Impact Of Distraction Techniques On Adolescents' Hope And Resilience: An Intervention-Based Study

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Abstract

The intent of this article was to explore the impact of Cognitive Behavior Therapy's (CBT) distraction techniques on teenagers' hope and resilience. The sample was selected from educational institutions around the Malakand division of Khyber Pakhtunkhwa, Pakistan by using a random sampling technique for an initial sample (N=300). Pre-test data was collected through standardized measures, 14 items Resilience Scale, and 40-item Hope Scale. Based on pretest findings adolescents having below-average hope and resilience were put into experimental (n=62) and control (n=50) groups using a stratified random sample technique. Correlation results showed a positive correlation between hope and resilience. Further, a significant difference was found in hope and resilience in terms of gender. The posttest study of teenagers in the experimental group highlighted a substantial increase in hope and resilience following the application of distraction strategies compared to those in the control group. Since the fast-paced, competitive atmosphere is overwhelming for adolescents, this study is incredibly important for bolstering hope and resilience among adolescents. These findings will benefit educational and clinical psychologists in handling such problems efficiently.

Keywords: Hope, Resilience, Distraction Techniques, Coping, Students, Adolescents.

Introduction

The interval between childhood and adulthood is referred to as adolescence. Here, the development process is undergoing numerous adjustments. These alterations can generate exhilaration, fear, and stress sensations as they occur in the physiological, emotional, and cognitive domains. The adolescents of today confront numerous obstacles, including pressures from school, peer groups, parents, and social media's promotion of constant digital connection. Some adolescents are so overwhelmed by negative situations that they have little or no self-control. One aspect of adolescence is that they are more preoccupied with and significantly influenced by their peers. So, if their friends engage in bad coping strategies and distorted thought processes, they may also acquire these negative habits. During the onset of puberty, adolescents experience tremendous emotions, and their coping

mechanisms are typically ineffective. As a result of this perspective, individuals with a high level of hope would view stressors as more difficult, rather than more terrifying, and would therefore have the ability and motivation to find ways to lessen stressful sensations and eliminate the stressor.

Hope has been associated with enhanced proficiency in a range of life domains (like academics, adaptive coping abilities, more flexible and positive thoughts, and a more optimistic view of stressful situations). Hope not only makes it simpler to reach a goal when it is not hindered, but it also makes it easier for people to deal with negative circumstances or emotions. In the case of hope, these expectations are for a specific target and continuing effort toward that objective, whereas resilience is a general expectation that good things will occur. As children mature into adolescents, their repertoires of coping mechanisms broaden because of increased life experiences (O'Keefe, 2012).

It is essential that teenagers learn how to deal with high emotions in the present using coping strategies that do not have long-term negative effects. One example of such a skill is the ability to distract. It may be extremely helpful in aiding individuals to manage intense and unpleasant emotions. Diversion can keep them safe by minimizing inappropriate responses to intense emotions and making them hopeful for future over time (BarTal, 2001).

Hence, hope is an individual difference factor that determines how an individual experiences pressures and copes with them (Ciarrochi, Heaven, & Davies, 2007). It is an affective process of psychological asset that strengthens people's resilience and facilitates coping with disruptions. Hope has its linkage with enhanced health outcomes, improved quality of life, and enhanced day-to-day

functioning (Vidic & Cherup, 2019). Existing evidence mostly demonstrates the negative association between psychological hope and health problems Reduced levels of stress and depressive symptoms are related with increased optimism, improved life quality, and functional enhancements. In life-threatening circumstances, hope can be a life-saving factor for those who are overpowered by despair. On the other hand, teenagers with high hopefulness were reported to have fewer cases of various mental illnesses than adolescents with low hopefulness (Dorsett, 2010). Hope and resiliency are two salient psychological characteristics that can help people endure adversity. Hope and resilience are closely related since both include an inclination to maintain an optimistic outlook in the face of adversity (Skaletz & SeiffgeKrenke, 2010).

The study constructs have the following domains:

1. Self-care: allow individuals to experience emotions. Distracting themselves from them all the time will limit their ability to understand and learn from these sentiments. If they aren't taking care of themselves, it can be difficult to concentrate on distractions. Self-care is a necessity, not a frill (Barnett , 2008).

