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Reality Therapy and Choice Theory in Marital and Family Counselling: An Integrative Review of Evidence, Applications and Research Gaps

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Abstract
Reality therapy, grounded in William Glasser's choice theory, offers a present-focused and practical approach to marital and family counselling. This integrative review examines the theoretical foundations, counselling processes, empirical evidence, and research gaps relating to the use of reality therapy with couples and families. Choice theory proposes that behaviour is internally motivated and directed toward the satisfaction of five basic needs: survival, love and belonging, power, freedom, and fun. Relational difficulties are understood to arise when individuals attempt to control others or when their behaviour does not responsibly meet their needs. The WDEP system—Wants, Doing, Evaluation, and Planning—provides a structured framework for helping clients clarify goals, evaluate current behaviour, and develop constructive plans. Available evidence suggests that reality therapy may improve marital satisfaction, intimacy, adjustment, communication, and sexual satisfaction in several populations, including couples experiencing infertility and chronic illness. However, much of the evidence derives from small, predominantly Iranian samples, focuses on women rather than couples, relies on self-report measures, and employs brief follow-up periods. The review identifies the need for culturally diverse, dyadic, and longitudinal studies that examine both the effectiveness and the mechanisms of change in reality-based marital and family counselling. Recommendations are offered for counsellor training, culturally responsive practice, ethical counselling, and future research.

Keywords: reality therapy; choice theory; marital counselling; family counselling; WDEP system; integrative review

Introduction
Marital and family conflict can affect emotional well-being, social functioning, and relationships across generations. Counselling approaches differ in their explanations of relational difficulties and in the strategies they use to promote constructive change. Reality therapy, developed by William Glasser in the 1960s, offers a brief, solution-focused, and choice-centred approach that has been applied in marital and family counselling (Robey et al., 2012). Reality therapy operationalises choice theory, which presents human behaviour as internally motivated and directed toward the satisfaction of five basic needs: survival, love and belonging, power, freedom, and fun (Wubbolding, 2011). Rather than concentrating mainly on past experiences or unconscious processes, reality therapy emphasises present choices, their consequences, and clients' capacity to choose more effective behaviour (Wubbolding, 2017). This orientation is particularly relevant to marital and family counselling, where clients often seek practical improvement in communication, cooperation, and emotional connection. This paper presents an integrative review of theoretical, empirical, and counselling-practice literature on reality therapy in marital and family contexts. The review has four aims: first, to clarify the theoretical foundations of reality therapy; second, to examine the counselling processes through which relational change may occur; third, to appraise the empirical evidence for its effectiveness; and fourth, to identify gaps that should guide future counselling practice and research.

Literature Search Strategy
Relevant literature was identified through searches of Google Scholar, PubMed/MEDLINE, PsycINFO, Scopus, and ProQuest. Search terms included reality therapy, choice theory, WDEP, marital counselling, couple counselling, family counselling, marital satisfaction, marital intimacy, and marital adjustment. Priority was given to peer-reviewed empirical studies, theoretical papers, and book chapters concerned with reality therapy or choice theory in marital, couple, or family contexts. Studies were included when they examined the application of reality therapy to marital or family relationships,

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reported measurable relational outcomes, or provided theoretical guidance for counselling practice. Studies were excluded when they focused exclusively on individual concerns without a marital or family counselling component.

Conceptual Clarification

Marital counselling refers to structured counselling support provided to partners to improve communication, mutual understanding, conflict management, intimacy, and relationship satisfaction. Family counselling refers to counselling that addresses relational patterns, roles, communication, and problem-solving among family members. Reality therapy is a counselling approach based on choice theory that helps clients clarify their needs, evaluate their current behaviour, and choose more responsible and effective actions. In this review, counselling is understood as a collaborative, non-judgmental process that supports clients to identify goals, examine choices, strengthen relationships, and develop practical strategies for change. The focus is therefore on promoting relational competence and constructive interaction rather than on diagnosing or treating individual disorder.

Theoretical Foundations

Historical Development

Reality therapy developed from Glasser's counselling and educational work in California during the 1950s and 1960s. His foundational text, *Reality Therapy*, was published in 1965, while choice theory was later articulated as the broader explanatory framework for the approach (Wubbolding, 2011).

Choice Theory and Basic Needs

Choice theory holds that behaviour is internally motivated and directed toward the satisfaction of one or more basic needs. These needs are commonly described as survival, love and belonging, power or inner control, freedom, and fun or enjoyment (Wubbolding, 2011). The theory presents individuals as active participants in their relationships rather than passive products of their circumstances.

