

Effect of TAI CHI and MBCT for Aggression in Early Adolescent Boys

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ABSTRACT

Adolescence is a time to develop knowledge and skills, learn to manage emotions and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Since few decades there has been an increase in the incidents of aggression among adolescents. Boys are found to be more aggressive than girls. (Bhilwar, M., & Kapoor, R. 2016). Tai chi is a form of exercise that began as a Chinese tradition. It's based in martial arts, and involves slow movements and deep breaths. Tai Chi had the strongest effect on the participants who presented with hyperactivity and heightened anxiety (Baron, L. J., & Faubert, C. 2005). A study conducted by Milani et al., 2013 with the sample comprising of 22 adolescent boys of a juvenile home given 8 weeks of MBCT seemed to be effective for reducing aggressive behaviours. The present study focuses on the effect of Tai Chi and MBCT for aggression in early adolescent boys. Data of the pre and post levels of aggression was statistically analysed and the results show a considerable reduction in the post test scores of levels of aggression.

Keywords: *Adolescence, Aggression, Tai Chi, MBCT*

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Society has seen an increase in the incidents of aggression/violence among youth. Aggression is the delivery of an aversive stimulus from one person to another, with intent to harm and with an expectation of causing such harm, when the other person is motivated to escape or avoid the stimulus. Adolescence is the phase when individuals have multiple things in their mind and feel immense energy in themselves which they need to utilize or express in some way. Many a time, this expression is not direct, and comes out in the form of aggression.

Tai chi is a Chinese conditioning exercise and is well known for its slow and graceful movements. The 'soft' martial arts (Tai Chi) may be expressed in a slow and gentle manner, with force cultivated internally which, properly applied, may be used to redirect an attacking

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Effect of TAI CHI and MBCT for Aggression in Early Adolescent Boys

energy. Several studies point to the effectiveness of traditional martial arts in reducing aggression. In a study conducted by Zivin et al (2001) on 60 middle-school boys the school teachers reported significant reduction of aggression after 10 weeks of Tai Chi training.

The present study focuses on the effect of Tai Chi in managing aggression in early adolescent boys. Though researches have been conducted for the effects of Tai Chi on older people in combating specific health conditions, not much studies were focused on the effects of Tai Chi on behavioural problems in adolescence.

Some treatment methods for aggression include cognitive therapy, cognitive-behavioural therapy, hybrid programs, gestalt therapy, development of social skills, and medical therapy. As a new therapeutic method, mindfulness therapy may reduce aggression as it trains cognitive skills for the management of aggressive behaviour. (Fix RL, Fix ST,2013)

Originating from Eastern meditation, mindfulness is described as a method to pay attention (full attention) to the experience of the present moment. Mindfulness based cognitive therapy (MBCT) was devised by Segal, Williams, and Teasdale (Segal Z,2002) as an 8-week program with group-held sessions mainly based on the mindfulness-based stress reduction (MBSR) program devised by Kabat-Zinn (Kabat-Zinn J.1990). This program encompasses some elements of the cognitive therapy that separate an individual's view from his/her thoughts (e.g., statements such as "thoughts are not facts" and "I am not my thoughts").

MATERIALS AND METHOD

The objective of the study was to evaluate whether there was any noteworthy distinction on the level of aggression among the mediated groups of children who underwent Tai Chi training and the children who were not exposed to Tai Chi training.

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This is a longitudinal and a single blind study, and applied pre test, mid test and post test randomized group design comprising of three months of regular tai chi training for children with aggression. After obtaining a verbal consent from the parents, the children participated in the study. About 100 students were identified for an initial screening through DSM-5 checklist for conduct disorders by the teachers. Those who exhibited the majority of aggressive symptoms for a period of last 3-6 months were selected. A total number of 60 boys were identified. The teachers were asked to administer the questionnaire for the Youth Self Report (YSR: 11/18) to measure their emotional and behavioural functioning. These scores were set as their Pre-test scores. These students were randomly assigned as Experimental Group I & II for the intervention purpose. The Group I consisted of 20 children were exposed to Tai Chi for 50 minutes duration thrice a week. The Group II consisted of 20 children were exposed to MBCT training for 50 minutes duration thrice a week The Group III also consisted of 20 children who were not exposed to training formed the control group.

The intervention was carried out for a period of 3 months. Assessment was done right from the base level before they were exposed to the training and were regularly monitored and were assessed during the intervention at the end of 45 days and post intervention at the end of third month. The obtained results were then statistically analysed using SPSS package.

Effect of TAI CHI and MBCT for Aggression in Early Adolescent Boys

Tools

The “Youth Self-Report” (YSR) (Achenbach, 2001) is a well-known psychopathological instrument designed to obtain adolescent reports of their competencies and behavioural/problems. It is a self-report measure completed by youth to rate their emotional and behavioural functioning. The measure was standardized on a nationally representative sample of 1,057 children and adolescents aged eleven years to eighteen years. The measure is a 112- item inventory that comprises eight clinical syndrome scales (Anxious/Depressed, Withdrawn/Depressed, Somatic Complains, Social Problems, thought Problems, Attention Problems, Rule-Breaking Behaviour, and Aggressive Behaviour) and competence scales. The reliability of data was established by using test-retest method. The scores recorded for the subjects during the test and retests were correlated using Intra Class Correlation for the different variables. The alpha score of 0.810 showed higher reliability of the scale.

