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Research Article

The Effect of Acceptance and Commitment Therapy on Adolescent's Ineffective Arguing

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ABSTRACT

Background& objectives:The person, who doesnot consider his words as his actions and speaks recklessly, has much slip, and his torment is close. The aim of the present study is to examine the effectiveness of acceptance and commitment therapyon adolescent's ineffective arguing.

Method: This is semi-experimental research with a pretest-posttest control group design. The study population was of all the individuals gone tothe research center Manshoor-e Mehr. The sample of the study consisted of 30 adolescent females between the ages of 15 to 18, who were selected by convenience sampling and were randomly divided into two experimental and control groups. The instrument used in this study was the questionnaire ofineffective arguing ability. The treatment protocol of acceptance and commitment therapy was performed during aneight-session intervention periodin November and December 2015 at the Research Center of Manshoor-e Mehr. The subjects responded to the questionnaire before and after the treatment sessions. For data analysis, descriptive statistics and analysis of covariance were performed using SPSS software V.22.

Results: In the experimental group, the mean scores for the avoidance of ineffective arguing wereincreased from 3.26 (pretest) to 6.26 (post-test), and the mean scores of the ability ofineffective arguing were reduced from 6.73 (pretest) to 3.73 (post-test). Also, in the control group, the mean score ofthe avoidance of ineffective arguingwas 3.33 (pre-test) and 3.26 (post-test), and the mean scores of the ability of ineffective arguing was 6.66 (pretest) and 6.73 (post-test).

Conclusion: As statistical analyses showed, acceptance and commitment therapy reducedineffective arguing in adolescents ($p< 0.05$). Therefore, it is suggested that researchers use acceptance and commitment therapy, and the protocol used in this study for other populations and age groups.

Key words: Acceptance and Commitment Therapy, ineffective arguing, Adolescents

1. INTRODUCTION

Young people are the fundamental asset of any society, and the survival of any society and its situation, more than anything, is stable due to its children and adolescents(Roohi, 2014). Young people, who willprotect and administer the community in the future, must be trained and taught properly. Therefore, Islam puts a special emphasis on proper speaking and avoidance ofineffective arguing in educational matters of children. Beautiful words have abundant effectsand great blessing; and it will be given to the one who willadapt his tongue to proper speaking. Great God, who is all-knowing,discouraged human to make trouble which hasno benefit for him, and Holy Quran does not approve of ranting, so that even hearinguseless words may be deterrent to human perfection and avoiding ranting and talking useless words is seen asa sign of human dignity. According to Quran:

Whenever those who believe hear vain talk, theyturn their back to it and say our actions are ours, and your deeds are yours; oh peace be upon you, since we do not want ignorant people(Surah Al-Qasas, verse 55). Good word is derived from healthy and dynamic thinking. The power of thought is one of the most precious blessings of God, and it is worthy that human beingsthink about the consequences of it before doing anything and evaluate good and bad aspects of it.

In another verse of the Holy Quran, God says: I have found a way to get to the faith, to achieve something that is your source of happiness forever. Yes, those who believe refrain from futility and uselessness (Surah Mu'minun, verse 3).

Ineffective arguing has been defined by Infant and Rancer(1982) as a quality which, in communicative situations, makes the person prone to being in favor of arguments and verbal attacks to other people. They conceptualized arguing as having two forms of motivation to overcome the situation and motivation to avoid that situation. This view was similar to Atkinson's view, i.e. the probability of success and failure and the importance of success and failure affect aggressive behavior (Infant&Rancer, 1996). Rancer and Avtgiz (2006) described verbal aggression as an attribute that is used to inflict mental pain and attack the other's position in discussions, whichis pioneered to attack others' schemes. The site of the attack distinguishes between ineffective arguing and verbal aggression (Rancer&Avtgiz, 2006). Myers and Rocca (2001) pointed out that research on arguments has shown that people who have higher scores in arguments, compared to those who have lower scores, are different in issues such as the amount of argument, the opinion about the controversial debates, self-esteem, perceived social desire, management and conflict strategies(Myers and Rocca, 2001).

