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The Effectiveness of Reality Therapy in Reducing the Fear of Failure Among X University Students

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Abstract. In the emerging adulthood phase, parental psychological control can cause an increase in the fear of failure among students, as they are afraid of disappointing their parents or being perceived as less competent. Therefore, this research aimed to determine the effectiveness of reality therapy in reducing the fear of failure among students at X University in Indonesia. Using the WDEP (Wants, Doing & Direction, Evaluation, Planning) framework, reality therapy could make students develop strategies to pursue personal goals they are afraid of failing to achieve. A total of 24 students from X University were selected as participants through purposive sampling. An experimental design was used, incorporating a pretest-posttest control group framework. Data were collected using the Performance Failure Appraisal Inventory (PFAI). The collected data were analyzed using the nonparametric Wilcoxon Signed-Rank and Mann-Whitney U tests. The results showed that reality therapy effectively reduced the fear of failure among students, with the effect sustained for 15 days ($p < .05$). In addition, a significant difference was observed in the reduction of the fear of failure between the experimental and control groups ($p < .05$). In summary, this research suggested that reality therapy could be an effective intervention to reduce the fear of failure.

Keywords: university students, fear of failure, reality therapy

Efektivitas Terapi Realitas untuk Menurunkan Ketakutan Akan Kegagalan (*Fear of Failure*) pada Mahasiswa Universitas X

Abstrak. Peran kontrol psikologis dari orang tua di masa *emerging adulthood* dapat menyebabkan peningkatan ketakutan akan kegagalan (*fear of failure*) pada mahasiswa karena mahasiswa takut mengecewakan orang tua dan menganggap dirinya kurang kompeten. Penelitian ini bertujuan untuk mengetahui efektivitas terapi realitas secara kelompok untuk menurunkan ketakutan akan kegagalan pada mahasiswa Universitas X di Indonesia. Terapi realitas dengan teknik WDEP (Wants, Doing & Direction, Evaluation, Planning) dapat membuat individu mengembangkan strategi untuk mencapai tujuan yang individu takut mengalami kegagalan dan berkomitmen mencapai tujuan tersebut. Penelitian ini melibatkan 24 partisipan yang dipilih melalui teknik *purposive sampling*. Penelitian ini menggunakan rancangan eksperimen *pretest-posttest control group design*. Pengumpulan data dilakukan dengan menggunakan alat ukur The Performance Failure Appraisal Inventory (PFAI). Data penelitian dianalisis menggunakan uji nonparametrik *Wilcoxon Signed-Rank test* dan *Mann-Whitney U test*. Hasil intervensi membuktikan bahwa terapi realitas merupakan salah satu intervensi yang efektif untuk menurunkan ketakutan akan kegagalan pada mahasiswa dan efek dipertahankan selama 15 hari ($p < .05$). Selain itu, terdapat perbedaan signifikan antara penurunan ketakutan akan kegagalan di kelompok eksperimen dan kelompok kontrol ($p < .05$). Hasil penelitian ini menunjukkan bahwa terapi kelompok realitas dapat menjadi salah satu intervensi untuk menurunkan ketakutan akan kegagalan.

Kata Kunci: ketakutan akan kegagalan, mahasiswa, terapi realitas

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University students are generally known as emerging adults, a stage marked by the transition from late adolescence to early adulthood, during which individuals explore their identity (Arnett, 2014). In this transitional phase, parental psychological control plays a significant role in shaping individuals development (Deneault et al., 2020). Although some parents allow their children to learn to be more independent, others struggle to establish appropriate boundaries for emerging adults. For instance, some parents show affection only when children meet their standards or express disappointment that instills guilt when expectations are unmet (Barber, 1996). This dynamic can affect identity formation, leading to an increase in the fear of failure as children are afraid of disappointing their parents or being perceived as less competent (Deneault et al., 2020).

According to Conroy (2003), the fear of failure was regarded as the tendency to respond and evaluate situations with fear and anxiety because individuals believed that failure was associated with unpleasant consequences. The component of the fear of failure consists of fear of experiencing shame and embarrassment, fear of devaluing one's self-worth, fear of uncertainty about the future, fear of losing interest, and fear of upsetting important individuals. Among students, the fear of failure manifests in various situations, such as completing a thesis, understanding the material taught by the lecturer, doing assignments, participating in competitions, and others (Endah et al., 2021; W. Putri, 2019; Sutrisno, 2019). However, there has been limited research mapping the fear of failure among students at the university in Indonesia.

