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Comparison of Effectiveness of Mindfulness-based Cognitive Therapy

and

Metacognitive Therapy and Combination of Two Therapies on

Procrastination and Bullying Behavior of Adolescent Girls

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Objective:

This study tended to compare the effectiveness of mindfulness-based cognitive therapy and metacognitive therapy and combination of these two therapies on procrastination and bullying behavior of adolescent girls.

Method:

The design of this study was quasi-experimental with pretest-posttest with a control group. The instruments included procrastination assessment scale for students of Solomon and Rothblum (1984) and cyberbullying and online aggression survey of Patchin and Hinduja (2011) and the children's acceptance and mindfulness measure, meta-cognitions questionnaire for adolescents. The sample consisted of 60 subjects whose procrastination and bullying scores were higher than

the average. The subjects were divided into three test groups and one control group. **Results:** results of analysis of variance showed that metacognitive therapy, mindfulness-based therapy and metacognitive + mindfulness therapy were effective in reducing procrastination and bullying behavior of students. There is a significant difference between pretest, posttest and follow-up scores of the test and control groups. **Conclusion:** results of the follow-up test confirmed stability of the changes.

Keywords: procrastination, metacognitive therapy, mindfulness-based cognitive therapy, bullying, adolescent.

Introduction

Adolescents are part of a vulnerable population that experiences emotional change. Lack of proper communication with their emotions will lead to severe behavioral changes. Psychological or emotional changes during puberty are manifested in different ways, but often through the change of confused and undeniable behaviors that adolescents experience during the transition period, sometimes it becomes a conflict (Balaji, 2019). Adolescence is one of the fastest stages of human development in which biological maturity is greater than psychosocial maturity. Personal characteristics and environmental conditions influence the changes that occur during adolescence (WHO, 2017). Adolescents are defined as people between 10 and 19 years old. Early adolescence (10-14 years) is a critical period of transition and is associated with rapid developmental changes that affect self-image, identity, social adjustment, school adjustment, and adolescent's long-term consequences and choices. In some adolescents, rapid changes in this developmental period increase the risk of emotional and behavioral adjustment problems (Murray & Zovak, 2011; Beyrami et al., 2019). One of these behavioral problems is procrastination.

Procrastination is often portrayed as a deliberate delay in initiating or performing task-related activities (Elizabeth Rasenka, 2020) and has been described as a type of failure in terms of self-regulation (Steele, 2007). In individualistic societies, it is seen as a moral trait, an unacceptable, dysfunctional habit, with detrimental consequences for the individual and society (Elizabeth Rasenka, 2020).

"I will do it tomorrow" is a common phrase uttered by students. Between 80% and 95% of school students are procrastinating in their daily work (Elizabeth Rasenka, 2020). Procrastination is

voluntarily postponing tasks and responsibilities without considering any problems; this also interferes with students' ability to perform tasks on time and achieve their long-term goals (Cyrus & Sakil, 2013). Excessive procrastination is a self-destructive personality trait (Steele, 2007); academic procrastination is a potentially maladaptive behavior for many schools that often causes distress (Azar, 2013). Academic procrastination is a subject that one knows what to do, but delays doing so and instead seeks reasons to do other things (Frankton, 2014). A study of the causes and effects of academic procrastination in studies by two German universities shows that people suffer from procrastination due to internal and external factors.

3 Researchers have found that there is a strong inverse relationship between self-awareness and procrastination behavior (Sher & Asterman, 2002). In another study, it was reported that although procrastination may reduce a person's mood for a short time to escape the anxiety associated with procrastination, the anxiety eventually accumulates over time and brings about very strong depressive and emotional states through negative reinforcements (Steele, 2007). Solomon and Rothblum (1984) showed that fear of failure and irresponsibility is the most common predictor of procrastination among the variables examined. Anxiety caused by an excessive plays an important role in procrastination in addition to negative self-evaluation (Balkis & Duru, 2007; Sheikhi, Fatehabadi & Heidari, 2013).

