

Effectiveness of Acceptance-Commitment Therapy for Improving the Emotion Regulation Ability of Adolescent Victims of Violence

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Abstract— *The purpose of this study was to examine the effectiveness of acceptance and commitment therapy in improving the emotion regulation ability of adolescent victims of violence. This research was conducted with a Quasi Experimental design of six young women who were divided into an experimental group and a control group. The measuring instrument used in this study was Difficulties in Emotion Regulation Scale. The results of this study indicate there is no significant effect on the effectiveness of acceptance-commitment therapy in increasing the emotional regulation ability of adolescent victims of violence. Nonetheless, descriptive and qualitative evaluation found a decrease in emotion regulation difficulty score before and after the intervention was given.*

Keywords— *Acceptance-commitment therapy, adolescent, emotion regulation.*

I. INTRODUCTION

One of the most important psychological issues to highlight in the world is family violence. Based on data from UNICEF (2018) throughout 2017-2018 that in Afghanistan, 60% of children and adolescents are victims of violence perpetrated by family members. Neither in other parts of the country such as in Liberia 50%, Uganda 50%, and in Colombia 48%. This violence includes physical, verbal, emotional, and sexual violence, which has an impact on decreasing the level of psychological well-being, and the loss of a safe place.

In Indonesia, based on data obtained there has been an increase in cases of violence against children which also amounted to 2,227 cases (Komnas Perempuan, 2018). Then, according to domestic violence data from the North Sumatra Child Protection Institute, there were 975 cases of violence against children in North Sumatra Province in 2018 (Yusri, 2018). WHO (2001) defines child abuse as behavior that includes all forms of physical abuse, emotional abuse, sexual abuse, neglect, exploitation that produce potential hazards to health, children's survival, and the development of children's dignity. Child abuse is divided into 4 types namely physical abuse, sexual abuse, emotional abuse, and neglect.

Gupta and Anggarwal (2012) revealed that violence received by children has a negative impact on children's health and overall well-being. Most children who are victims of violence suffer more emotionally than physically. They tend to become depressed, withdraw, think of suicide, or be rude. They also felt they no longer had figures or safe places to shelter and live. In addition, the pressures that exist in the household, make parents choose to submit children to the

orphanage because they feel unable to care for children at home (Conroy, 2015).

However, child victims of violence living in orphanages also experience challenges and problems. According to Conroy (2015) the orphanage is a new environment in which children must adapt. The structure of the orphanage, the norms and rules of the orphanage, the number of children being cared for, and the dynamics that occur make the child have to adapt to the orphanage environment. Research conducted by Larsen et al (2013) states that children who have experienced violence by parents have been found to have problems regulating emotions. Gross and John (2003) defines emotional regulation as the process by which individuals influence the emotions they have, when they have them, and how later they will feel and express these emotions. The problems that arise relating to their inability to understand and express emotions properly.

One of the interventions that can be done to improve emotion regulation is Acceptance-Commitment Therapy (ACT). ACT is based on behaviorism, which is supported by cognitive analysis. ACT aims to encourage individuals to respond to a situation constructively, by simultaneously negotiating, accepting a cognitive event, and adjusting it to feelings. ACT also requires someone to be able to accept, face challenges and solve them constructively (Larmar, 2014). ACT was found to be widely applied to individuals who experience traumatic events, depression, anxiety, and other behavioral disorders. Based on several studies, it was found that ACT makes a person able to more effectively recognize, control and seek solutions that he has seen as a barrier to himself in developing (Larmar, 2014). Based on the explanation that has been explained, researchers are interested in examining the effect of Acceptance-Commitment Therapy on the emotional regulation of adolescent victims of violence living in orphanages.

II. OBJECTIVES & METHODS

The purpose of this study to examine the effectiveness of acceptance and commitment therapy in improving the emotion regulation ability of adolescent victims of violence, who live in orphanage. The sample of this research are six young women who were divided into an experimental group and a control group. The experimental group received seven sessions of acceptance-commitment therapy. The measuring instrument used in this study was Difficulties in Emotion Regulation Scale-16, to measure the score of the difficulties of

emotion regulation before and after the intervention was given.

