

Comparing the Effectiveness of Schema Therapy and Acceptance and Commitment-based Therapy on The Emotional Difficulty of Gifted Adolescents

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Abstract

Background and Objective: Adolescence is a critical period for developing neuropsychological processes that underpin excellent cognitive functions and social and emotional behavior. The objective of this study was to compare the effectiveness of schema therapy and acceptance and commitment-based therapy on the emotional difficulty of gifted adolescents.

Materials and Methods: This study was of semi-experimental design, with pre-test, post-test, control group, and follow-up. Participants included 36 gifted students of talented centers in the first and second secondary schools of Kerman in the academic year 2019-2020, selected via stratified random sampling. Participants were purposefully divided into three groups that were matched in terms of age and IQ. One of the two experimental groups received ten sessions of schema therapy training, while the other group received acceptance and commitment therapy. The control group did not receive any training. Both experimental groups were tested before and after the training sessions and in the follow-up period with a questionnaire in regulating emotion by Gratz & Roemer. The repeated measurement method and SPSS software version 22 were used to analyze the data.

Results: The mean (SD) age of participants in the acceptance and commitment treatment group was 16.3 (2.4), schema therapy group 16.7 (2.7), and the control group 16.2 (2.8) years. The study showed that in the acceptance and commitment therapy group, the mean (SD) difficulty in regulating emotions ranged from 141.8 (10.6) in the pre-test to 96.5 (7.7) in the post-test and 94.3 (8.1) decreased in the follow-up phase ($P<0.001$). In the schema therapy group, the mean (SD) difficulty in emotion regulation decreased from 140.9 (8.8) in the pre-test to 80.2 (6.8) in the post-test and 78.6 (7.5) in the follow-up phase ($P<0.001$). The mean (SD) the difference in the control group was not statistically significant.

Conclusion: The study showed that schema therapy and acceptance and commitment-based therapy reduced the difficult components of emotion regulation in high-intelligence adolescents. Schema therapy had a more significant effect than acceptance and commitment therapy on non-acceptance of emotional responses, difficulty in performing purposeful behavior, lack of emotional awareness, and lack of emotional clarity.

Keywords: Acceptance and commitment therapy; Difficulty in self-regulation; Schema therapy.

Introduction

Adolescence is a critical period for developing neuropsychological processes that underpin excellent cognitive functions and social and emotional behavior, during which a person's ability to regulate emotion decreases

and the risk of anxiety disorders increases (1). One of the interventions that can reduce the difficulty in regulating emotion is the initial maladaptive schema (2). Acceptance and commitment therapy is another intervention. The main goal is to create psychological

flexibility and ability, and awareness in the individual to recognize and put aside the avoidance of thoughts, feelings, desires, worries, and problems (3). Since talented and gifted students are the most critical human resources of the future for the development of any country, it is necessary to study these people's problems and comprehensive education to participate in social development. The objective of this study was to compare the effectiveness of schema therapy and acceptance and commitment-based therapy on the emotional difficulty of gifted adolescents.

Materials and methods

This study was of semi-experimental design, with pre-test, post-test, control group, and follow-up. Participants included 36 gifted students of talented centers in the first and second secondary schools of Kerman in the academic year 2019-2020, selected via stratified random sampling. Participants were purposefully divided into three groups that were matched in terms of age and IQ. One of the two experimental groups received ten sessions of schema therapy training, while the other group received acceptance and commitment therapy. The control group did not receive any training. Both experimental groups were tested before and after the training sessions and in the follow-up period with a questionnaire in regulating emotion by Gratz & Roemer (4). The repeated measurement method and SPSS software version 22 were used to analyze the data.

Results

The mean (SD) age of participants in the acceptance and commitment treatment group was 16.3 (2.4), schema therapy group 16.7 (2.7), and the control group 16.2 (2.8) years. The study showed that in the acceptance and commitment therapy group, the mean (SD) difficulty in regulating emotions ranged from 141.8 (10.6) in the pre-test to 96.5 (7.7) in the post-test and 94.3 (8.1) decreased in the follow-up phase ($P < 0.001$). In the schema therapy group, the mean (SD) difficulty in emotion regulation decreased from 140.9 (8.8) in the pre-test to 80.2 (6.8) in the post-test and 78.6 (7.5) in the follow-up phase ($P < 0.001$). The mean (SD) score of the

control group in the pre-test was 137.5 (9.5), which in the post-test was 138.1 (9.7) and in the follow-up stage 132.4. (9.8). However, the difference was not statistically significant.

Discussion

The study showed that the mean score of difficulty in regulating emotion decreased in the acceptance and commitment therapy group. In the schema therapy group, the mean score of difficulty in emotion regulation decreased, while the control group's mean score did not differ statistically. Findings showed that schema therapy positively impacted the rejection of emotional responses, difficulty in performing purposeful behavior, difficulty in controlling impulse, lack of emotional awareness, limited access to emotional regulation strategies, lack of emotional clarity, and difficulty in emotional regulation among adolescents. This finding is consistent with the results of another study (5) on the effect of group emotional schema therapy on reducing psychological distress and difficulty in regulating the emotion of divorced women. In addition, acceptance and commitment-based therapy had a positive impact on non-acceptance of emotional responses, difficulty in performing purposeful behavior, difficulty in controlling impulse, lack of emotional awareness, limited access to emotional regulation strategies, and lack of emotional clarity, and difficulty in emotional regulation. The finding was consistent with another study (6) on the effect of acceptance and commitment therapy on the emotional difficulty in people with eating disorders. Schema therapy had a more significant effect than acceptance and commitment therapy on non-acceptance of emotional responses, difficulty in performing purposeful behavior, lack of emotional awareness, and lack of emotional clarity. Since the main emphasis of schema therapy is on emotions and the use of experimental and emotional techniques covers a large part of this treatment, it seems that these techniques help the person to be aware of their emotions, accept them, and be better able to regulate their emotions in social situations. Emotional techniques help individuals to prepare for a healthy and successful presence in social situations by emotionally reorganizing, learning new

things, regulating interpersonal emotion, and self-relaxation (7).

Conclusion

The study showed that schema therapy and acceptance and commitment-based therapy reduced the difficult components of emotion regulation in high-intelligence adolescents. Schema therapy had a more significant effect than acceptance and commitment therapy on non-acceptance of emotional responses, difficulty in performing purposeful behavior, lack of emotional awareness, and lack of emotional clarity.

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Conflict of Interest

None of the authors has any conflict of interest to disclose.

Ethical publication statement

We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

Ethical code: IR.IAU.SRB.REC.1398.218.

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