Another behavioral and emotional problem that is very common in adolescence is bullying. Bullying is defined as a systematic physical, verbal, or psychological attack designed to cause fear, distress, or harm to the victim (Flory & Bukatan, 2013). It has become a global concern due to its dangerous factors that affect a significant majority of children and adolescents (Rigby, 2013). Bullying can be direct such as physical or verbal violence, or indirect such as social exclusion, and typically occurs when there is an imbalance between those involved, leading to negative actions against those with less ability to defend themselves. (Barley & Frington, 2000).

Bullying at school is a form of violence in which a student or group of students intentionally and repeatedly harms students who are physically or mentally less powerful. This aggressive behavior occurs over long periods of time and there is an imbalance of power between them (Smith & Brian, 2000). Children have different roles in bullying; those who are bullied are called victims; those

who engage in aggressive behavior are bully for the victim. Some of them are spectators and witnesses and may sometimes intervene to prevent bullying; among the spectators, some students act as strangers and others encourage and help the bully, and there are students who defend the victim (Salmivalli, 2010).

Because of the importance of this concept, several studies have been designed to identify the mechanisms involved in bullying activities and to clearly understand its parameters. Some of the parameters identified so far are interpersonal (Heimel & Sawyer, 2015), including parenting styles and cultural values in the family (Charlemagne et al., 2018; Georgios, Fissini, Mikailos, & Stavriniadis, 2017). While others are intrapersonal, individual characteristics such as impulsivity, and mindfulness which are associated with disappearance of behavioral problems (Hooken & Shogis, 2013; Fix & Fix, 2010; Erwin & Brades, 2019; Makan, Kot, Marquez, & Peel, 2007; Thornberg & Jobgret, 2014).

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Mindfulness is awareness of the present moment without judgment (Brown & Ryan, 2003). This awareness leads to the environment, thoughts and feelings of the person, without paying attention to anything or considering it good or bad. Thus, cognitive assessments are regulated so that there is an advanced objective assessment of experiences (Brown & Ryan, 2003). In addition, mindfulness enables more adaptive coping and management of undesirable stimuli. People can confidently have problems with mindfulness or the ability to think on a daily basis without practice and intervention (Brown and Ryan, 2003). Those with higher mindfulness report better emotional and behavioral self-regulation (Brown & Ryan, 2003; Feldman, Hayes, Kumar, Gerson, & Lorenzo, 2007). Mindfulness is a potentially important source of coping that exposes one to negative effects of stress. Mindfulness is defined as paying attention to specific practices in the present and present moment (Kabat-Zinn, 1994).

The results of recent studies show that mindfulness affects bullying as well as victims at school, and this claim can be quite pondered. Only a few studies have examined the relationship between mindfulness and bullying. According to adolescents with high scores of mindfulness, they show more neurological cognitive function, which is associated with self-control and self-regulation, better decision-making skills and more positive and less negative effects on behavioral health risk.