Excessive fear of failure can make individuals believe in being incapable of achieving personal goals, prompting them to avoid the goals and remain trapped in persistent feelings of failure (Conroy, 2003; Santor et al., 2020). Murray's early theory of achievement motivation suggests that this maladaptive response to failure often involves avoidance behaviors aimed at evading humiliation and embarrassment (Murray, 1938). This avoidance reinforces the fear of failure and results in reduced life satisfaction, diminished motivation, low self-confidence, and disengagement in academic activities (Mariana, 2021; OECD, 2019; Santor et al., 2020). Moreover, the maladaptive response to the fear of failure increases difficulties in the educational process, contributing to anxiety, stress, and an increased risk of burnout (Gustafsson et al., 2017; Santor et al., 2020).

To address the negative impacts associated with an excessive fear of failure among students, an effective intervention is needed. One of the interventions applied in this context is goal-setting, particularly among young athletes. Research on goal-setting showed that the intervention can reduce the fear of failure as a motivational disposition. Students with a high fear of failure tend to have low

intrinsic motivation. Through goal-setting, students are asked to adopt a mastery-oriented method, focusing on self-improvement rather than the final result (Wikman et al., 2014). Reality therapy has also been shown to enhance intrinsic motivation by helping students become more independent and responsible for their decisions to achieve personal goals (Aodia & Endriani, 2022). Both reality therapy and goal-setting share similar processes, such as setting goals, evaluating current behaviors, assessing performance, and formulating or adjusting plans (Aodia & Endriani, 2022; Wikman et al., 2014). However, there are significant differences that exist between the two interventions. Goal-setting is more structured, future-oriented, and primarily concerned with external results, whereas reality therapy emphasizes present-oriented personal choice, responsibility, and meeting psychological needs to improve total well-being (Aodia & Endriani, 2022; Corey, 2015; Wikman et al., 2014). Reality therapy offers a more comprehensive strategy to address the fear of failure by changing perceptions about failure, rather than just focusing on its behavioral manifestations.

Reality therapy aims to help individuals make more effective and responsible decisions (Glasser, 2003). This intervention is grounded in choice theory that emphasizes the importance of thinking and acting (Corey, 2015). Reality therapy has been applied across various settings, such as counseling, social work, education, crisis intervention, rehabilitation, institutional management, and community development (Corey, 2015). In educational settings, the intervention helps students become more self-aware and gain a better understanding of their behavior (Shafie et al., 2019). Reality therapy is often carried out using the Wants, Doing and Direction, Evaluation, and Planning (WDEP) framework introduced by Wubbolding (2015). In this research, the intervention is implemented in groups as interaction among group members helps maintain participants' commitment (Corey, 2015). Several investigations have tested the effectiveness of reality therapy in educational settings. For instance, one of the investigations explored its impact on reducing academic procrastination, a behavior strongly linked to the fear of failure (Putri, 2019). The fear of failure has been identified as a predictor of procrastination, further highlighting the relevance of reality therapy in addressing this issue (Zarrin et al., 2020).

Based on the above discussion, this research aims to examine the effectiveness of reality therapy in reducing the fear of failure among X university students. The hypotheses are as follows: (1) Reality therapy will significantly decrease the level of the fear of failure in students from the experimental group; and (2) A significant difference in the fear of failure levels is observed between the control and experimental groups. To date, no research has addressed the application of reality therapy

in relation to the fear of failure among students. Reality therapy, which emphasizes personal responsibility for decisions, is expected to assist participants become more aware of their behavior and actions. The intervention aims to guide them in creating a plan to deal with the fear of failure and to implement the strategy with commitment.

Method

The research objective was to know the effectiveness of reality therapy by comparing the changes in the students fear of failure levels between the experimental and control groups. A randomized experimental design was adopted, incorporating a pretest-posttest control group framework. Additionally, a follow-up test was conducted two weeks after the posttest to compare the fear of failure levels. The design was used to give an equal comparison between the experimental and control groups with randomization (Seniati et al., 2015).