View of Human Nature and Change

Reality therapy is based on an optimistic view of human potential. The counsellor's main task is not to label clients or concentrate on past difficulties, but to help them examine whether their present behaviour moves them toward or away from the people and outcomes they value. Wubbolding (2011) presents reality therapy as a practical approach in which problem-solving, self-evaluation, and responsible choice-making are central counselling activities. In family counselling, choice theory has been described as pragmatic and culturally responsive because it focuses on broadly shared human needs while allowing clients to identify workable behaviours within their own relational and cultural contexts (Graham et al., 2013). Its emphasis on changing interactional patterns can support second-order change, whereby couples and families alter recurring patterns of relating rather than addressing isolated concerns alone.

Mechanisms of Change in Marital and Family Counselling

Self-Evaluation Through the WDEP System

Reality therapy may promote relational change through the WDEP system, a structured counselling process involving self-evaluation and planning (Wubbolding, 2017). Clients are helped to clarify what they **W**ant from their relationship and from counselling; describe what they are currently **D**oing, including actions, thoughts, feelings, and physiological responses; **E**valuate whether that behaviour is helping them obtain what they want; and develop a **P**lan for more effective action.

Wubbolding (2017) identifies self-evaluation as the central element of the process because it enables clients to recognise differences between their goals and their conduct without the counsellor imposing judgement. In marital counselling, this process can help partners move from mutual blame toward shared responsibility for change.

Reducing External Control

Reality therapy addresses external control psychology. Glasser and Glasser (2000) argued that attempts to coerce, blame, manipulate, or induce guilt in another person damage close relationships. In marital and family settings, such patterns may appear as criticism, withdrawal, threats, or persistent blaming.

Reality counselling helps clients recognise these patterns and move toward internal control: the recognition that individuals can control their own behaviour but not the behaviour of others (Glasser & Glasser, 2000). The counselling relationship models this principle through respectful, non-coercive engagement (Robey et al., 2012).

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Promoting Mutual Need Satisfaction

Reality therapy emphasises need satisfaction within relationships. Glasser and Glasser (2000) applied choice theory directly to marriage, arguing that relational difficulty often emerges when partners' needs are frustrated or when one partner attempts to control the other. Counselling therefore helps partners identify unmet needs and develop behaviours that increase mutual satisfaction. This emphasis on constructive action is consistent with the solution-focused character of reality therapy (Wubbolding, 2011).

Counselling Relationship and Client Responsibility

The counselling relationship is a necessary condition for change. Wubbolding (2011) emphasises the importance of establishing a trusting and respectful relationship before inviting clients to evaluate their behaviour. In couple and family counselling, the counsellor must build working relationships with several people at the same time, acknowledge conflicting perspectives, and maintain a non-judgmental stance. Clients remain active participants responsible for implementing plans and evaluating their progress (Wubbolding, 2017).

Empirical Evidence

Overview of Evidence

Available studies suggest that reality therapy may improve marital satisfaction, intimacy, adjustment, communication, and sexual satisfaction. However, the evidence base is uneven in quality and scope. Many studies used quasi-experimental designs, small samples, self-report measures, and short or absent follow-up periods. In addition, several interventions were delivered to women only, even though marital satisfaction, intimacy, and communication are relational outcomes that involve both partners

Study	Context and participants	Counselling approach	Main findings	Main limitations
Ebadi et al. (2020)	40 participants from counselling centres in Ahvaz, Iran; pretest–posttest control-group design	Reality therapy based on choice theory; ten 60-minute sessions	Significant improvement in marital intimacy and satisfaction	Convenience sampling; no follow-up reported; limited generalisability.
Koleshtajani et al. (2022)	15 infertile women; quasi-experimental design	Reality therapy; eight weekly 90-minute sessions	Significant improvement in sexual satisfaction and marital intimacy	Very small sample; women-only participation; limited dyadic evidence.
Farhadi et al. (2020)	Newly married women in Ardabil, Iran	Reality therapy based on choice theory	Improved marital intimacy and sexual satisfaction	Women-only sample; reliance on self-report measures.
Elsayed and Elyas (2016)	Emotionally separated Saudi wives	Reality-based counselling programme	Improved marital adjustment	Women-only sample; cultural and contextual factors may limit transferability.
Fallah Berejestanaki et al. (2022)	Women experiencing marital conflict	Group reality therapy compared with group cognitive-behavioural counselling	Positive effects on marital satisfaction and self-control	Comparative conclusions require caution because of differences in outcomes and intervention conditions.

