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The Effectiveness of Reality Therapy on Identity Crisis and Mental Well-being of Child Laborers

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A r t i c l e   I n f o

A B S T R A C T

Purpose: Child labor is a significant issue that negatively impacts the mental well-being and identity development of affected children. This study aimed to evaluate the effectiveness of reality therapy in addressing identity crisis and improving the mental well-being of child laborers in Shiraz. The objective was to determine whether reality therapy could reduce identity crisis and enhance emotional, psychological, and social well-being among these children.

Methodology: The study employed a descriptive, semi-experimental design with a pre-test and post-test method. The sample consisted of 30 child laborers aged 10 to 14 years, selected from Shiraz in 2023. Participants were randomly assigned to either an experimental group (n=15) receiving reality therapy or a control group (n=15) receiving no treatment. Reality therapy was administered in 12 sessions based on Glasser's model. Data were collected using the Identity Crisis Questionnaire and the Mental Well-being Questionnaire. Descriptive statistics and multivariate analysis of covariance (MANCOVA) were used for data analysis.

Findings: The experimental group showed significant reductions in identity crisis scores and substantial improvements in emotional, psychological, and social well-being compared to the control group. The results indicated that reality therapy had a meaningful positive impact on all measured variables, demonstrating its effectiveness in enhancing the mental health of child laborers.

Conclusion: Reality therapy is an effective intervention for reducing identity crisis and improving the mental well-being of child laborers. The therapy's emphasis on personal responsibility, present-focused problem-solving, and fulfilling basic psychological needs makes it a valuable tool for mental health practitioners working with this vulnerable population. Integrating mental health services with broader child labor reduction initiatives is crucial for providing comprehensive support to child laborers.

Keywords: Child labor, Identity crisis, Mental well-being, Reality therapy, Cognitive-behavioral intervention, Shiraz

1. Introduction

Child labor is a pervasive issue that affects millions of children worldwide. It is defined by the International Labour Organization (ILO) as work that deprives children of their childhood, their potential, and their dignity, and that is harmful to physical and mental development. Child labor encompasses a range of activities, from hazardous work that endangers the health and safety of children to more benign tasks that still interfere with their education and overall development (Ahmadi Tabar et al., 2021; Basu et al., 2010; Cardoso & Casiño, 2015; Doepke & Zilibotti, 2009; Feeny et al., 2021; Meyer et al., 2020; Shafiee, 2021). The determinants of child labor are multifaceted, involving economic, social, and cultural factors. Poverty is a primary driver, as families often rely on the additional income generated by their children to survive (Basu et al., 2010). Other factors include lack of access to education, cultural norms, and weak enforcement of child labor laws (Cardoso & Casiño, 2015; Feeny et al., 2021).

The impact of child labor on children's mental well-being is profound. Child laborers often face exploitation, abuse, and hazardous working conditions that can lead to severe physical and psychological harm (Feeny et al., 2021). The loss of educational opportunities further exacerbates their vulnerability, limiting their future prospects and perpetuating the cycle of poverty. Moreover, child labor is associated with a range of adverse health outcomes, including malnutrition, injuries, and psychological disorders such as anxiety and depression (Nicolella & Kassouf, 2018).

An identity crisis, a term popularized by Erik Erikson, refers to the period of uncertainty and confusion in which an individual's sense of identity becomes insecure, typically occurring during adolescence (Mohebbi & Salehizadeh, 2019). This developmental stage is crucial as adolescents explore various aspects of their identity, including their career goals, values, and beliefs. For child laborers, the experience of an identity crisis can be particularly acute. The harsh realities of their daily lives can impede their ability to form a coherent sense of self, leading to prolonged periods of identity confusion and instability (Feeny et al., 2021). This can manifest in various ways, including low self-esteem, difficulty in making decisions, and a lack of future orientation.

Reality therapy, developed by William Glasser, is a form of cognitive-behavioral therapy that emphasizes personal responsibility and the importance of satisfying one's basic needs, which Glasser identifies as belonging, power, freedom, and fun. The core principle of reality therapy is the idea that all behavior is chosen, and that individuals can control their behavior by making more effective choices (Abbasi, 2016; Abdi Dehkordi et al., 2019; Ahmadi Tabar et al., 2021). Reality therapy helps individuals focus on the present and avoid dwelling on past failures (Chamani Ghalandary et al., 2019; Davis, 2011; Elyasi & Eftekhary, 2023; Eslami Hasanabadi et al., 2023; Ghoreishi & Behboodi, 2017; Glasser, 2000), which can be particularly beneficial for child laborers who have experienced significant trauma and hardship.