Great God has given humans the means and factors to reach the summits of high-value knowledge and intelligence, and has enumerated speechas one way to transfer knowledge and virtue. However, man sometimes take the words and terms of the relationship among people and, therefore, the relationship of language to reality so seriously that they no longer need to experience and test the continuous meanings in a language. It is as if thought, language, and talk are fearfully integrated and considered as equal to the reality. Acceptance and commitment therapy, tries to break the rules of language so that problematic words may lose their meanings; in other words, thoughts would become just words rather than real affairs (Dousti, 2015).

Acceptance and Commitment Therapy is a behavioral treatment of third wave. This approach is rooted in a philosophical theory called functional contextualism, and in based on a research program on the theory of communication framework. This treatment has six central processes that will lead to psychological flexibility. This treatment sets to change the behavior to alter the thoughts and feelings functions, rather than to change the content and form of thoughts (Hayes et al., 2012). In acceptance and commitment therapy, changes are done indirectly. Unlike cognitive-behavioral therapy that focuses directly on changing thoughts and feelings, acceptance and Commitment Therapy does not change thoughts and feelings; rather, it helps people to have acceptance and awareness, and self-observation (Dousti, 2015). Acceptance and Commitment Therapy helps people to experienceproblematic thoughts and emotions in a different way, rather than having a systematic effort to change or decrease their frequency. In this treatment, the patient is taught that any action to prevent or control unwanted mental experiences (thoughts and feelings) has no effect or has an adverse effect, or may provoked them, and they should totally accept these experiences without any internal or external reaction to remove them(Dousti et al, 2016). In this full-time

approach, psychological flexibility is dealt with. This therapy, using the integration of acceptance and mindfulness interventionandcommitment to change strategies, help patients to achieve a vibrant, purposeful, and meaningful life(Flaxman et al., 2011: translated byMirzaee&Nonahal, 2014). Examining the literature review shows that a range of research has so far approved worldwide interest in behavior change model from theperspective of the theoretical communication framework and acceptance and commitment therapy. Among these studies, Swain et al (2013) on depression and anxiety, Twohig et al (2011) on obsessive-compulsive disorder; Moran and Kansoulting (2010) on managers' flexibility, Dousti (2015) on depression, Izadiet al, (2012, 2013) on symptoms of obsessive-compulsive disorder, Hoseiniai et al (2012) on stress and job burnout, and Rajabi et al. (2012) on symptoms of anxiety and marital discord. The relationship between arguments and oral futile debates is important because both are considered as a subset of aggressive communication; therefore, as the examination indicates, no national and foreign research studies have been conducted in this regard, since the present study aims to evaluate the effectiveness of acceptance and commitment therapy on adolescents' ineffective arguing.

2. Methodology

The present research is an applied study with a quasi-experimental design, and a pretest - posttest control group that aimed to investigate the effect of acceptance and commitment therapy on ineffective arguments. The study population included all patients gone to the Research Center of Manshoor-e Mehr. The sample of the study consisted of 30 adolescent females aged between 15 to 18 years of age, who were selected by convenience sampling and were randomly assigned into two experimental and control groups. The instrument used in this study was the questionnaire of ineffective arguments ability.

The questionnaire of ineffective arguments ability has 20 articles and could measureindividuals'ineffective arguing ability and avoidingineffective arguing.This questionnaire provides sentences that are related to ineffective arguing over different issues. The validity of the test was measured using the convergent construct validity as 0.80, and its reliability was calculated using test and retest reliability as 0.70 (Infant &Rancer, 1982).

The participants were explainedregarding the design of the study and they were assured that the results would remain confidential. The criteria for entering the study as subjects were: diagnosis of the ability to have ineffective arguments, the age of between 15 to 18 years of age, being female, and satisfaction of participating in research. The participants of the experimental group received the acceptance and commitment therapy during 8 individual 45-minute sessions in November and December 2014at the research center ofManshoor-e Mehr, while the control group received no intervention. After the project, the two groups were post-tested. All sessions had a stable and fixed pattern.