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Mindfulness is associated with reduced effects of hostility, frustration, feelings of anger and increased self-control and compassion for oneself and for others (Franco, Amathieu, Lopez, Gonzalez, Ariol, & Martinez Taboda, 2016; Riggs & Brown, 2017). Other studies have also shown that mindfulness training may reduce aggression because it provides cognitive skills for managing aggressive behavior (Fix & Fix, 2013). There is also evidence that lower mindfulness may be associated with peer bullying victims (Murray & Boston et al., 2014). Several studies have reported a negative relationship between scores in mindfulness assessment and bullying behavior instruments (Abid, Irfan & Naeem, 2017; Garoflow, 2012). Several studies have evaluated the effectiveness of mindfulness training programs (Franco, 2010; Rafa & Rafa, 2013; Abrel et al., 2012) and found it to be able to reduce the level of impulsivity and aggression of adolescents in school. As previous studies have reported, mindfulness has a negative effect on negative stimulation, which in turn has a positive effect on victim behavior (Murphy et al., 2014; Peters, Erisman, Upton, Bauer, & Roemer, 2011; Peters et al., 2015). Main features of the metacognitive model are related to anxiety and relevant disorders. Emerging evidence suggests that it may affect children and adolescents and compares well with other intervention methods such as cognitive-behavioral therapy and mindfulness-based approaches. There is mixed evidence of distinct mechanisms among treatments (Wells, 2009) and defines metacognitive knowledge as beliefs and theories that people have about their thinking. Wells and Matthews (1996) proposed a model of emotional dysfunction of functional self-regulation that involves three levels of cognition including automated processing, voluntary processing, and self-esteem knowledge. Metacognitive thoughts behave as events in the mind, as opposed to thoughts as reality (object state). In this method, the goal of treatment is to correct cognitive beliefs so that the threatening cognitive content is relatively specific to their own thoughts. One of the important advantages of this approach is that if cognitive syndrome maintains the attention of emotional disorder along with anxiety and its related factors, targeted processes of transition through cognitive diagnosis should be effective in reducing the symptoms of the main and associated disorders. Wells (2009) explains how metacognitive beliefs play an important role in maintaining repetitive negative thinking, threat monitoring and symptoms of generalized anxiety disorder, post-traumatic stress disorder and

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obsessive-compulsive disorder, as well as depressive symptoms in major depression disorder. The goal of MCT is to increase metacognitive awareness and change metacognitive beliefs through Socratic discourse, and to interrupt CEC, which is a particular style of inflexible and continuous responsiveness to thoughts, emotions, and threats, and is responsible for prolonging and intensifying suffering (Wells, 2009). At the theoretical level, a new framework has been introduced that integrates insight into mindfulness as a metacognitive practice in research (Cyberz, Bashgadanesh, & Bill et al., 2005; Confer & Kudzia, 2019; Ackerman, 1989; Lian et al., 2017). Given that mindfulness is a technique that combines meditation and specific mental orientations towards an experience and awareness of the present in a way that is non-judgmental and encourages the minimization of conflict in thoughts and feelings (Potek, 2012). Mindfulness is defined as paying attention in a specific, purposeful manner, in the present time, without judgment or prejudice. Another important point is that mindfulness-based therapy can mentally represent objects in life that are beyond human control, and this is taught through deep breathing and thinking. Research has shown that meditation improves mood mindfulness and short-term training reduces fatigue and anxiety (Zayden, 2010). Turning to the first motivating factor, mindfulness may rely on specific goals to be effective for self-regulation. Accordingly, metacognitive practice argues that although "mental capacity to monitor and regulate" is certainly important, mindfulness may also play a role deep in motivational processes (Kudzia, 2019: 413). Mindfulness requires more than general capacity to regulate itself, and metacognitive beliefs are specifically projected in this capacity and guide how this capacity is used. Metacognitive beliefs are beliefs about how the mind works. Such beliefs can change the motivation to allocate cognitive resources to self-regulation and make what is predicted look like effective self-regulation (John Kauski & Holaz, 2014; Tisdley, 1999). These beliefs monitor by creating mindfulness as a separate way of self-regulation that puts these processes of monitoring and regulation to use in a different way than usual.

Metacognitive action identifies metacognitive beliefs that are emphasized in mindfulness meditation training and sets common beliefs about how self-regulation is effective. Contrary to popular belief, mindfulness is effective on this monitoring merely for stimulating the process of