RESULTS AND DISCUSSION

Table I shows the mean & SD for pre, mid & post test Aggression scores

Test	Treatment	Mean	Std. Deviation	N
Aggression pretest	MBCT	28.10	1.804	20
	TAI CHI	29.05	1.504	20
	CONTROL	28.60	1.273	20
	Total	28.58	1.565	60
Aggression mid test	MBCT	23.30	2.055	20
	TAI CHI	28.15	.988	20
	CONTROL	28.80	1.056	20
	Total	26.75	2.856	60
Aggression post test	MBCT	17.00	2.026	20
	TAI CHI	25.90	.852	20
	CONTROL	28.60	1.273	20
	Total	23.83	5.202	60

The Mean and SD scores of aggressions at different time points among different treatment groups are shown in the table I. From the three test scores we can conclude that MBCT and Tai Chi groups have differed significantly within the test levels. From the post test scores it is revealed that MBCT have significant reductions in mean scores compared to Tai Chi. So there was differences among the treatment groups and the two experimental groups have differed significantly with the control group.

TABLE II shows the Interaction Effect of Treatment On Aggression

Treatment	Aggression	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
MBCT	1	28.100	.345	27.410	28.790
	2	23.300	.324	22.650	23.950
	3	17.000	.328	16.343	17.657
TAI CHI	1	29.050	.345	28.360	29.740
	2	28.150	.324	27.500	28.800
	3	25.900	.328	25.243	26.557
CONTROL	1	28.600	.345	27.910	29.290
	2	28.800	.324	28.150	29.450
	3	28.600	.328	27.943	29.257

Effect of TAI CHI and MBCT for Aggression in Early Adolescent Boys

The table II revealed that there has been a gradual decrease in the mean scores of Experimental groups I & II when compared to the Control group. Treatment *aggression interaction was significant. This proved that the Groups I & II have benefitted from the three months intervention.

The results from tables I & II showed that there was a significant decrease in the levels of Aggression in adolescent boys. There was clear cut distinction in the mean scores of Experimental Groups I & II when compared to the Control Group thereby exhibiting that Tai Chi and MBCT serve as an effective tool in enhancing the holistic development of adolescent boys. In regard with Tai Chi, the reviews earlier dealt only with the enhancement of motor skills in older people. Through this study, Tai Chi intervention with adolescent boys had shown positive findings contributing to decrease in the scores of Aggression. Consistent with reports of mindfulness, Mindfulness based approaches have a positive effect on holistic development.

CONCLUSION

Teenagers with direct turmoil as often as possible take part in forceful and problematic practices. Mind-body integration through mindfulness and Tai Chi gives a treatment choice that helps an individual concentration and take care of conditions that offer ascent to maladaptive behaviour. The young children gained proficiency with mindfulness effectively and used it in circumstances that recently occasioned forceful behaviour. This prompted substantial reductions in the animosity of every one of the few people. Follow-up information demonstrated that the teenagers could keep their forceful conduct at socially adequate dimensions in school. Emphasizing key mechanisms of mindfulness & tai chi practices such as increased self-awareness, identification of feelings and thoughts, and acceptance, significantly contributed to the prevention and management of aggression in children.

Limitations and Recommendations

The sample was collected from Chennai city. The children were not under medication exclusively for aggression. Only early adolescent boys were selected with age ranged between 11 and 13. Food habits, rest period, life style of the subjects could not be controlled.

The nature of disorder condition and limitation in subject availability, geographical differences, living standard, environment factors which might influence on the data were not considered, during the period of testing.

A study on this topic might include implementing this intervention for children with medication.

REFERENCES

- Aghabagheri H, Mohammadkhani P, Omrani S, Farahmand V. Mindfulness based group therapy on Increase in subjective well-being and hope to MS patients. *Clin Psychol*. 2012;4(1):23–31.
- Baron, L. J., & Faubert, C. (2005). The role of Tai Chi Chuan in reducing state anxiety and enhancing mood of children with special needs. *Journal of Bodywork and Movement Therapies*, 9(2), 120-133.
- Bhilwar, M., & Kapoor, R. (2016). Prevalence of Aggression among School-Going Adolescents in India: A Review Study. *Ind J Youth Adol Health*, 3(4), 39-47.

Effect of TAI CHI and MBCT for Aggression in Early Adolescent Boys

- Fix RL, Fix ST. The effects of mindfulness-based treatments for aggression: A critical review. *Aggres Violent Behav.* 2013;18(2):219–27.
- Kabat-Zinn J. *Full catastrophe living: Using the wisdom of your mind and body to face stress, pain, and illness.* New York: Delacorte; 1990.
- Milani, A., Nikmanesh, Z., & Farnam, A. (2013). Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in reducing aggression of individuals at the juvenile correction and rehabilitation center. *International journal of high-risk behaviors & addiction*, 2(3), 126.
- Russell G Geen. *Human Aggression.* 2nd edn. Philadelphia: Open University Press 1999: 3.
- Segal Z, Williams J, Teasdel J. *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse.* New York: Guilford Press; 2002. pp. 50–5.
- Sharma MK, Marimuthu P. Prevalence and psychosocial factors of aggression among youth. *Indian J Psychol Med* 2014; 36: 48-53.
- World Health Organization: Maternal, newborn child and adolescent health. Available from http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/. [Last accessed on Aug 7, 2016].
- Zivin, G. Hassan, N. R. De Paula, G. F. Monti, D. A. Harlan, C., Hossain, K. D. and Patterson, K. (2001) An effective approach to violence prevention: traditional martial arts in middle school. *Adolescence*, 36, 444-459.

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Conflict of Interest

The author(s) declared no conflict of interest.

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