The content of the treatment sessions were as follows:

Summary of sessions	
First session:	1) The patient's brief explanation about the problem (20-25 minutes). 2) Constructive disappointment (10 minutes). 3) Initial measurement of values (10 minutes) 4) Practice of Mindfulness (5 minutes)
Second session:	1) Practice of Mindfulness (5 minutes). 2) Practice of thought suppression (10 Minutes). 3) Acceptance strategies (25 minutes). 4) The assignment for the next session (5 minutes).

Third session:	1) Practice of Mindfulness (5 minutes). 2) Reviewing the last session (10 minutes). 3) Detachment Strategies (25 minutes). 4) The assignment for the next session (5 minutes).
Fourth session:	1) Practice of Mindfulness (5 minutes). 2) Reviewing the last session (10 minutes). 3) Contextualization strategies (25 minutes). 4) Assignment for the next session (5 minutes).
Fifth Session	1) Practice of Mindfulness (5 minutes). 2) Reviewing the last session (10 minutes). 3) The strategies of values clarification (25 minutes). 4) Assignment for the next session (5 minutes).
Sixth Session	1) Practice of Mindfulness (5 minutes). 2) Reviewing the last session (10 minutes). 3) Committed actions strategies on the track of value (25 minutes). 4) The assignment for the next session (5 minutes).
Seventh session:	1) Mindfulness strategies (25 minutes). 2) Reviewing the last session (15 minutes). 3) the assignment for the next session (5 minutes).
Eighth session:	1) Practice of Mindfulness (5 minutes). 2) Returning to the previous sessions (10 minutes). 3) Creating greater patterns of committed action (15 minutes). 4) Preparing the patients to finalize the sessions (10 minutes).

3.Findings

To determine the distribution of the population (normality of data) the Kolmogorov – Smirnov test, and in orderto determine equality of variances, the Levene test was used. In these tests P< 0.05 level was considered to be significant. Subsequently, the descriptive statistics were used to determine the mean score, variance and standard deviation. In inferential statistics, in order to analyze the collected data, the analysis of covariance for independent groups was used.Mean score and standard deviation of the scores of research variables are shown in Table 1.

Table 1. Descriptive indicators in the experimental and control groups

SD	Mean	stage	Group	variable
1.22	3.26	Pre-test	Experimental	Avoidance of ineffective
1.22	6.26	Post-test		argument
1.11	3.33	Pre-test	control	
1.03	3.26	Post-test		
1.22	6.73	Pre-test	experimental	The ability in ineffective
1.22	3.73	Post-test		argument
1.11	6.66	Pre-test	control	
1.03	6.73	Post-test		

Table 1 shows that in the experimental group, the mean score of avoidance of ineffective argument was increased from 3.26 (pretest) to 6.26 (post-test), and the mean score of the ability in ineffective argument was decreased from 6.73 (pre-test) to 3.73 (post-test).Also, in the control group the mean score of the

avoidanceof ineffective argument was 3.33 (pre-test) and 3.26 (post-test) and mean score of the ability in ineffective argument was 6.66 (pretest) and 6.73 (post-test).

In order to determine the distribution of the population (normality of distribution) the Kolmogorov – Smirnov test was used (Table 2). In the test conducted, the level of $p< 0.05$ is considered to be significant.

Table 2. Examining the Normality of Distribution Using the Kolmogorov – Smirnov test

Post-test Ability in ineffective argument	Pre-test Ability in ineffective argument	Post-test Avoidance of ineffective argument	Pre-test Avoidance of ineffective argument	
30	30	30	30	
5.23	6.70	4.76	3.30	
1.88	1.14	1.88	1.14	
0.15	0.17	0.15	0.17	
0.11	0.16	0.15	0.17	
-0.15	-0.17	-0.11	-0.16	
0.15	0.17	0.15	0.17	Statistical test
0.05	0.02	0.05	0.02	Asymp. Sig. (2-tailed)

Table 2 shows that the data are normally distributed at the $p< 0.05$ level.Levine test was used for checking the equality of variances (Table 3). In the test conducted, $P< 0.05$ is considered to be the significant level.