Participant

The participants included students in X public university in Indonesia. The sample was taken using purposive sampling with the following criteria: (1) Having a high - very high level of fear of failure; (2) Never getting reality therapy treatment before; and (3) Filling out an informed consent. The pretest results served as the basis for selecting participants who met the inclusion criteria. The selected participants were then randomly divided into experimental and control groups, with each group comprising 10-20 students. This sample size was based on research stating that a practical experiment would be carried out when there were 10-20 participants (Roscoe, 1975). In total, 24 participants were randomly divided into experimental and control groups (91.7% female, 8.3% male; M age = 20.3, SD = 1.7). The following figure showed a flow diagram illustrating the participants' distribution process.

Figure 1

Participants Flow Diagram

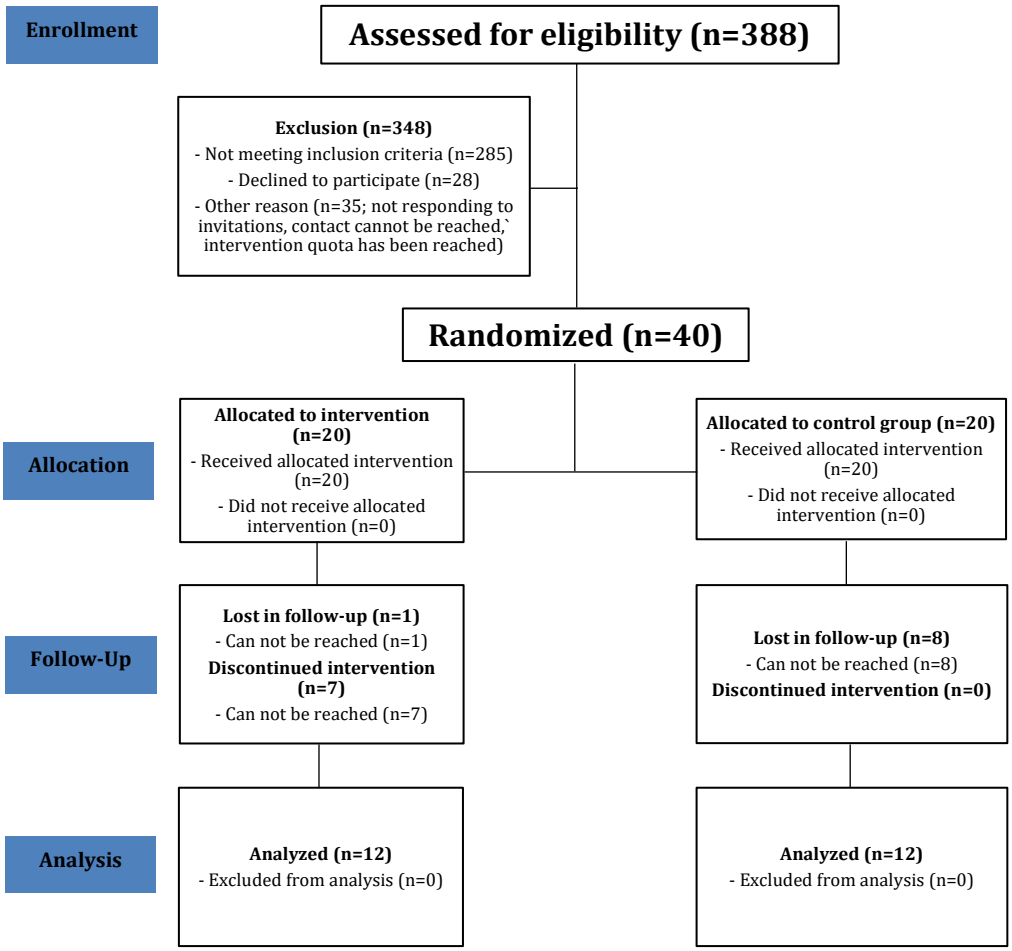

Table 1

Research Participants Descriptions

Characteristic	*n*	%
Gender		
Female	22	91.7%
Male	2	8.3%
Age (year)		
17-18	3	12.5%
19-20	12	50%
21-22	7	29.2%
23-24	2	8.3%
Class (year)		
2018-2019	5	20.8%
2020-2021	10	41.7%
2022-2023	9	37.5%
Educational Level		
Bachelor	23	95.8%
Diploma	1	4.2%

Note. N = 24

Measurement

The fear of failure was measured using the Performance Failure Appraisal Inventory (PFAI) introduced by Conroy et al. (2002). The PFAI scale consisted of 25 items representing five factors. Each statement in the scale have five answer choices ranging from "Do not believe at all (0%)" to "Believe 100% of the time".