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regulation (Betonick, Braver, Barch, Carter, & Cohen, 2001). Three metacognitive beliefs are thought to increase mindfulness in everyday situations, especially by changing the way people monitor as a result of their adjustment, attention, thoughts and feelings (Kudzia, 2019). The three metacognitive beliefs are adequate attention (believing that attention is not diminished gradually by using it), value of monitoring (believing that it is worth paying attention to inner thoughts and feelings, even unpleasant ones, instead of avoiding them) and differentiation of ways (the belief that one's thoughts and feelings about a situation do not necessarily reflect objective security). These three beliefs are likely to reinforce each other and work in synergy. On the other hand, the value of monitoring helps people to understand the current state of their mind. People tend to limit the extent to which they apply the other two beliefs (Weinmann, Van Hutt, Walters, & Wafflerbach, 2006), both the value of monitoring and differentiation of pathways, and see attention as a threat (Lenzlich & Schmeichel, 2013; Sanders, Rodrigo, & Linslet, 2016). While many previous works have identified mindfulness as a capacity for self-regulation, its motivational aspect has been little explored (Isabel & Maher, 2015; Rocco & Daricola, 2013). Accordingly, it can be argued that metacognitive therapy and mindfulness are effective on many issues and behavioral problems of people. But the question that prompted us to do this study is whether these two new therapies, which are part of the third wave therapy, can be effective in reducing adolescent procrastination and bullying? Which of these two interventions can have the most positive effect? Whether the combination of both interventions will be effective in reducing procrastination and bullying?

Problem Statement

Adolescents are the greatest human assets of any society, because they can move the wheels of progress and development by combining the forces of youth, science and learned skills. Procrastination has a negative relationship with physical health, and this negative relationship is due to delays in following up on medical care and also has a strong impact on financial well-being (Lyt, 2002). Mindfulness increases sensitivity to emotions when confronted with an obvious task, thereby facilitating task-related cognitive, emotional, and behavioral control (Cyrus & Tosti,

2012). Bullying often involves a real or perceived power difference between the victim and the aggressor (Alois, 2010). Bullying victims are associated with an increase in negative academic, socio-emotional outcomes such as school stress, academic failure, depression, anxiety and self-harm injuries (Spelling & Sawyer 2013; Salmivalli, 2010). Bullying is also associated with long-term negative consequences such as increased difficulty in establishing long-term relationships, employment, and economic self-sufficiency (Leria, Copeland, Costello & Volke, 2015; Volke & Leria, 2015). Due to cognitive, behavioral, and emotional problems that adolescents struggle with, bullying has spread in schools, causing teachers to face these challenges, including academic apathy, academic failure, impulsivity, bullying, and behavioral problems. Moreover, limited studies have been done in this regard. Thus, this study tends to address the importance of this problem in order to see if we can reduce adolescent procrastination and bullying by metacognitive and mindfulness-based cognitive therapy separately and simultaneously.

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Objectives

The objective was to determine and identify the effectiveness of metacognitive therapy and mindfulness-based cognitive therapy separately and simultaneously to reduce procrastination and bullying in high school girls.

Data Collection Instruments

Procrastination assessment scale for students

Procrastination assessment scale for students (PASS) was developed by Solomon and Rothblum in 1984 and reliability of this scale was determined by internal consistency; Cronbach's alpha coefficient was 64%. The researchers obtained validity of this scale using internal correlation (84%). PASS is a 4-point Likert scale with options rarely (1); sometimes (2); often (3); every time (4). Moreover, the items 2, 4, 6, 11, 13, 15, 16, 21, 23 and 25 are scored inversely. Dolati (2012) calculated reliability of the scale by Cronbach's alpha (0.91). Validity of the scale was calculated by Jokar and Delavarpour (2007) using factor analysis; the results showed suitable validity of the

scale. This study used the 27-item version and calculated the Cronbach's alpha (0.81%) for the scale.

Cyberbullying and online aggression survey

This self-report survey was developed by Patchin and Hinduja (2011) is based on the Olweus bully/victim questionnaire to measure adolescent bullying and consists of 15 items that measure different forms of bullying (verbal, communicative, physical/traditional and cyber). The reported Cronbach's alpha (0.88) indicates high internal consistency of the survey and high validity. Alaei (2013) calculated its validity by one-week retesting method (time stability) and reported its alpha coefficient (81%). The last 5 items are related to cyberbullying, which are omitted in this study, and the first 10 items with Cronbach's alpha coefficient of 70% were given to students. Scoring is on a Likert scale, in which the subject is asked to determine the rate of repetition of the behavior in each item in a recent month by placing a mark in the appropriate place. Higher scores indicate more severe bullying: (rarely or never = 1; two or three times a month = 2; once or twice a week = 3; almost every day = 4).