III. RESULTS AND DISCUSSIONS

Based on the Wilcoxon test results in the experimental group the significance value was 0.109, $p > 0.05$, $r = .66$. This means that there is no significant difference in the ability of emotional regulation before and after the intervention is given. In other words, in this study, giving acceptance-commitment therapy has not been successful in proving its effectiveness in influencing the ability of emotional regulation. According to Azwar (2012) This can be due to whether or not statistically significant is tested depending on sample size (n) and data variability. The small number of samples tends to produce insignificant statistical values. Even so, that does not mean the study did not show any influence on the variables studied. This can be seen from Table 1, where there are differences in the scores of the three subjects before and after taking acceptance-commitment therapy. There was a decrease in the score of difficulty in regulating emotions on the DERS-16 scale, in other words the emotional regulation ability of the three subjects who received acceptance commitment therapy changed for the better than other subjects who did not get the intervention.

TABLE 1. Mean Score Difference Emotion Regulation Ability Experiment Group and Control

	Group	N	Mean	SD	Max	Min
Pretest	Experiment	3	43.66	5.50	49	38
	Control	3	47.66	2.51	50	45
Posttest	Experiment	3	15.66	3.78	20	13
	Control	3	49.00	2.00	51	47

During the ACT intervention, the three subjects went through six stages of the process, starting with acceptance. At this stage the client is asked to deal with experiences that are not pleasing to their life, which is to receive the experience of getting violent behavior from the family, then they must live in an orphanage. According to Hayes (2004) that the acceptance stage in ACT as an alternative form of avoidance, which so far the individual tends to do when facing problems in his life. In this stage, individuals are encouraged to feel good when they experience good events as well as bad ones. This acceptance process is considered as the initial foundation in psychological flexibility.

Then, the subject goes through the stages of cognitive defusion and mindfulness. This stage aims to make the client aware of the thinking process so that it becomes better at reflecting on events objectively, which in the end is able to solve problems effectively before taking an action. Then, mindfulness techniques aim to describe emotions and physical sensations as clearly as what was happening at the time (Hayes, 2006). The results of this study are in line with Boostani, Ezadikhah, and Sadeghi (2017) that the metaphors used in cognitive defusion and mindfulness in ACT help clients to identify emotions, and increase psychological flexibility. This is because this technique acts as a relaxation and meditation technique that makes the client reduce

excessive emotional sensitivity, so that the perceived intensity of negative emotions decreases.

Then, the subject will go through the stages of self as context, in which the view of oneself will reflect on the values of life (value) and finally commit to a change in behavior (committed action). In this study, subjects made changes regarding the behavior of regulating emotions by providing education about emotional regulation strategies that they could do. As a result the subjects become aware of themselves as someone who has full awareness of all the decisions taken in their respective lives. They also understand that the existence of life values as a guide in taking an action. According to Levin, Hayes, Vilardaga (2012) that the stages of self as context and value in ACT play a motivational context, which provides direction for a change. Then, the next stage of committed action acts as a behavioral technique, which is usually done by providing training, psychoeducation, or behavioral contracts so that behavior change can be achieved.

And then, The result from the comparison results of the DERS-16, the aspect that changed the most was "strategy". This is supported by interview data that they gain knowledge of ways to regulate negative emotions better. In addition, the strategy of emotional regulation is also designed and explain as specific as possible so that it can be understood by the three subjects. The results of this study are in accordance with Furry-Kleuber and Gutscher (2001) which states that if therapist want to encourage someone to make a behavior change, the most effective way is to provide specific stimulus and knowledge that can be understood based on the individual's prior knowledge. This can be as a basis for a therapist to modify individual perceptions and judgments so that changes in behavior arise.