Marital Satisfaction, Intimacy, and Adjustment

Ebadi et al. (2020) conducted a pretest–posttest control-group study with 40 participants recruited from counselling centres in Ahvaz, Iran. Participants were assigned to experimental and control groups, and the experimental group received ten 60-minute sessions of reality therapy based on choice theory. The study reported significant improvement in marital intimacy and satisfaction. However, the use of convenience sampling and the absence of a reported follow-up stage limit the strength

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of the conclusions. Koleshtajani, et al., (2022) examined reality therapy among 15 infertile women using a quasi-experimental design. The intervention consisted of eight weekly 90-minute sessions and produced significant improvements in sexual satisfaction and marital intimacy. Although the findings are promising, the small sample and women-only participation restrict conclusions about change in the couple relationship. Farhadi et al. (2020) reported improvements in marital intimacy and sexual satisfaction among newly married women who received reality therapy based on choice theory. The study adds to the evidence for reality-based counselling in early marriage, but its focus on women rather than couples means that changes in the non-participating partner and in the couple relationship were not directly assessed. Evidence from Saudi Arabia also supports the potential value of reality therapy for marital adjustment. Elsayed and Elyas (2016) found that a counselling programme based on reality therapy improved marital adjustment among emotionally separated Saudi wives. The study is relevant to counselling practice in collectivist and religiously influenced contexts, but its women-only sample and specific cultural setting limit generalisability.

Couples Facing Chronic Illness

Reality therapy has also been discussed in relation to couples facing chronic illness. Shaffer (2012) suggests that the approach can help couples focus on what remains within their control and identify ways to meet basic needs despite illness-related limitations. Such applications are promising for counselling practice, but they should be regarded as practice-based observations rather than strong outcome evidence.

Comparative Counselling Approaches

Fallah Berejestanaki, et al., (2022) compared group reality therapy with group cognitive-behavioural counselling among women experiencing marital conflict. The study reported positive effects on marital satisfaction and self-control, suggesting that reality therapy may be a viable alternative to cognitive-behavioural counselling in some contexts. Nevertheless, claims of equivalence between the two approaches should be made cautiously. Related comparative research found differential effects: cognitive-behavioural counselling was more effective for self-control, whereas reality therapy was more effective for empathy. The relative effectiveness of reality therapy therefore appears to depend on the specific counselling outcome and the characteristics of the clients involved.

Cultural Applicability

Reality therapy has been applied in diverse cultural settings, including Iranian, Saudi, and Western contexts. Graham et al. (2013) describes choice theory as potentially culturally responsive because it focuses on broadly shared human needs while allowing flexibility in how those needs are met. Wubbolding (2011) also discusses cross-cultural applications and notes that the approach may be most congruent with cultural settings in which personal choice is valued. Evidence from Iranian and Saudi populations suggest potential cross-cultural relevance. Nevertheless, counsellors should adapt the language of choice, responsibility, and independence to clients' cultural frameworks rather than assume that findings from one context will transfer directly to another.

Gaps in the Literature

Although available studies suggest potential benefits of reality therapy, several gaps restrict the strength of the conclusions. Many studies use quasi-experimental designs, small samples, self-report measures, and short follow-up periods. In addition, much of the evidence has been conducted in Iranian settings, with several interventions delivered to women rather than to couples jointly. This limits both cultural generalisability and conclusions about dyadic relational change. The literature also provides limited evidence on the counselling processes through which reality therapy produces change. Although WDEP offers a plausible process involving self-evaluation, responsibility, and planning, few studies have examined whether these components account for improvements in relational outcomes. Comparative research with established couple counselling approaches, including emotionally focused therapy, the Gottman method, and integrative behavioural couple therapy, remains limited. Further research is also needed on clients' experiences of reality counselling. Qualitative studies could examine how couples interpret responsibility, choice, and self-evaluation within their cultural and family contexts. Such research may identify barriers to engagement and inform culturally responsive counselling practice.

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Application of the WDEP System in Marital and Family Counselling

Exploring Wants

In the *Wants* phase, the counsellor helps each partner clarify what they desire from the relationship and from counselling. Differences between partners' wants are treated as material for negotiation rather than as evidence of blame or personal inadequacy.

Describing Current Behaviour

In the *Doing* phase, clients describe their current behaviour in specific and observable terms. This includes actions, thoughts, feelings, and physiological responses, which choice theory conceptualises as components of total behaviour. A counsellor might ask what a partner does when feeling disconnected, rather than asking why the partner feels disconnected.

Evaluating Effectiveness

The *Evaluation* phase is central to change. Clients assess whether their present behaviour is helping them obtain what they want and whether it brings them closer to or further from their partner. Wubbolding (2017) identifies several forms of self-evaluation, including judgements of effectiveness, need satisfaction, and personal responsibility.