As a preparatory step, the measuring instrument was required to first pass through trial and evaluation. Therefore, the PFAI was tested by distributing questionnaires on Google Forms media to 100 diploma and undergraduate students. The results showed that the instrument had good item validity, as evidenced by Aiken's V calculation ($V \geq 1.00$; $\alpha = 0.05$) from three professional judges. The item discrimination index was between .407 - .739 based on the discrimination test. However, items 1, 5, 6, and 12 were excluded because they did not meet the criteria for a correlation coefficient value of $\geq .30$. With a total of 21 items, the PFAI scale had a Cronbach's alpha reliability of .933.

Research module

During the intervention, reality therapy was conducted using a module that had been created by the analysts. This module was a modified version of Oktavia's reality therapy module (Oktavia, 2016), which was initially designed to improve optimism in People Living with HIV/AIDS (PLHIV). It was still based on the basic method of reality therapy, particularly the WDEP framework introduced by (Wubbolding, 2015). Additionally, the shaping action reinforcement method was integrated at the end of the module to strengthen participants' commitment until the desired behavior was implemented (Putri et al., 2022).

Procedure

Before running the intervention, an ethical clearance was obtained to ensure the research was conducted legally and posed minimal risks. The fear of failure levels were then screened using the PFAI instrument. Measurements were carried out on 388 X University students, and participants were selected based on the specific inclusion criteria. After obtaining the screening results, eligible participants were randomized into experimental and control groups using a lottery system. The selected participants were then invited, but, as shown in Figure 1, some them could not be contacted and declined the invitation. To support the experimental group during the sessions, participants were provided with a meal, module, workbook, and merchandise. Meanwhile, the control group was given incentives in the form of e-wallet balances and materials related to the WDEP reality therapy after completing the follow-up questionnaire.

Before therapy sessions, all participants were subjected to a pretest to measure the level of their fear of failure using the PFAI. Reality therapy was then delivered to the experimental

group over four sessions, each lasting 1.5 hours. The training was carried out by a psychologist who served as the main facilitator, with support from a psychology student co-facilitator.

After the final session, a posttest was administered to both the experimental and control groups to evaluate the effectiveness of reality therapy using the PFAI instrument. The participants in the experimental group were asked to provide feedback through a reaction and learning evaluation form, which served as a manipulation check. Two weeks after the final session, a follow-up measurement was conducted using the PFAI. The blueprint for implementing reality therapy could be showed in Table 2.

Table 2

Intervention Blueprint

Session	Activity	Duration (minutes)
I: Introduction (know each other, introductory materials, and contract)	● Opening and introducing the facilitator	10
	● Introduction between participants and ice-breaking	10
	● Explanation of the intervention and contract	10
	● Pretest	5
	● Mental health materials and Q&A	20
	● Initial assignment worksheet completion	15
	● Conclusion & Closing	10
II: Reality therapy (want and doing frameworks)	● Opening	10
	● Materials about reality therapy in general and want and doing frameworks	35
	● Ice breaking	10
	● Want & doing frameworks worksheet completion	15
	● Sharing session for the worksheet completion	10
	● Conclusion & Closing	10
III: Reality therapy (evaluation and planning & commitment frameworks)	● Opening	5
	● Want and doing frameworks assignment review	10
	● Materials and Q&A about evaluation and planning & commitment frameworks	20
	● Evaluation and planning & commitment worksheet completion	20
	● Sharing session for the worksheet completion	20
	● Explanation of action worksheet assignment	10
	● Conclusion & Closing	5
IV: Last session (worksheet assignment evaluation and termination)	● Opening	10
	● Action worksheet assignment review	20
	● Posttest, appreciation, and termination	30