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Children's acceptance and mindfulness measure

Children's acceptance and mindfulness measure (CAMM) reflects the fundamental aspects of attention, awareness and acceptance in mindfulness. By responding to items on this scale, children and adolescents determine the extent to which they observe their inner experiences and the extent to which they consciously act and accept their inner experiences without judgment. This scale has 25 items that the subject answers on a five-point scale (never = 0; rarely = 1; sometimes = 2; often = 3; and always = 4). The minimum score in this measure is 0 and the maximum is 100. The higher score indicates higher acceptance and mindfulness (Greco et al., 2005). Internal consistency of this measure calculated by Cronbach's alpha varied from $r=0.84$ to $r=0.87$ (Greco et al, 2005), $r=0.85$ in Iran (Esmailian et al, 2014) and $r=0.85$ in this study. In addition, concurrent validity of the measure with children's avoidance and affiliation measure was $r=0.47$ (Greco et al, 2005) and $r=0.36$ with measure of repression (Greco et al, 2005). In the present study, the Cronbach's alpha was 0.81%.

Metacognitions questionnaire for adolescents

Metacognitions questionnaire for adolescents (MCQ-A) is a 30-item questionnaire developed by Cartwright-Hatton in 2004 to assess metacognitive dimensions in adolescents. This questionnaire includes 5 subscales, positive beliefs, negative beliefs, cognitive beliefs, superstitions, and punishment and cognitive self-awareness. Ahmed and Wayt (2004) calculated the Cronbach's alpha coefficient for the overall scale (91%) and for subscales in the range of 66% to 88%. In this study, reliability was calculated by test-retest two weeks apart for subscales in the range of 24% to 90% and for the overall scale 34%. In the present study, Cronbach's alpha coefficient was 80%. Factor analysis performed by them showed that except for questions 11, 13 and 27, all other questions were included in their factors. The scoring is on a 4-point scale from "Agree" to "Strongly Agree" shown below: Disagree, Somewhat Agree, Agree, Strongly Agree. This questionnaire has 5 subscales.

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Table 1: PASS subscales

| subscale | item |
|------------------------------|-----------------------|
| positive beliefs | 1, 7, 10, 17, 21, 25 |
| negative beliefs | 2, 4, 9, 13, 19 |
| cognitive confidence | 8, 12, 15, 22, 24, 26 |
| Superstitions and punishment | 6, 18, 20, 23 |
| self-awareness | 3, 5, 11, 14, 16, 27 |

Scoring in this questionnaire is obtained by calculating the scores of each subscale.

Materials and Methods

In order to evaluate and compare the effectiveness of mindfulness-based cognitive therapy and metacognitive therapy and combination of two treatments, first questionnaires were developed and other problems raised in the research were modified and completed. After obtaining a permit from the Education Department of Tehran Province and fulfilling administrative requirements and receiving a letter of introduction, the names of all students of the Omid-e Enghelab High School in District 8 of Tehran along with their contact numbers were provided to us. Then, the questionnaire link was sent to the students.

The questionnaire was administered online in three stages: pre-test, post-test and follow-up. The pre-test was performed on all high school students; 284 students responded to the questionnaires. Out of these 284 people, 60 people got the necessary score to start the intervention sessions. In each group, 15 people were substituted randomly; as informed consent was obtained from the participants, therapeutic interventions were performed in three test groups.

The first test group received mindfulness-based cognitive therapy in eight 90-minute sessions.

The second test group received metacognitive therapy in eight 90-minute sessions.

The third test group received both mindfulness-based cognitive therapy and metacognitive therapy in eight 90-minute sessions.

Results

11 In this section, hypotheses are analyzed using analysis of variance with repeated measures.

Hypotheses

H1: Metacognitive therapy has a positive effect on reducing adolescent procrastination.

H2: Metacognitive therapy has a positive effect on reducing adolescent bullying.

H3: Mindfulness-based cognitive therapy has a positive effect on reducing adolescent procrastination.