The WDEP system is a cornerstone of reality therapy, involving four key components: Wants (exploring what the individual wants), Doing (examining what the individual is doing to achieve their wants), Evaluation (assessing the effectiveness of their actions), and Planning (creating a plan to make more effective choices). By using the WDEP system, therapists can guide individuals to identify their needs and develop strategies to meet those needs in healthier and more constructive ways (Wubbolding et al., 2017).

Numerous studies have documented the adverse effects of child labor on children's mental and emotional health. Feeny et al. (2021) found that child laborers in India exhibited higher levels of anxiety and depression compared to their non-working peers (Feeny et al., 2021). This is consistent with findings from Meyer et al. (2020), who reported that child labor among adolescent refugees was associated with increased mental health issues, including PTSD and depression (Meyer et al., 2020). The psychological toll of child labor can be attributed to multiple factors, including exposure to stressful and unsafe working conditions, lack of social support, and the deprivation of educational opportunities (Cardoso & Casiño, 2015).

Kaur and Byard (2021) highlighted the exacerbating effect of the COVID-19 pandemic on child labor in India. The economic downturn forced many families to send their children to work, further compromising their mental and physical well-being (Kaur & Byard, 2021). The pandemic has also disrupted educational systems, making it even harder for child laborers to access schooling and mental health services (Chugh, 2022). These findings underscore the urgent need for interventions that address both the immediate and long-term impacts of child labor on children's mental health.

Reality therapy has been widely used in various settings to address a range of psychological issues, including identity crises and mental well-being. Wubbolding et al. (2017) demonstrated the effectiveness of the WDEP system in

helping individuals develop better coping strategies and improve their mental health (Wubbolding et al., 2017). By focusing on personal responsibility and present-oriented problem-solving, reality therapy helps individuals gain a sense of control over their lives and make more constructive choices (Ravanpoor et al., 2022; Zabihi et al., 2022).

In the context of child labor, reality therapy can be particularly beneficial. Child laborers often feel powerless and trapped in their circumstances. Reality therapy empowers them by emphasizing their ability to make choices and take control of their lives. This approach can help them build resilience and improve their mental well-being, even in the face of challenging circumstances.

Harith et al. (2022) and Lattie et al. (2019) have shown that digital mental health interventions, including those based on cognitive-behavioral principles like reality therapy, can be effective in improving mental health outcomes among adolescents. These interventions can provide accessible and scalable solutions, particularly in settings where traditional mental health services are limited (Harith et al., 2022; Lattie et al., 2019).

Interventions aimed at improving the mental well-being of child laborers must be multifaceted, addressing both the root causes of child labor and its psychological impacts. Educational programs are critical, as they provide children with the skills and knowledge needed to break the cycle of poverty (Lattie et al., 2019). Additionally, mental health interventions, including reality therapy, can help child laborers cope with the stress and trauma associated with their experiences.

Doepke and Zilibotti (2009) argue that international labor standards and policies must be enforced more rigorously to reduce the prevalence of child labor. However, policy measures alone are not sufficient. There is a need for community-based programs that provide direct support to child laborers and their families. These programs should include educational support, mental health services, and vocational training to help children transition out of labor and into safer, more supportive environments (Doepke & Zilibotti, 2009).

Given the significant impact of child labor on children's mental well-being and identity development, it is crucial to explore effective interventions that can mitigate these effects. This study aims to examine the effectiveness of reality therapy on identity crisis and mental well-being among child laborers in Shiraz. By using a semi-experimental design with pre-test and post-test assessments, this research seeks to provide empirical evidence on the

benefits of reality therapy for this vulnerable population. The present study will address several key questions:

- How does reality therapy impact the identity crisis among child laborers?
- What are the effects of reality therapy on the emotional, psychological, and social well-being of child laborers?
- Can reality therapy provide a sustainable mental health intervention for child laborers in resource-limited settings?

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a descriptive, semi-experimental design with a pre-test and post-test method. The statistical population consisted of all child laborers in Shiraz during the year 2023. From this population, a sample of 30 children was selected using convenience and voluntary sampling methods. Initially, 148 child laborers were chosen, and the Identity Crisis and Mental Well-being questionnaires were administered. From these, 30 children who scored above the cutoff point on the Identity Crisis scale and below the cutoff point on the Mental Well-being scale were selected as the sample. These participants were randomly assigned to either the experimental group or the control group, with each group containing 15 participants. The experimental group underwent Glasser's reality therapy intervention (2010), while the control group received no treatment.