Data analysis

The collected data were analyzed using the nonparametric Wilcoxon Signed-Rank and Mann-Whitney U tests with the help of Statistical Product and Service Solution (SPSS) software version 22 for Windows. The nonparametric Wilcoxon Signed-Rank test was used because only 30 participants were selected, which was

small in number (Hopkins et al., 2018). This test was adopted to compare the level of the fear of failure before and after completing the intervention in each group. The Mann-Whitney U test was used to examine when there was a significant difference in the reduction of the fear of failure between the experimental and control groups. In addition, the effect size (r) was calculated to measure the magnitude of the effect in this nonparametric research. The formula used for the calculation was $r = |z|/\sqrt{N}$, as outlined by (Cohen, 1992).

Results

The experimental group had a signifi cantly lower fear of failure score than the control group, as shown in Table 3 and Figure 2.

Figure 2

Fear of Failure Mean Score in Control and Experimental Group

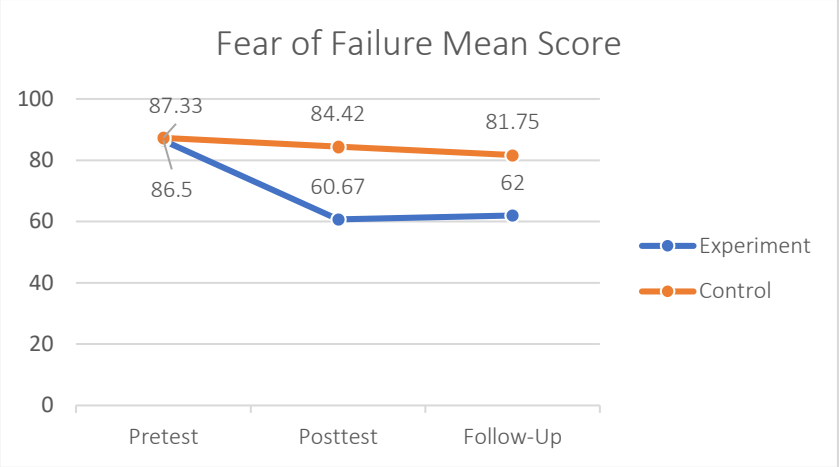

Table 3

Fear of Failure Mean and Deviation Standard Score in Control and Experimental Group

Measurement Interval	Control Group		Experimental Group	
	M	*SD*	*M*	*SD*
Pretest	87.33	5.91	86.50	6.14
Posttest	84.42	10.88	60.67	22.78
Follow-Up	81.75	13.17	62.00	23.44

The nonparametric Wilcoxon Signed-Rank test for the pretest and posttest scores of the experimental group showed significant results with $z = -2.83$ and $p = .005$. Similarly, the comparison between the pretest and follow-up scores for the experimental group showed significant results with $z = -2.83$ and $p = .005$. This showed a significant decrease in the fear of failure levels among students both when the intervention was completed and until the follow-up was carried out. Meanwhile, the comparison between the posttest and follow-

up scores in the experimental group showed no significant difference with z = -.81 and p = .420. This showed that the participants maintained the level of their fear of failure even two weeks after completing the intervention.

In the comparison of the pretest and posttest scores for the control group, there was an insignificant decrease in the fear of failure score with z = -1.08 and p = .28. Similarly, the comparison between the pretest and follow-up scores for the group showed insignificant results with z = -1.65 and p = .099. The comparison between the posttest and follow-up scores for the control group showed insignificant results with z = -1.30 and p = .195. This showed the absence of a meaningful reduction in the fear of failure levels within the control group. The results of the nonparametric Wilcoxon Signed-Rank test were summarized in Table 4.

