exclusion criteria were severe mental illness (psychotic). Sixty wives of Kopassus soldiers in Kartasura Group 2 dormitory with anxiety and mild category were divided into two groups: treated with reality therapy, or regularly interviewed. The respondents filled out the Lie Minnesota Multiphasic Personality Inventory (L-MMPI) questionnaire, biodata, the Taylor Manifest Anxiety Scale (TMAS), and the questionnaire and Beck Depression Inventory (BDI) questionnaire. Data on anxiety and depression obtained were analyzed using statistical tests Wilcoxon Rank Test and Mann-Whitney. The results of statistical analysis was considered significant if $p < 0.05$. This research was conducted in Kartasura at Group 2 Kopassus Dormitory after approval from the Ethical Committee of Medical Faculty of UNS/Moewardi Surakarta Hospital, permission from the Head of Psychiatry Department Medical Faculty of UNS/Moewardi Surakarta Hospital, and Kopassus Group 2 Commander were obtained. The study was conducted in October until December 2017.

RESULTS

The participants of this research were the army wives of Kopassus in Kartasura Group 2 dormitory meeting the inclusion criteria. The baseline

Table 1. Respondent Characteristics

Characteristics of Respondents	Treatment Group		Control Group	
	Frequency	Percentage	Frequency	Percentage
Age				
25-30	12	40.0%	10	33. 3%
31-35	11	36.7%	22	36. 7%
36-40	6	20.0%	13	23. 3%
41-45	1	3.3%	3	6. 7%
Education				
- Senior high shool	23	76.7%	22	73. 3%
- Undergraduate	7	23.3%	8	26. 7%
Occupation				
- Civil servant	4	13.3%	3	10. 0%
- House wife	24	80.0%	23	76. 7%
- Private	2	6.7%	4	13. 3%

Table 2. Wilcoxon Test Result

Variables	Mean N	Std. Deviation	P-value
BDI Pretest	17.20	5.732	
BDI Posetest	8.60	0.498	0.000
TMAS Postest	23.93	4,799	
TMAS Postest	12.57	0.504	0.000

Table 3. Mann Whitney Test.

Therapy	Mean	Std. Deviation	P-value
BDI therapy reality	8.60	0.498	
BDI Interview	15.53	3.159	0.000
TMAS therapy reality	12.57	0.504	
TMAS Interview	19.57	2.873	0.000
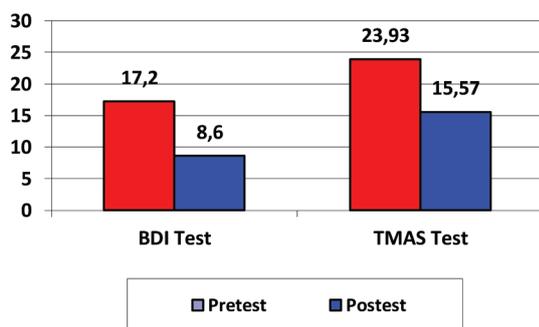
Fig 1. The Development of Anxiety Level Before and After Reality Therapy
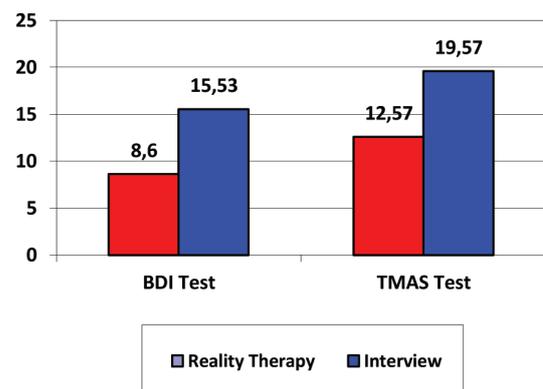
Fig 2. Comparison of Anxiety Levels between Reality Therapy and Interview

characteristics of the participants is shown in table 1.

Most of the participants in treatment group were between 25-30 years old (12 participants), senior high school graduates (23 participants), and housewife (24 participants). In the control group, most of the participants were 31-35 years old (22/36.7%), high school graduates (73.3%), and housewife (76.7%). The baseline data show that the control and treatment groups were comparable.

Normality Kolmogorov Smirnov test was used to analyze the data. The p value were <0.05 in BDI variables pretest, posttest BDI, TMAS pretest, posttest TMAS, BDI-interviews and TMAS-interview, so that the data were not normally distributed. The Wilcoxon Rank Test was used to test BDI pre and posttest differences, and also TMAS pre and posttest differences of reality therapy group.

The result of the Wilcoxon Rank test presented in table 2 above showed that mean of BDI pretest was 17.20±5.73, while BDI posttest was 8.60±0.498, with a p-value of 0.000 (p<0.05) meaning that there was a significant difference between BDI pre and posttest in reality therapy group. In TMAS pretest, the mean values was 23.93±4.799, while TMAS posttest was 12.57±0.504, with p value of 0.000 (p<0.05), which means that there was a significant difference between

TMAS pre and posttest in reality therapy group.

