

The Effect of Acceptance and Commitment Therapy on Psychological Capital Promotion in Bullied Students

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Farzaneh Ranjbar Noushari^{1*}; Behzad Rasoolzadeh²; Majid Baradaran³; Newsha Sedaghat⁴; Leila Makvandi⁵

¹ Assistant Professor, Department of Psychology, Payame Noor University, Tehran, Iran.

Corresponding Author: ranjbar@pnu.ac.ir

² Assistant Professor, Department of Educational Sciences, Payame Noor University, Tehran, Iran.

³ Assistant Professor, Department of Psychology, Payame Noor University, Tehran, Iran.

⁴ Education Consultant, Education Department, Bandar Anzali

⁵ MA in General Psychology, Payame Noor University, Tehran, Iran

Abstract

Aim: The present study aimed to investigate the effectiveness of acceptance and commitment therapy on the psychological capital of bullied students. **Method:** The research design was quasi-experimental with a pre-test-post-test design with a control group. The statistical population of the research includes all male students of the first secondary school in Rasht city in the academic year 2022-2023. After implementing the bullying questionnaire, 30 students were selected as the bully group, and they were randomly placed in two experimental and control groups (15 people in each group). The psychological capital questionnaire (Luthans, 2007) was used to collect data. The experimental group underwent acceptance and commitment therapy for eight sessions of 90 minutes, and the control group did not receive any training. **Results:** The results showed that acceptance and commitment therapy significantly increased psychological capital and its components ($P < 0.001$). **Conclusion:** Based on this, acceptance and commitment therapy can be considered as an effective intervention in increasing the psychological capital of bullied students through the promotion of psychological flexibility.

Keywords: Acceptance and Commitment Therapy, Psychological Capital, Bullying.

Introduction

Bullying is recognized as a significant public health concern affecting children and young people globally (Francis et al., 2022). Nowadays, bullying is one of the phenomena that researchers have given more attention to in the school environment, the prevalence of which has been reported to be 22-38% in various countries. This high prevalence and the destructive consequences of this behavior require management of this behavior, particularly in educational environments (Eskisu, 2014). Bullying is harassing behavior that an individual or a group of individuals engage in repeatedly over a while and involves an imbalance of power. The power imbalance can be physical in which the bully is more physically capable than the victim (Kowalski, Morgan, & Limber, 2012; Feijóo et al., 2021), or it can be social, in such a way that the bully is more socially influential than the victim (Leff & Waasdorp, 2013). Bullying can include physical attacks (e.g., pushing), verbal harassment (e.g., name-calling), spreading rumors, obscene gestures, and social exclusion (Moore et al., 2017).

Bullying may happen in different environments, but what most researchers are interested in is bullying in the school environment, which, if not considered, turns into a dangerous form of violence (Pouwels, Lansu & Killeen, 2017). This behavior affects the health of students (Albayrak, Yildiz & Erol, 2016). Bullying has been associated with physical and mental health problems such as anxiety and depression, increased risk of self-harm attempted or completed suicide, poor academic performance, and criminality and delinquency (Juvonen, Wang & Espinoza, 2011; Lereya, Copeland, Costello, & Wolke, 2015; Olweus, 1993; Ttofi, Farrington, Losel & Loeber, 2011; Vaillancourt et al., 2010). Students who engage in bullying behaviors show low empathy and less understanding of the feelings and emotions of the other person who is the victim (Sekol & Farrington, 2015). Reduction of social, emotional, and educational adaptation is another problem following bullying. The conducted research showed that bullying behaviors endanger the psychological well-being and social functioning of bullies during adolescence and adulthood (Liu & Graves, 2011).