Table 4

Wilcoxon Signed-Rank Test Result

	Pretest – Posttest Experiment	Pretest – Follow-Up Experiment	Posttest – Follow-Up Experiment	Pretest – Posttest Control	Pretest – Follow-Up Control	Posttest – Follow-Up Control
Z	-2.83[a]	-2.83[a]	-.81[b]	-1.08[a]	-1.65[a]	-1.30[a]
p	.005	.005	.420	.281	.099	.195

Note. a. Based on negative rank, b. Based on a positive rank, *p* value from Asymp. Sig. (2-tailed)

The results of the Mann-Whitney U test showed a significant difference in the pretest-posttest gain scores between the experimental and control groups, with z = -2.83, p = .005, and r = .58. This showed that the decrease in the fear of failure scores between the two groups was statistically significant. The effect size suggested that reality therapy had a substantial impact (r > .50). Additionally, the Mann-Whitney U test showed a significant difference in the pretest-follow-up gain score data between the experimental and control groups, with z = -2.11, p = .035, and r = .43. This implied a substantial decrease in the fear of failure scores between the pretest and follow-up for the experimental group. The effect size here suggested an intermediate impact of reality therapy. However, there was no significant difference between the experimental and control groups in the posttest-follow-up gain scores, with z = -1.56 and p = .118. This showed that the decrease in the fear of failure scores between the posttest and follow-up was similar across both groups. The results of the Mann-Whitney U test were summarized in Table 5.

Table 5

Mann-Whitney U Test Result

	Pretest – Posttest	Pretest - Follow-Up	Posttest - Follow-Up
Z	-2.83	-2.11	-1.56
p	.005	.035	.118

Note. The result is based on the gain score, *p* value from Asymp. Sig. (2-tailed)

Regarding the feedback on therapy session, the reaction evaluation form showed that most participants found reality therapy fascinating (75%) and beneficial (66.7%), with some stating visible changes (33.3%). In terms of research objectives, the intervention was seen as clear (58.3%) and effective in achieving the intended results (58.3%). The implementation process was generally viewed as coherent (50%), practical (66.7%), and engaging (50%). The facilitator and co-facilitator were praised for their knowledge (68.3%), presentation skills (75%), ability to create an engaging atmosphere (83.3%), empathy (83.3%), feedback (83.3%), and ability to draw excellent conclusions (75%).

During the intervention, participants expressed that the material was useful (33.3%), with the planning and commitment content being the most well-received (38.4%). Afterward, participants reported their better understanding, increased openness, and stronger connections with peers. They also requested that similar interventions be held again. Finally, participants suggested that the session should start on time and recommended adding more ice-breaking activities. The details of the reaction evaluation form were presented in Table 6.

Table 6

Reaction Evaluation Result

No.	Indicator	Evaluation Criteria	Total
General Evaluation			
1.	Participants interest in the intervention	Very interesting	75% (9)
		Interesting	16.7% (2)
		Quite interesting	8.3% (1)
		Slightly interesting	-
		Not interesting at all	-
2.	The usefulness of the intervention	Very useful	66.7% (8)
		Useful	33.3% (4)
		Quite useful	-
		Slightly useful	-
		Not useful at all	-
3.	Visible changes after the intervention session	Very visible	25% (3)
		Visible	33.3% (4)
		Quite visible	33.3% (4)
		Slightly visible	8.3% (1)
		Not visible at all	-
Objective			
4.	Clarity of intervention objectives	Very clear	41.7% (5)
		Clear	58.3% (7)
		Quite clear	-
		Slightly clear	-
		Not clear at all	-
5.	Achieved the intervention objectives	Very achieved	16.7% (2)
		Achieved	58.3% (7)
		Quite achieved	25% (3)
		Slightly achieved	-
		Not achieved at all	-

No.	Indicator	Evaluation Criteria	Total
Process			
6.	Systematic sequence and flow of the intervention process	Very systematic	50% (6)
		Systematic	41.7% (5)
		Quite systematic	8.3% (1)
		Slightly systematic	-
		Not systematic at all	-
7.	Effectiveness of time use in the intervention process	Very effective	16.7% (2)
		Effective	66.7% (8)
		Quite effective	16.7% (2)
		Slightly effective	-
		Not effective at all	-
8.	Attractiveness for the material presenting method	Very attractive	50% (6)
		Attractive	50% (6)
		Quite attractive	-
		Slightly attractive	-
		Not attractive at all	-
Facilitator and Co-facilitator			
9.	The knowledge possessed by the facilitator regarding the material presented	Very good	58.3% (7)
		Good	41.7% (5)
		Quite good	-
		Slightly good	-
		Not good at all	-
10.	The facilitator's ability to deliver material	Very good	75% (9)
		Good	25% (3)
		Quite good	-
		Slightly good	-
		Not good at all	-
11.	The facilitator's ability to enliven the atmosphere	Very good	83.3% (10)
		Good	16.7% (2)
		Quite good	-
		Slightly good	-
		Not good at all	-
12.	The facilitator's ability to empathize and understand feelings	Very good	83.3% (10)
		Good	8.3% (1)
		Quite good	8.3% (1)
		Slightly good	-
		Not good at all	-
13.	The facilitator's ability to provide feedback	Very good	83.3% (10)
		Good	8.3% (1)
		Quite good	8.3% (1)
		Slightly good	-
		Not good at all	-
14.	The facilitator's ability to draw conclusions	Very good	75% (9)
		Good	16.7% (2)
		Quite good	8.3% (1)
		Slightly good	-
		Not good at all	-