H4: Mindfulness-based cognitive therapy has a positive effect on reducing adolescent bullying.

H5: Metacognitive therapy + mindfulness-based cognitive therapy has a positive effect on reducing adolescent procrastination.

H6: Metacognitive therapy + mindfulness-based cognitive therapy has a positive effect on reducing adolescent bullying.

Table 2: ANOVA with measuring the effect of group membership on procrastination and bullying in pretest, posttest and follow-up

| therapy | variable | sum of squares | degree of freedom | mean of squares | F-value | P-value | impact size |
|-----------------------|-----------------|----------------|-------------------|-----------------|---------|---------|-------------|
| | | SS | df | MS | F | P | η^2 |
| metacognitive therapy | procrastination | 1504.71 | 1 | 1504.71 | 5.17 | 0.03 | 0.16 |

| | | | | | | | |
|---|-----------------|---------|---|---------|------|------|------|
| | bullying | 51.38 | 1 | 51.38 | 2.78 | 0.11 | 0.09 |
| mindfulness-based cognitive therapy | procrastination | 1488.40 | 1 | 1488.40 | 4.50 | 0.04 | 0.14 |
| | bullying | 23.51 | 1 | 23.51 | 1.80 | 0.19 | 0.06 |
| metacognitive + mindfulness-based cognitive therapy | procrastination | 1646.94 | 1 | 1646.94 | 4.54 | 0.04 | 0.14 |
| | bullying | 84.10 | 1 | 84.10 | 6.22 | 0.02 | 0.18 |

According to Table, p-value obtained for procrastination and bullying related to metacognitive therapy and mindfulness-based cognitive therapy shows that there is a significant difference in mean scores of procrastination between test and control groups, while there is no significant difference in scores of bullying between test and control groups; therefore, H1 and H3 are confirmed and H2 and H4 are rejected.

According to Table 3, p-value obtained for procrastination and bullying related to metacognitive + mindfulness-based cognitive therapy shows that there is a significant difference in mean scores of procrastination and bullying between test and control groups; thus, H5 and H6 are confirmed.

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Discussion and Conclusion

The results show the suitable effects of two types of intervention and therapy simultaneously and persistence of the treatment results also indicates the possible long-term effect of therapies. That is, persistence of treatment indicates the correct intervention during the intervention process. By purposefully training the students, their motivations are strengthened and various components of procrastination are dealt with. Bullying is also important among people, especially teenagers. It is a strong predictor of interpersonal aggression, including bullying (Hooken et al.; Neumann et al., 2019). Bullying involves an imbalance of power (Nansel et al., 2001). The basis of metacognitive approach to treatment is that one's beliefs about his cognitions are challenged. From analysis of the obtained results, it can be concluded that one of the distinguishing findings of this study from previous studies is that simultaneous training of two cognitive and metacognitive strategies is effective on two important constructs, procrastination and bullying, and has been able to influence irrationality such as procrastination. Therefore, it can be argued that group training (cognitive + mindfulness-based metacognitive) has a positive and constructive effect on adolescents and young students and has been able to help them in their tasks and have a significant

effect on their behavior. This well illustrates the simultaneous effect of these therapies and highlights its importance.

Limitations

Problems and limitations due to coronavirus outbreak and risks related to spread of coronavirus during the process limited the instruments to only questionnaire and no interview, observation or other measurement methods were used.

Research Implications

To benefit from new methods of educating adolescents and young people, we need to spread a culture of participation among practitioners of the education organization. For this important reason, structure of the education organization must move more towards decentralization for success of the future generation of society. According to these findings, more attention should be paid to metacognitive therapy and mindfulness-based cognitive therapy in order to reduce procrastination and increase the level of activity and mental vitality of adolescents and young people. One of the most important factors in fostering active and diligent students is their own research in the classroom and how they communicate to learners. This allows teachers to self-renew and continuously improve the teaching-learning process and improve the quality of education (taking advantage of new methods by teachers to get acquainted and use them more to deal with adolescent neglect and bullying).

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