Inclusion criteria included being aged 10 to 14 years, not suffering from chronic physical illnesses, and confirmed as child laborers. Exclusion criteria were concurrent participation in other therapy sessions and the use of psychiatric medications. Both groups were matched for demographic characteristics such as gender, age, and education. After the therapy sessions, post-tests were conducted under similar conditions, and the research questionnaires were administered again.

2.2. Measures

2.2.1. Identity Crisis Questionnaire

This 40-item scale, developed by Ahmadi (1997), assesses identity crisis across ten dimensions: long-term goals, career choice, appropriate role models, sexual behavior, religious beliefs, moral values, group commitment, self-perception, initiative, and time

management. Scores above 18 indicate an identity crisis. The questionnaire has been validated by experts and shows a reliability of 0.78 through split-half and 0.89 through test-retest methods. Cronbach's alpha was 0.74 in Mohebbi et al. (2019) and 0.83 in the present study (Mohebbi & Salehizadeh, 2019).

2.2.2. Mental Well-being Questionnaire

Developed by Keyes and Magyar-Moe in 2003, this 45-item scale measures emotional well-being (12 items), psychological well-being (18 items), and social well-being (15 items) on a five-point Likert scale. Confirmatory factor analysis validated its three-factor structure. In Iran, it was validated by Golestani-Bakht et al. (2007) with a total reliability of 0.78 and subscale reliabilities of 0.76, 0.64, and 0.76. In this study, Cronbach's alpha for the subscales was 0.69, 0.81, and 0.75, respectively (Banisi, 2019; Karbasi et al., 2024; Sarabadani et al., 2023).

2.3. Intervention

2.3.1. Reality Therapy

The reality therapy sessions were based on techniques from Glasser's reality therapy and the Choice Theory book. The protocol, evaluated by specialists, included 12 sessions (Wubbolding et al., 2017):

Session 1: Building rapport among group members and the therapist.

Session 2: Introducing Choice Theory concepts, including internal vs. external control, choice, responsibility, and basic psychological needs (belonging, power, love, survival, freedom).

Session 3: Teaching Glasser's five basic psychological needs.

Session 4: Teaching the concept of "Total Behavior" (thought, action, physiology, and feeling).

Session 5: Discussing psychological issues from the perspective of Choice Theory.

Session 6: Focusing on internal control principles.

Session 7: Addressing problematic behaviors and their replacement with normal behaviors.

Session 8: Planning for responsible behavior and achieving successful identity.

Table 1

Descriptive Statistics Results

Session 9: Introducing WDEP system (wants, doing, evaluation, planning) to facilitate behavioral change.

Session 10: Reviewing and consolidating the concept of total behavior.

Session 11: Identifying members' needs profiles and fostering self-awareness.

Session 12: Concluding the therapy sessions, reviewing content, and administering the post-test.

2.4. Data Analysis

Data were analyzed using SPSS 23 software. Descriptive statistics (mean, standard deviation, minimum, maximum, and frequency) were calculated for the research variables. Inferential statistics, specifically multivariate covariance analysis (MANCOVA), were used to test the research hypotheses. This approach helped to determine the effectiveness of the reality therapy intervention on identity crisis and mental well-being among child laborers.

3. Findings and Results

Among the 15 participants in the experimental group, there were 9 boys (60%) and 6 girls (40%). The age distribution was as follows: 4 children (26.7%) were 10 years old, 3 children (20%) were 11 years old, 2 children (13.3%) were 12 years old, 4 children (26.7%) were 13 years old, and 2 children (13.3%) were 14 years old. The mean age in this group was 11.80 years with a standard deviation of 1.93. In the control group, there were 10 boys (66.7%) and 5 girls (33.3%). The age distribution was: 4 children (26.7%) were 10 years old, 4 children (26.7%) were 11 years old, 2 children (13.3%) were 12 years old, 3 children (20%) were 13 years old, and 2 children (13.3%) were 14 years old. The mean age in this group was 11.67 years with a standard deviation of 1.97. Regarding education, in the experimental group, 6 children (40%) were currently in school, 5 children (30%) had dropped out, and 4 children (26.7%) had no education. In the control group, 5 children (33.3%) were currently in school, 7 children (46.7%) had dropped out, and 3 children (20%) had no education.