Discussion

The two proposed hypotheses were supported by the results of the research. The nonparametric Wilcoxon Signed-Rank test showed there was a significant difference in the reduction of the fear of failure before and

after reality therapy. Additionally, the Mann-Whitney U test found that there was a significant difference between the control and experimental groups. The results obtained were maintained by the participants for about 15 days after conducting the intervention.

Based on research by Febrianto and Ambarini (2019), reality therapy was given to prisoners to reduce their anxiety in facing the fear of returning to public society. As a result, the intervention had a significant change in reducing anxiety. This is because reality therapy teaches subjects to deal with anxiety by focusing on the present and making realistic plans that can be implemented to reduce their anxiety. Using the WDEP framework, participants could determine personal desires, map out their actions to achieve and evaluate such desires, as well as make a step-by-step plan. That way, participants will find purpose in life and reduce their anxiety.

The decrease in the fear of failure is aligned with Puhi (2023), who explains the relationship between reality therapy and self-esteem. The variable is related to one of the dimensions of fear of failure, namely fear of devaluing one's self-estimate. The participants in Puhi's research reported reducing self-criticism and overcoming feelings of shame. Previously, the participants had always made an effort to meet external expectations and felt guilty when they fell short. As explained earlier, high fear of failure caused the participants to develop coping mechanisms related to the perception of their competence to protect self-esteem.

The decrease in the fear of failure is also related to fear of experiencing shame and embarrassment, fear of losing interest, as well as upsetting important individuals. These are dimensions related to an individual's belief in others' negative judgments when failing at something (Conroy et al., 2002). Rahmah (2019) examined the effectiveness of reality therapy in enhancing self-acceptance among elementary school children. The research showed that participants initially felt rejected by their peers, had negative self-perceptions, and struggled to accept the new school environment. Over time, the participants came to recognize positive attributes, opened up to the new environment, and learned to understand their parents' continued support and encouragement. This is related to the research of Tresnani and Casmini (2021), who states that self-acceptance helps individuals to recover from failure.

Meanwhile, the dimension of fear of having an uncertain future explains how individuals believe that when they fail, plans need to be changed, and the future becomes ambiguous. This is related to the concept of intolerance of uncertainty, which is not only associated with the fear of failure but also with variables such as academic procrastination, perfectionism, and self-compassion (Mansouri et al., 2022). Reality therapy can help individuals make new plans, evaluate those plans, and

commit to their implementation (Solichah, 2020). In addition, reality therapy can also help individuals deal with problems effectively and efficiently by fostering a sense of resilience and discouraging helplessness (Yousefi, 2022).

The effectiveness of this reality group therapy is also inseparable from social support. During the sharing session, the facilitator will bait participants to respond to each other with similar experiences. This makes participants feel emotionally supported and more open to sharing experiences and increases individual self-esteem (Lestari & Fajar, 2020).

This is also aligned with the results of the reaction evaluation, where participants generally assessed that the facilitator and co-facilitator had excellent knowledge, ability to deliver material, enliven the atmosphere, empathize, provide feedback, and draw excellent conclusions. This certainly makes participants feel heard and more open to telling their problems in a group setting. In addition, based on the group observation sheet filled out by the facilitator, it was written that the participants were very cooperative and dynamic, took the initiative to share experiences, provide responses to each other, and ask the psychologist questions. Although a few participants still felt anxious and tense during its implementation, the intervention went smoothly overall. According to Myers and Hansen (2011), the personality of the facilitator and subject affects the experimental process. When the facilitator is warm, the subject will learn better, talk more, be more adaptable, and obedient. Furthermore, the diverse personalities within a group could balance each other, specifically when the randomized experimental design ensured fairness.