It seems that a psychological component that has been degraded in these people is psychological capital, an essential factor in social growth and adaptation to life's natural challenges. Psychological capital reflects an "individual's positive psychological state of development" and has been broadly characterized by the psychological resources of self-efficacy, hope, optimism, and resilience (Luthans, Avolio, Avey & Norman, 2007; Avey, Luthans, & Youssef, 2009; Dawkins, Martin, Scott, Sanderson, & Schüz, 2021). Self-efficacy represents the positive beliefs and thoughts about one's capabilities to achieve success in challenging tasks (Liao and Liu, 2016); hope is the sense of agency that individuals can achieve their goals and have determined alternative pathways to accomplish defined goals (Snyder et al., 2002; Harms, Krasikova & Luthans, 2018); optimism consists of fostering positive global expectations of success (Ertosun, Erdil, Deniz, & Alpan, 2015); resilience is the positive psychological capability that allows individuals to face or recover positively from adversity, uncertainty, risk, or failure

(Luthans, Luthans & Avey, 2014). In an interactive and evaluative process, these components give meaning to a person's life, linger the person's efforts to change stressful situations, prepare one to enter the action scene, and guarantee resistance and stubbornness in achieving one's goals. (Parker et al., 2003). Students who have higher levels of psychological capital are more resilient, hopeful, optimistic, and self-efficient, so they may be less vulnerable to negative feelings such as anxiety, stress, burnout, and depression, which cause them to feel more violent tendencies (Aliyeva & Karakusa, 2015). Wersebe, Lieb, Meyer, Hofer & Gloster (2018) found that people with high psychological capital use adaptive and specific alternative solutions compared to people with lower levels of psychological capital. As a result, it makes them have higher mental health. Recent studies have shown that psychological capital can be developed through short-term educational interventions, and this is an excellent benefit that psychological capital is a mode-taking construct that can be created through interventions (Çavuş & Gökçen, 2015).

Although there have been various researches on the prevention of bullying and its effect on reducing physical and mental health, bullying remains one of the critical problems in schools (Swearer, Espelage, Vaillancourt & Hymel, 2010). To reduce bullying in schools, treatments such as cognitive-behavioral therapy (Olatunbosun, 2016), client-centered therapy, and emotional rational behaviorism (Alabi & Lami, 2015) have been performed, which have shown their effectiveness in significantly reducing bullying. Today, new treatments in psychology, which is referred to as the third wave of psychotherapy, emphasize the role of the individual's psychological resources in dealing with stressful factors because, in this way, appropriate treatment measures can be provided to help the person under pressure (Hayes, Luoma, Bond, Masuda & Lillis, 2006). Acceptance and commitment therapy (ACT) are among the treatments mentioned in this regard. In acceptance and commitment therapy, adolescents are taught to focus on the present time and accept their experiences instead of suppressing or avoiding them due to negative judgment and arbitration (Burrows, 2013); on the other hand, acceptance and commitment therapy is a psychological intervention that combines the processes of acceptance and mindfulness with behavior change strategies and commitment to increase psychological flexibility (Ciarrochi, Bilich & Godsell, 2010). Psychological flexibility is defined as being in contact with the present moment, fully aware of emotions, sensations, and thoughts, welcoming them, including the undesired ones, and moving in a pattern of behavior in the service of chosen values. In simpler words, this means accepting our thoughts and emotions and acting on long-term values rather than short-term impulses, thoughts, and feelings that are often linked to experiential avoidance and a way to control unwanted inner events (Hülshager, Alberts, Feinholdt & Lang, 2013). This therapy emphasizes the psychological context in which cognition occurs rather than focusing on the content of cognition and behavior (Hayes, 2016). The goal of commitment and acceptance therapy is not to bring about direct change in the clients. Still, its goal is to help the clients communicate their experiences differently and fully engage with a