Table 3. Equality of Mean in the two independent groups

Sig.	F		
0.68	0.17	The variance is equal	Pre-test of the avoidance of ineffective argument
0.35	0.88	The variance is equal	Post-test of the avoidance of ineffective argument
0.68	0.17	The variance is equal	Pre-test of the ability in ineffective argument
0.35	0.88	The variance is equal	Pre-test of the ability in ineffective argument

The results of table 3 indicate that the variances of the data are equal at the level of $p< 0.05$.

Table 4. Multivariate analysis of covariance for research variables

Sig.	**F**	**Mean Square**	df	**Type III Sum of Squares**	Dependent variable	Source of changes
0.00	222.15	24.11	1	24.11	the avoidance of ineffective argument	group
0.00	222.15	24.11	1	24.11	ability in ineffective argument	
		0.10	27	2.93	the avoidance of ineffective argument	error
		0.10	27	2.93	ability in ineffective argument	
			30	365.00	the avoidance of ineffective argument	total
			30	1385.00	ability in ineffective argument	
			29	38.30	the avoidance of ineffective argument	Corrected Total
			29	38.30	ability in ineffective argument	

The results of Table 4 show that based on the scores of avoidance of ineffective argument, and the ability inineffective argument, the difference between the two groups in post-test at $p<0.05$ is significant. Therefore, it can be said acceptance and commitment therapy is effective on reducing adolescents' ineffective arguments.

4. DISCUSSION AND CONCLUSION

As can be seen, statistical analyses approved the hypothesis regarding the effectiveness of treatment based on acceptance and commitment therapy on reducing ineffective arguments in adolescents. The findings of the study suggest that the present study is the first research of its kind and contained no national and foreigner literature to compare the findings.

What can be said in explanation of these findings is that, it seems that detachment, which means being away from the people and their thoughts and being observers, plays a major role in reducing ineffective argument instead of mixing with thoughts. Assuming verbal meanings as real, causes people to argue ineffectively about their issues. When the mind says it knows everything about a subject, more irrational reactions occur. Therefore, separating words from their meanings, or not assuming them to be real, help greatly in reducing the symptoms. Also, peopletend to think of emotions as a part of their beings. In this approach it is assumed that, if one separates himself from his troublesome feelings,one will significantly contribute to the improvement of reactions. Commitment means that the person, despite the pain present is in the path of his/her values, tends to experience them and step in its path. Moving toward the life values is accompanied by some pains and difficulties, and by avoiding to experience such pains, onecannot achieved a valuable life. In the acceptance and commitment therapy, acceptance means the tendency to encounter these pains and difficulties. Furthermore, lack of clear values for living can be another reason for the onset of ineffective arguments. Value means the deepest desire for something, for which great efforts are done in life. If man fails to recognize these values, he cannot step on the path towards them. In this approach, one of the assumptions is that the lack of clear values will cause damage. Another assumption is that the person must be committed to taking steps in line with his/her values. Further, the use of mindfulness factors and contact with the present moment instead of sinking into the inner world can be another reason to reduce ineffective arguments. It is assumed that the lack of contact with the present moment, and moving about in the past or future can cause damage to the person. It seems that performing these six processes that totally cause psychological flexibility, reduces the subjects' ineffective arguments in the present study.

Among the limitations of this study,research instruments and sampling can be mentioned. Therefore, it seems that generalization of the results should be done carefully. Further limitations includethe lack of sufficient control over environmental and family variables; issues related to the timely presence of people, homework and having no follow-up period. It is suggested to the researchers that they conduct the same study in other communities with a wider age range and compare the results with each other. Also, they are recommended to utilize acceptance and commitment therapy for other psychological components, and compare the obtained results with other methods.

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