In terms of participants' personal changes, progress was measured not only through questionnaires but also through direct inquiries from the facilitator. At each session, participants were asked to evaluate the percentage of their perceived reduction in the fear of failure. They also shared insights on changes experienced, such as recognizing failure as a natural part of life, becoming less self-critical, and understanding that everyone faced setbacks. The WDEP framework further helped participants clarify personal goals and develop structured plans to achieve them. These participants began perceiving failure as a normal occurrence and learned that plans needed not to involve drastic changes but could start with small and consistent steps.

The condition of the room during the intervention played a crucial role in ensuring participants' comfort, which significantly influenced the results of the experiment (Myers & Hansen, 2011). According to the facilitator's observations, the room had adequate lighting, a comfortable temperature, and was well-equipped with supportive facilities, creating a conducive environment for the intervention.

One limitation of this intervention was the occurrence of eight participants' attritions

in the experimental group, which potentially weakened the effects of randomization and internal validity (Myers & Hansen, 2011). Attrition also necessitated the use of a nonparametric Wilcoxon Signed-Rank test for data analysis, limiting the generalizability of the results. The attrition in the experimental group occurred due to unavoidable changes in the facilitator's schedule, which led to the second and third sessions being merged into a single day. As a result, some participants could not attend due to prior commitments. In the control group, attrition was attributed to participants failing to respond to invitations, even though they had been informed earlier that rewards would only be provided upon completing the follow-up questionnaire.

Several limitations of this research should be acknowledged. Firstly, the absence of a control instrument limited the comprehensive evaluation of the intervention's effectiveness. Additionally, the unequal gender distribution across groups hindered meaningful comparisons of intervention results between male and female participants. The randomization process during participants recruitment did not yield a representative sample, highlighting the need for a more robust sampling method, such as cluster sampling by gender. Furthermore, relying solely on primary data, without incorporating secondary data sources like observations or interviews, restricted the depth of insight into participants' changes. Lastly, the use of a single-blind experimental design introduced the potential for observer bias, which could have affected the research's objectivity. These limitations should be taken into account when interpreting the results.

Conclusions

This research aimed to determine the effectiveness of reality therapy in reducing the fear of failure among students at X University. In conclusion, the analysis conducted using the nonparametric Wilcoxon Signed-Rank and Mann-Whitney U tests showed that reality therapy was an effective intervention for reducing the fear of failure among students at X University. This effectiveness was evident from the significant reduction in the fear of failure observed before and after the intervention. Additionally, the decrease in the fear of failure was sustained for two weeks after the treatment. A significant difference was also observed between the reduction in the fear of failure in the experimental group compared to the control group. These results were consistent with prior investigations examining reality therapy in relation to variables associated with the fear of failure. However, this research was not without limitations. The high attrition rate weakened the internal validity of the results. Furthermore, the characteristics of participants, such as gender and baseline levels of the fear of failure, were not comparable, which might have introduced bias. The absence of secondary data sources limited the

depth of the analysis, while the single-blind experimental design increased the potential for observer bias.

Suggestion

To enhance future research, several critical areas should be addressed. Increasing the sample size was crucial for enhancing the statistical power of the research and ensuring that the results were generalizable to a broader population. Incorporating a control instrument would provide a more rigorous framework for evaluating the effects of reality therapy by enabling direct comparisons with groups not receiving the intervention. Additionally, ensuring comparability among participants, such as equal gender distribution, consistent age ranges, and similar baseline fear of failure levels, would minimize potential confounding variables and lead to more precise interpretations of the results. Integrating secondary data sources, particularly structured observations or in-depth interviews, could complement the quantitative results, providing a more comprehensive understanding of therapy's impact. Incorporating these methodological enhancements would strengthen the rigor of future investigations and contribute to more reliable and meaningful results, advancing the understanding of reality therapy's effectiveness in reducing the fear of failure.

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