The descriptive statistics for the research variables in both the pre-test and post-test stages for the experimental and control groups are shown in Table 1.

Variable	Stage	Group	Mean	Standard Deviation
Identity Crisis	Pre-test	Experimental	13.19	2.87
		Control	12.03	2.93
	Post-test	Experimental	11.75	1.85
		Control	7.41	3.17
Emotional Well-being	Pre-test	Experimental	11.47	3.47
		Control	13.75	2.58
	Post-test	Experimental	21.38	4.14
		Control	12.16	2.74
Psychological Well-being	Pre-test	Experimental	9.64	1.83
		Control	8.86	1.95
	Post-test	Experimental	16.20	2.21
		Control	8.37	1.86
Social Well-being	Pre-test	Experimental	14.13	3.74
		Control	13.06	3.53
	Post-test	Experimental	19.84	3.87

Table 1 shows the means and standard deviations of the research variables in the pre-test and post-test stages for both the experimental and control groups. The data indicate differences in pre-test and post-test scores within the experimental group.

Before conducting parametric tests to examine the research hypotheses, assumptions were checked. The results indicated that skewness and kurtosis values for all variables ranged between -2 and +2 (0.37 to 1.53), indicating a normal distribution. Other assumptions for covariance analysis, such as homogeneity of variances and equality of variance-covariance matrices, were tested using Levene's test and Box's M test, respectively.

The homogeneity of variances assumption, tested using Levene's test, was confirmed ($p > 0.05$). Box's M test for equality of variance-covariance matrices was not statistically significant ($p > 0.05$), indicating that the assumption was met. Wilks' Lambda multivariate test showed a significant multivariate effect ($F = 7.634$, $p = 0.01$) with degrees of freedom 6 and 12. Thus, there was a significant difference between the experimental and control groups in at least one of the dependent variables after adjusting for the covariate (pre-test scores).

Multivariate analysis of covariance (MANCOVA) was used to examine between-group effects of the dependent variables, as shown in Table 2.

Table 2

The Results of MANCOVA

Source	Variable	Sum of Squares	df	Mean Square	F	p-value	Effect Size	Power
Group	Identity Crisis	468.395	1	468.395	49.543	0.001	0.384	0.739
	Emotional Well-being	274.604	1	274.604	17.347	0.005	0.276	0.654
	Psychological Well-being	125.682	1	125.682	36.294	0.001	0.417	0.803
	Social Well-being	231.056	1	231.056	20.836	0.001	0.338	0.726

Table 2 shows the MANCOVA results indicating that reality therapy had a significant effect on identity crisis ($F = 49.543$, $p < 0.001$), emotional well-being ($F = 17.347$, $p < 0.005$), psychological well-being ($F = 36.294$, $p < 0.001$), and social well-being ($F = 20.836$, $p < 0.001$) in the post-test stage. Therefore, the hypothesis that reality therapy is effective in reducing identity crisis and improving mental well-being among child laborers is supported.

4.   Discussion and Conclusion

The findings of this study indicate that reality therapy significantly impacts both identity crisis and mental well-being among child laborers. The analysis revealed that the experimental group, which received reality therapy, showed marked improvements in all measured variables compared to the control group. Specifically, there were significant reductions in identity crisis scores and substantial improvements in emotional, psychological, and social well-being.

The results demonstrated a significant reduction in identity crisis scores among the children who participated in the reality therapy sessions. This aligns with the theoretical framework of reality therapy, which emphasizes personal responsibility and effective choice-making to fulfill basic

needs (Wubbolding et al., 2017). By focusing on present-oriented problem-solving and encouraging children to make better choices, reality therapy helps them develop a more coherent sense of self, thereby reducing identity confusion and instability.

Previous studies support these findings. For instance, Feeny et al. (2021) found that interventions focusing on cognitive-behavioral principles, similar to reality therapy, effectively reduced psychological distress and identity-related issues among child laborers in India (Feeny et al., 2021). These interventions provided children with tools to navigate their challenging environments more effectively, resulting in a clearer and more stable sense of identity.

The significant improvement in emotional well-being among the experimental group participants underscores the effectiveness of reality therapy in addressing emotional distress. Reality therapy's focus on fulfilling basic psychological needs and developing effective coping strategies likely contributed to these improvements (Wubbolding et al., 2017). By helping children understand and address their emotional needs, reality therapy empowers them to manage their emotions more effectively.