Developing Action Plans

In the *Planning* phase, clients develop specific, attainable, and repeatable action plans. Effective plans are small enough to begin immediately and clear enough to be evaluated. The counsellor helps clients anticipate obstacles, revise plans, and sustain new patterns of interaction.

Illustrative Counselling Scenario

In a marital counselling session, a partner who repeatedly withdraws during conflict may first identify a want for emotional closeness. The counsellor helps the partner describe the withdrawing behaviour, evaluate whether it is bringing the couple closer, and develop a specific plan, such as requesting a short break before returning to the discussion. The other partner may similarly identify a want for respectful communication and plan to express concerns without criticism or blame. Through this process, both partners move from assigning fault to identifying choices that may improve their relationship.

Supplementary Counselling Strategies

Beyond WDEP, reality counselling may include reframing, role-play, reinforcement, and problem-solving strategies. These strategies are not exclusive to reality therapy, but their use within a choice-theory framework gives them a coherent focus on responsibility, need satisfaction, and relationship repair (Robey et al., 2012; Wubbolding, 2011).

Limitations and Counselling Considerations

Conceptual Limitations

Reality therapy has limitations. Critics note that it gives relatively limited attention to unconscious processes, developmental history, trauma, and broader systemic factors that may influence relational difficulties (Corey, 2017). It may therefore be insufficient as a standalone approach where clients need extended exploration of past experiences, unresolved trauma, or complex family dynamics.

Responsibility and Contextual Factors

The emphasis on personal responsibility requires careful application. Although choice theory recognises that individuals cannot directly control others, an excessive focus on individual choice may understate the influence of poverty, gender inequality, family pressure, illness, and other contextual constraints. Wubbolding (2011) acknowledges the importance of considering contextual factors, suggesting that reality counselling should be applied with sensitivity to clients' environments.

Cultural Considerations

Cultural considerations are particularly important in counselling practice. Assumptions about autonomy, choice, and personal responsibility may require modification in collectivist settings where family obligation, hierarchy, and communal decision-making carry different meanings (Graham et al., 2013). Evidence from Iranian and Saudi populations suggests potential cross-cultural applicability, but counsellors should remain attentive to how clients understand choice, responsibility, gender roles, and family obligation.

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Ethical and Safety Considerations

Reality-based marital counselling should not be used where intimate partner violence, coercive control, or significant safety concerns are present. In such situations, the counsellor should prioritise safety planning, individual counselling where appropriate, referral to specialised services, and collaboration with relevant support systems. Couple counselling should not be presented as a substitute for protection from harm.

Recommendations for Counselling Practice and Research

1. Counsellor Training and Supervision; Counsellors should receive specific training and supervision in the use of reality therapy with couples and families. Applying WDEP when several family members are present requires skills beyond those needed in individual counselling, including conflict management, relationship-building, and facilitation of joint planning.
2. Indications for Counselling Practice; Counsellors may consider reality therapy as a viable approach or complementary technique when the main counselling goals are improving marital intimacy, communication, mutual responsibility, and constructive problem-solving. Where emotion regulation, trauma, or serious relational distress is central, reality therapy may be more appropriately combined with emotion-focused, systemic, or trauma-informed counselling approaches.
3. Culturally Responsive Counselling; Counsellors should adapt reality therapy to clients' cultural values and family structures. This includes using culturally appropriate language, respecting family decision-making patterns, and avoiding assumptions that individual autonomy has the same meaning across all cultural groups.
4. Priorities for Future Research; Researchers should conduct studies with larger and more diverse samples, longer follow-up periods, and validated outcome measures. Future studies should include both partners where appropriate and assess relational outcomes at the couple or family level.
5. Comparative and Implementation Research; Future research should compare reality therapy with established couple and family counselling approaches, including emotionally focused therapy, the Gottman method, and integrative behavioural couple therapy. Researchers should also examine implementation issues, including counsellor competence, adherence to reality therapy principles, appropriate session frequency, supervision, and the feasibility of using WDEP in school, community, religious, and family counselling settings.

Conclusion

Reality therapy offers a coherent, practical, and increasingly researched approach to marital and family counselling. Its foundation in choice theory provides a clear account of motivation and relational difficulty, while the WDEP system provides a structured yet flexible method for facilitating change. Available evidence suggests potential benefits for marital satisfaction, intimacy, adjustment, communication, and sexual satisfaction, particularly among populations experiencing infertility, illness, or marital conflict. However, the evidence base remains limited by small samples, brief follow-up periods, reliance on self-report measures, concentration in particular cultural contexts, and limited attention to couples and families as the primary units of analysis. With further rigorous research, culturally responsive practice, and appropriate counsellor training, reality therapy is well placed to contribute meaningfully to marital and family counselling.

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