The Mann Whitney Test was used to test the difference between BDI and TMAS between reality therapy and regular interview method. The results of the analysis can be summarized in the following table.

In the Mann Whitney Test shown in Table 3, mean BDI of reality therapy group was 8.60±0.498, while mean BDI of regular interview group was higher (15.53±3.159). The mean TMAS of reality therapy group was 12.57±0.504, while TMAS on regular interview group was higher (19.57±2.873 with p=0.000). There was a significant difference between BDI and TMAS between reality therapy group and regular interview group.

DISCUSSION

Anxiety is a disorder of other psychosis, or one sign of myocardial infarction. Anxiety as a clinical syndrome includes manifestation of a personality disorder or phobia. Anxiety develops when one encounters threatening objects or situation which is actually harmless. While the anxiety that stands alone was in the form of a generalized anxiety disorders. Anxiety is free-floating condition, disoriented and of unknown cause (Kaplan & Saddock, 2015). Depression

Fourida, et al.

is a mood disorder or an atmosphere characterized by depressive feelings, loss of interest, decreased appetite, sleep disorders and lack of concentration. Patients with a prolonged severe depression have a lack of motivation in life. Therefore the desire for committing suicide is often found in patients with severe depressive disorder (WHO, 2010).

Ghous et al., (2015) in his research stated that anxiety and depression are the most common psychopathological symptoms in army wives accounting for 15-40%. Anxiety and depression occur because of the reaction of new and different environmental conditions, very strict dormitories rules, absence of husbands, organizational activities (army wife union). This study shows that 30-40% of army wives in Kopassus dormitory suffered from anxiety and depression.

Wilcoxon Rank Test showed a significant difference in BDI and TMAS between pretest and posttest in reality therapy group (p <0.05). Mean posttest BDI and TMAS score in reality therapy group were lower that of pre-test BDI and TMAS score. This suggests that reality therapy was effective in lowering BDI and TMAS. The results of this study support the research conducted by Farmani, et.al (2015), suggesting that the reality therapy of is effective in the treatment of stress, anxiety and depression in patients with multiple sclerosis (MS). According to Corey (2010), reality therapy is a system of psychotherapy focusing on the current behavior. The therapist functions as a teacher and model and confronts clients in ways that help clients deal with reality and meet basic needs without harming themselves or others. The essence of reality therapy is the acceptance of personal responsibility that is equal to mental health.

Improvement in coping mechanisms can reduce stressful environmental conditions and to maximize the chance of recovery, adapt or tolerate negative events, maintaining emotional balance, making satisfactory interpersonal relationships. The army wives living in Kopassus dormitories, need a good coping strategy in order not to be anxious and depressed. The reality therapy is also possible for handling the anxiety and depression on the army wives (Gottman, 2011).

Therapeutic reality developed by William Glasser stating that all humans have the basic physiological and psychological needs. These two needs are combined into one main need called identity requirement. Identity is the way a person perceives themselves as a human being (self-conception) in relation to others and the outside world (Howland et al., 2012).

CONCLUSION

Effective reality therapy can lower the level of anxiety and depression in army wives. The reality therapy helps clients facing reality and meeting the basic needs without harming themselves or others. The essence of reality therapy is the acceptance of personal responsibility that is equal to mental health.

REFERENCES

Corey, G. 2010. Teori dan Praktek Konseling-Psikoterapi. Refika Aditama: Bandung.

Dispen TNI-AD. 2010. Tantangan dam Kiprah Persit di Satuan Tempur Pasukan Khusus Indonesia. Edisi 8. Jakarta.

Farmani, F., Taghavi, H., Fatemi, A dan Safavi, S. 2015. The efficacy of group reality therapy on reducing stress, anxiety and depression in patients with Multiple Sclerosis (MS). International Journal of Applied Behavioral Sciences (IJABS). Volume 2, Number 4.

Gottman JM. 2011. The science of trust: Emotional attunement for couples. New York, NY: Norton Publishing.

Ghous, M.; Gul, S.; Siddiqi, F.A.; Pervaiz, S. & Bano, S. 2015. Depression; Prevalence soldier wife. Professional Med J 2015;22(2):263-266.

Howland; Raison, C.L. & Miller, A.H. 2012. Psychoneuroimmunology Meets Neuropsychopharmacology: Translational Implications of the Impact of Inflammation on Behavior. Neuropsychopharmacology Reviews 37, 137–162.

Kaplan HI and Sadock, BJ., 2015. Psychoterapy,In Kaplan and Sadock Comprehensive Text Book of Psychiatry, the 8 ed. Lippncott Williams & Wilkins, Philadelphia, Baltimore, New York.

PDSKJI. 2013. Panduan Gangguan Depresi Mayor. PDSKJI : Jakarta.

WHO. 2010. Maternal Mortality. Wordl Health Organization.