meaningful and value-based life. (Forman & Herbert, 2009). In a study, Zarling (2013) investigated the effect of acceptance and commitment therapy on aggressive behaviors. The results indicated that the experimental group showed a significant reduction in physical and psychological aggression after receiving training. Dosti, Gholami & Torabian (2016) investigated the effectiveness of therapy based on acceptance and commitment to reducing aggression in students, and the results showed a reduction in aggression. The results of the research of Chaghosaz, Asghari & Reyhani (2020) showed that psychological flexibility can predict the tendency of students to engage in high-risk behaviors, and its improvement plays a vital role in reducing the occurrence of high-risk behaviors in students. In a systematic review, Byrne and Cullen (2023) examined the effectiveness of acceptance and commitment therapy for anger, irritability, and aggression in children, adolescents, and young adults, and the results of the study showed that group ACT may be effective in reducing self-report measures of anger. The research results of Fang and Ding (2020) showed that after acceptance and commitment therapy, the participants in the ACT group had a significant increase in psychological capital, psychological flexibility, and school engagement. According to the studies conducted in the field of wide-ranging consequences of uncontrolled aggression and bullying teenagers' inability to adopt the correct ways of expressing their desires, tendencies, and feelings, it is necessary to implement effective and targeted interventions in this case. Since limited research has been done on the effectiveness of acceptance and commitment therapy in bullied students, the main purpose of this study is to investigate the efficacy of this therapy on the psychological capital of these students.

Methods

The current research was semi-experimental with a pre-test-post-test design with a control group. The study's statistical population includes all male students of the first secondary school in Rasht city in the academic year 2022-2023. Among these, 30 students with a higher bullying score were selected by purposeful sampling. To identify these students, a bullying questionnaire was distributed among the students, and after collecting the questionnaires, the students who scored higher than the average in this questionnaire, 61 students were selected, and based on the entry criteria, 30 people were randomly placed in two groups (15 people in the experimental group and 15 people in the control group). The inclusion criteria were male students of the first secondary school, obtaining grades above the average, not having psychiatric diseases, and informed consent of parents for the participation of students in this research, and the exclusion criteria included absence in more than two intervention sessions. The following tools were used in this study.

Bullying scale: This questionnaire was created by Espelage and Holt (2001), which consists of 18 items and three subscales of bullying, conflict, and victimization, which are used to measure bullying behavior and victimization in a person. The scoring of the questionnaire is on a 5-point Likert scale, and each aspect has a separate score. A high score indicates a higher occurrence of the same behavior in the subject. To check the

reliability using Cronbach's alpha in Shujja & Atta's research (2011) for the total subscales of bullying, victimization, and conflict, 0.90, 0.83, 0.71, and 0.89 were obtained, respectively. Chalmeh (2013), for the total subscales of bullying, victimization, and conflict, 0.92, 0.87, 0.79, and 0.70 were obtained, respectively.

Psychological capital questionnaire: This questionnaire contains 24 questions and four subscales of hopefulness, resilience, optimism, and self-efficacy, each subscale includes six items, and the subject answers each item on a 6-point Likert scale (completely disagree to completely agree). Questions 1 to 6 are related to the self-efficacy subscale, questions 7 to 12 are related to the hopefulness subscale, questions 13 to 18 are related to the resilience subscale, and questions 19 to 24 are related to the optimism subscale. To obtain a psychological capital score, first, the score of each subscale is obtained separately, and then their sum is considered as the total score of psychological capital. The goodness of fit index (GFI) and root-mean-square deviation (RMSD) statistics were obtained at 0.97 and 0.08, respectively (Luthans et al., 2007). The reliability of this questionnaire was reported as 0.85 in the studies of Bahadori Khosroshahi et al. (2011). The confirmatory factor analysis results indicated that this test has the factors and structures desired by the test creators. The results of the factor analysis confirmed the construct validity of the test. In this study, the experimental group underwent acceptance and commitment therapy for four weeks in 8 sessions and two 90-minute sessions each week, and the control group did not receive any intervention. In this study, all students participated in the sessions, and as a result, no dropout was reported in the sample. After the treatment, the experimental and control groups were re-evaluated in the post-test phase. In the following, the content of the sessions is presented based on the treatment protocol of Hayes, Strosahl & Wilson (1999).

Table1. The content structure of commitment and acceptance therapy

Sessions	Content
Session 1	Getting to know the group with each other, establishing a therapeutic relationship and overall assessment
Session 2	Creative helplessness, examining the inner and outer world and understanding that control is the problem not the solution
Session 3	Identifying individual values, clarifying values, actions and obstacles
Session 4	Examining people's values and using relevant metaphors
Session 5	Examining fusion and defusion and doing exercises for defuion using metaphor
Session 6	Explaining the concepts of role and context, viewing oneself as a background
Session 7	Emphasis on being present
Session 8	Teaching commitment, examining life stories, identifying behavioral plans according to values, and conclusion

In this research, multivariate analysis of covariance using SPSS statistical software was used for data analysis.