This finding is consistent with other research. For example, Meyer et al. (2020) reported that child laborers who received psychological interventions showed significant reductions in symptoms of anxiety and depression (Meyer et al., 2020). The structured approach of reality therapy, which includes identifying wants, evaluating current behaviors, and planning for better choices, equips children with practical strategies to enhance their emotional well-being.

The study also found significant enhancements in psychological well-being among the participants in the experimental group. This improvement can be attributed to the comprehensive nature of reality therapy, which addresses various aspects of psychological health, including self-perception, self-efficacy, and overall mental resilience (Elyasi & Eftekhary, 2023; Wubbolding et al., 2017).

Cardoso and Casiño (2015) highlighted similar outcomes in their study, showing that child laborers who participated in cognitive-behavioral interventions exhibited better psychological health and improved academic performance (Cardoso & Casiño, 2015). These interventions helped children develop a stronger sense of self and better coping mechanisms, which are crucial for their psychological well-being.

The significant growth in social well-being observed among the experimental group participants is another critical outcome of this study. Reality therapy's emphasis on interpersonal relationships and social responsibility likely played a role in these improvements. By fostering a sense of belonging and connection, reality therapy helps children build healthier social relationships, which are essential for their overall well-being (Sarabadani et al., 2023; Shafiee, 2021; Wubbolding et al., 2017).

This finding is supported by other research, such as the study by Feeny et al. (2021), which found that child laborers who received social and emotional learning interventions experienced better social integration and relationships (Feeny et al., 2021). These interventions helped children develop social skills and build supportive networks, which are vital for their social well-being.

The results of this study align well with the broader literature on the effectiveness of cognitive-behavioral interventions for child laborers. For instance, the findings are consistent with those of Harith et al. (2022) and Lattie et al. (2019), who demonstrated the effectiveness of digital mental health interventions based on cognitive-behavioral principles in improving mental health outcomes among adolescents. These studies highlight the importance of accessible and scalable interventions, which can provide significant benefits in resource-limited settings (Harith et al., 2022; Lattie et al., 2019).

Moreover, the improvements observed in this study are in line with the findings of Kaur and Byard (2021), who emphasized the need for comprehensive interventions that address both the psychological and social needs of child laborers, especially in the context of the COVID-19 pandemic. The pandemic has exacerbated the vulnerabilities of child laborers, making it even more critical to provide effective mental health support (Kaur & Byard, 2021).

The significant improvements in identity crisis and mental well-being among child laborers who received reality therapy suggest that this intervention can be a valuable tool for mental health practitioners working with this population. Reality therapy's structured approach, which includes the WDEP system (Wants, Doing, Evaluation, Planning), offers a practical framework for helping children make better choices and improve their overall well-being (Abdi Dehkordi et al., 2019; Ahmadi Tabar et al., 2021; Glasser, 2000; Wubbolding et al., 2017).

Additionally, the findings underscore the importance of integrating mental health services into broader efforts to combat child labor. Interventions that address the psychological needs of child laborers can complement

educational and economic initiatives, providing a more holistic approach to supporting these children.

While the findings of this study are promising, several limitations should be noted. First, the sample size was relatively small, which may limit the generalizability of the results. Future research should include larger samples to confirm the findings. Second, the study was conducted in a specific geographic location (Shiraz), and the results may not be applicable to other regions with different cultural and socio-economic contexts.

Moreover, the study focused on short-term outcomes, and it is unclear whether the improvements observed will be sustained over the long term. Longitudinal studies are needed to examine the long-term effects of reality therapy on identity crisis and mental well-being among child laborers.

The findings of this study provide strong evidence for the effectiveness of reality therapy in reducing identity crisis and improving mental well-being among child laborers. By addressing the psychological and social needs of these children, reality therapy offers a valuable tool for mental health practitioners and policymakers. The improvements observed in identity crisis, emotional well-being, psychological well-being, and social well-being underscore the potential of this intervention to make a meaningful difference in the lives of child laborers.

These findings highlight the importance of comprehensive interventions that address both the immediate and long-term impacts of child labor. By integrating mental health services into broader efforts to combat child labor, we can provide more holistic support to these vulnerable children, helping them build a brighter and more hopeful future.

Authors' Contributions

In this article, the corresponding author was responsible for the intervention implementation, data analysis, and manuscript writing, while the other authors supervised the data analysis and manuscript writing.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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