Then, in terms of the age of the research subjects, the three subjects who took acceptance-commitment therapy were in their adolescent development. Based on the results of the study, all three subjects showed an increase in the ability to regulate emotions. According to Yeager, Dahl, and Dweck (2018) a successful intervention in influencing adolescent behavior when the intervention is able to synergize with the characteristics of adolescents, namely sensitivity to status and needs respected. This is in accordance with Hayes (2006) that in acceptance-commitment therapy is a psychological intervention that accepts the individual as they are as an individual with all their life experiences, without any judgment of the experience that is passed by the individual. ACT does not aim to change the direction of individual life, but rather encourage individuals to be able to face and live better life experiences.

IV. CONCLUSION

The results showed that there was no significant effect of acceptance-commitment therapy on improving the emotional regulation of adolescent domestic violence victims in orphanages. Nevertheless, there are several findings, which are based on empirical evaluation showing a decrease in the score of emotional regulation difficulties on DERS-16 moments before and after acceptance and commitment are

given. This means the ability of adolescent emotional regulation has increased.

V. SUGGESTION

In future studies, it is expected to be conducted on a larger number of samples. Because this study only consists of subjects who are female, then in future studies it is expected to be able to apply to different genders so that the broader ability of research generalizations.

Environmental support is very important in helping adolescent victims of violence to regulate their emotions properly. Therefore, contributions from orphanages are needed to help adolescent victims of violence, for example by providing counseling programs that are conducted regularly to professionals.

REFERENCES

- [1] Azwar, S. (2012). Signifikan atau tidak signifikan?. *Buletin Psikologi Universitas Gajah Mada*.
- [2] Boostani M, Ezadikhah Z, Sadeghi M. (2017) Effectiveness of group-based acceptance and commitment therapy on the difficulty emotional regulation and distress tolerance patients with essential hypertension. *International Journal of Education and Psychological Researchers*, 3, 205-211.
- [3] Conroy, J. (2015). *No way home*. Washington: Disability Rights International.
- [4] Flurry-Kleuber, P. and Gutscher, H. (2001). *Changing tips-moving people*. Switzerland: Birkhäuser Verlag Basel.
- [5] Gross, J.J., and John, O.P. (2003). Individual differences in two emotion regulation process: implication for affect, relationship, and well-being. *J. Pers. Soc. Psychol*, 85, 348-362. doi: 10.1037/0022-3514.85.2.348.
- [6] Gupta, N. & Anggarwal, N. (2012). Child abuse. *Journal of Delhi Psychiatric*. 15(2), 416-419.
- [7] Hayes, S. C. (2004). *Acceptance and commitment therapy and the new behavior therapies: mindfulness, acceptance, and relationship*. USA : Guilford Publications.
- [8] Hayes, S.C. (2006). *Acceptance and commitment therapy: model processes and outcomes*. Department of Psychology. Georgia State University.
- [9] Komnas Perempuan. (2018). Catatan tahunan (catahu) komnas perempuan tahun 2018: tergerusnya ruang aman perempuan dalam pusaran politik populisme.
- [10] Larmar, S. (2014). Acceptance & commitment therapy: an overview of techniques and application. *Journal of Service Science and Management*. 11(7), 216-221.
- [11] Larsen, J. K., Vermulst, A. A., Geenen, R., van Middendorp, H., English, T., Gross, J. J., & Engels, R. E. (2013). Emotion regulation in adolescence: A prospective study of expressive suppression and depressive symptoms. *Journal of Early Adolescence*, 33(2), 184-200.
- [12] Levin, M., Hayes, S.C., Vilardaga, R. (2012). Acceptance and commitment therapy: Applying an iterative translational research strategy in behavior analysis. *APA of Behavior Analysis*, 2, 455-479.
- [13] Unicef. (2018). A Familiar Face: Violence in the Lives of Children and Adolescents. USA: Unicef.
- [14] WHO. (2001). *World report on violence and health*. 59-71.
- [15] Yeager, D.S., Dahl, R.E., and Dweck, C.S. (2018). Why interventions to influence adolescent behavior often fail but could succeed. *Perspective on Psychological Science*, 13(1), 101-122.
- [16] Yusri, M. (2018). Selama 2018 LPA catat 975 kasus kekerasan pada anak terjadi di sumut.. Available: *daerah.sindonews.com*. 2018.