Results

The mean age of the participants in the experimental group was 14.71 and in the control group was 14.49. In the following, the mean and standard deviation of the psychological capital variable and its subscales are presented separately in the two experimental and control groups during the test stages.

Table2. Mean and standard deviation of psychological capital scores in two experimental and control groups

Variable	Group	Pre-test		Post-test	
		Mean	Standard deviation	Mean	Standard deviation
Self-efficacy	Experimental	22.60	3.60	25.67	2.85
	Control	21.47	2.36	20.87	2
Hopefulness	Experimental	19.13	2.33	23.73	1.87
	Control	19	2.30	18.93	2.37
Resilience	Experimental	19.13	1.85	23.53	2.03
	Control	19.40	2.17	19.73	2.02
Optimism	Experimental	18.67	2.47	22.73	3.04
	Control	19.20	3.03	19.67	2.53
Total psychological capital	Experimental	79.53	6.81	95.67	6.40
	Control	79.07	7.70	79.20	7.09

The results in Table 2 indicate that the average scores of psychological capital and its subscales have changed significantly in the experimental group. Still, only a slight change was observed in the control group. For the effectiveness of acceptance and commitment therapy on psychological capital, Covariance analysis should be used, but before that, the presuppositions related to it were examined first. The results of the Kolmogorov-Smirnov test for the normality of the data distribution showed that the significance level of all variables is higher than 0.05, so the data distribution is normal. Levene's test was used to check the presumption of homogeneity of variances, and the results showed that the significance level of all variables is higher than 0.05, so the presumption of homogeneity of variances is established. The multivariate covariance analysis test was used to fulfill the above two assumptions, the results of which are shown in Table 3.

Table3. The results of covariance analysis of psychological capital variable in two stages

Variable	Sum of squares	df	Mean squared	F	p-value	Eta
Self-efficacy	109.89	1	109.89	79.79	0.001	0.77

Hopefulness	160.67	1	160.67	77.53	0.001	0.76
Resilience	113.25	1	113.25	127.70	0.001	0.84
Optimism	85.11	1	85.11	71.87	0.001	0.75
Total psychological capital	1851.21	1	1851.21	289.07	0.001	0.92

The results of covariance analysis in the above table showed that following the treatment of acceptance and commitment, there was a significant difference between all variables in the two experimental and control groups. In this regard, for the variable of self-efficacy ($F=79.79$, $P=0.001$, $\eta^2=0.77$), hopefulness ($F=77.53$, $P=0.001$, $\eta^2=0.76$), resilience ($F=127.70$, $P=0.001$, $\eta^2=0.84$), optimism ($F=71.87$, $P=0.001$, $\eta^2=0.75$) and psychological capital ($F=289.07$, $P=0.001$, $\eta^2=0.92$). According to the eta coefficients, the role of acceptance and commitment therapy has been effective in the dependent variable.

Discussion

The present study was conducted with the aim of the effectiveness of acceptance and commitment therapy on the psychological capital of bullying students. The results showed that the psychological capital and its components were improved in the experimental group. The results of this study are in line with the research of Zarling (2013), Dousti et al. (2016), and Chaghoosaz et al. (2020). According to Pepler, Craig, Jaing & Connolly (2008), those who bully have yet to learn communication skills and social behaviors. Such people have experienced a wide range of physical and mental disorders and need help to have healthy relationships that are the basis of mental health throughout life. Behavioral patterns of bullies are the use of bullying behaviors to achieve desired goals and prevent learning prosocial methods and conversation with others. Allen (2010) believes that to avoid the occurrence of bullying behaviors, it is necessary to carry out programs aimed at improving the behavior of adolescents who are at risk of bullying to reduce adjustment problems at school.

School bullying not only directly affects the victim's subjective well-being but also impairs the individual's social capital and psychological capital, which indirectly endangers the victim's subjective well-being (Hu, Cheng & Du, 2022). Previous studies have also demonstrated that bullying reduces children's and adolescents' resilience, sense of self-worth, and self-esteem, which in turn leads to more psychological problems and jeopardizes adolescents' subjective well-being (Zhou, Liu, Niu, Sun & Fany, 2017; Turner, Shattuck, Finkelhor & Hamby, 2017). In this regard, it should be known that the goal of acceptance and commitment therapy is to reduce experiential avoidance and increase psychological flexibility through accepting unavoidable and disturbing unpleasant feelings such as anxiety, training mindfulness to neutralize excessive involvement with cognitions, and identifying personal values relating to behavioral goals. The individual is encouraged to connect fully and non-resisting to their experiences as

they move toward their valued goals, without judging them as right or wrong, except when they appear. This increases the motivation to change despite unavoidable obstacles and encourages a person to strive towards the realization of valuable goals in one's life, and this will lead to an improvement in the quality of life, especially in its psychological domain (Hayes et al., 2006). According to Hayes (2004), accepting thoughts as thoughts, feelings as feelings, and emotions- as they are, no more and no less- leads to the weakening of cognitive fusion.

Additionally, acceptance of internal events, when a person does not struggle with the troubles and disturbances, allows one to develop one's behavioral treasury. He can use the gained time to carry out valuable activities and commit to a practical and purposeful life. In this way, one of the critical dimensions of the quality of life, i.e., the spiritual dimension, is also improved.

According to ACT theory, psychological flexibility is the primary determinant of mental health and effective action (Dionne, Ngo, & Blais, 2013; Kashdan & Rottenberg, 2010). The combination of the four psychological capabilities (self-efficacy, optimism, hope, and resilience) provides a high level of psychological capital that allows an individual to focus on performing tasks and having success in completing these tasks (Peterson Luthans, Avolio, Walumbwa & Zhang, 2011; Parent-Rocheleau et al., 2020). Overall, evidence shows that psychological capital is an essential predictor of learning and academic success (Lin, 2020). Acceptance and commitment therapy help people accept responsibility for behavioral changes and modify or persist whenever necessary. This treatment looks to balance the methods appropriate to the situation. In areas that can be changed, such as overt behavior, it focuses on change; in areas where change is not possible, it focuses on acceptance and mindfulness exercises (Weinstein, Brown & Ryan, 2009). People who have high psychological capital use alternative justifications, frame their thinking positively, and have more mental health. The characteristic and personality profile of people with high psychological capital is such that they accept reality, deeply believe that life is meaningful, and can improve and adapt meaningfully to life changes. They can continue their track toward self-actualization, and these traits can help their mental health. People who have mental health compared to people without this trait consider adverse events more flexible and realistic and see problems as often temporary and limited (Culbertson, Fullagar & Mills, 2010). Harris (2009), regarding the stability of acceptance and commitment therapy, believes that clarifying values during this treatment gives the group members enough motivation to continue the treatment, and committed action occurs when the values are defined. In addition, the two essential treatment processes of acceptance and commitment under the title of contact with the present and self as a background cause the person's awareness of oneself and current needs to increase, and this awareness helps the continuation of self-care behaviors in people.

The current research is faced with limitations, the identification of which will help other researchers in carrying out such studies. The limitation of the sample to male students of

the first secondary school, the impossibility of the follow-up stage, and the focus on the bully students are among the limitations of the current research. In this regard, it is suggested to pay attention to female students and other educational levels in further research. To check the permanence of the effect of the training, future researchers should also consider the follow-up period. Another suggestion of the study is to pay attention to the people who are victims of bullying, which causes a lot of harm to the person.

Conclusion

Based on the findings of this study, acceptance and commitment therapy is an effective intervention in increasing the psychological capital of bullied students through the promotion of psychological flexibility. Considering the problems this group of students can create for others, the existence of this method alone or with intervention methods can be effective.

Disclosure Statements

The authors of this study declared no conflicts of interest

ORCID

0000-0003-4388-2755

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