2. Physical Distraction: this involves physical activities that are beneficial for improving the link between your body and mind (Sharar et al., 2007).

3. Creative Distractions: involves drawing, painting, or mindfulness coloring books, writing blogs etc. Perhaps a person could write about how you deal with adversity to assist others who are going through similar situations.

4. Productive Distractions: includes visits to a friend or an elderly relative

and doing something pleasant for them. Invite someone over and cook a meal for them. Start a journal or read a book, Make a personal growth plan for yourself and concentrate on the things you want to do and achieve in the short and long term (Hallowell, 2015).

5. Soothing Distractions: includes self-pampering like using face masks, face washes, or trimming and filing your nails take a lengthy bath or shower with your favorite bubble bath or shower gels and set the ambiance with candles and calming music or an audio book. Go to a secure location, which could be inside or outside. This should be a relaxing and safe environment for you Turn off all electronics and devote some time to yourself - try sitting in the dark and concentrating on your breathing (Wu, Yan, Zhang, et al., 2022).

These domains can help in building resilience of a teenager as well. Resilience is a positive health notion that is described as the process of exploring or polishing resources and capacities that result in increased personal growth and adaptability (Birnie, Noel, Parker, Chambers, Uman, Kisely, & McGrath, 2014). Resilience is considered as a capacity that develops over time in response to interactions between person and environment, rather than as an innate trait. People with high levels of resilience are more likely to have an optimistic outlook, positive emotionality, a thirst for knowledge, and an eagerness to try new things. People with a high level of resilience are better equipped to deal with uncertainty, conflict, and failure. Studies have shown a strong connection between resilience and health, longevity, affluence, interpersonal pleasure, and

happiness. Resilience is a vibrant procedure that leads to advantageous version in the face of extreme adversity. Ineffective adaptation endangers life, but successful adaptation is compatible with life. According to a study, resilience is a continuum of adaptation or achievement with roots in the study of coping and stress. The essence of resilience is the capacity for effective adaptation (Ahern, Kiehl, Sole, & Byers, 2006).

CBT and its techniques are extremely valuable in increasing hope and resilience. The distraction method is a CBT strategy for better emotion management and personal growth. This technique can be used to distract a person from worry, fear, anger, or discomfort. A common reaction to painful thoughts and pictures is elevated anxiety or a depressed mood, which then feeds the problem cognitions and traps us in uncomfortable cycles that can be quite difficult to overcome. It can be a temporary solution that allows a person to recover and refocus their energies, but it can also lead to problem management by redirecting negative attitudes towards negative cognitions rather than being immersed in them. Hence, if we concentrate on something neutral or pleasurable, we can avoid becoming entangled in negative thoughts and impulses: we can escape these cycles (Seguin et al., 2017).

According to research, distraction is more successful than thought suppression in lowering unpleasant cognitions, and it is more effective when clients construct a positive distraction unrelated to their uncomfortable ideas (Crego, Carrillo-Diaz, Armfield & Romero, 2016). This is a universal finding that if individual set out to think about something, they can be more successful than if they set out to not think about something.

Resilience entails mastering the possible, which entails acknowledging what has been lost and cannot be altered while focusing on what can be done and seized. According to research, trauma can affect a victim's sense of purpose and meaning in life (Youssef & Luthans, 2007).

According to Won, (2011), everyone experiences stress at some point in their lives, ranging from major calamities such as the death of a loved one to little concerns such as financial problems. These traumatic incidents can damage a survivor's ability to cope momentarily or permanently, induce changes in self-perception, and result in a diminished subjective quality of life. These alterations affect the victim's quality of life as well as that of the victim's family. Direct and indirect exposure to man-made traumatic events can result in negative emotional and behavioral consequences (such as substance misuse, avoidance of traumatic event remembrance, poor work performance, and social isolation) (Senko, Hama & Belmonte, 2013).

According to research, both posttraumatic stress disorder and anxiety have a negative relationship with hope. Compared to other chronic diseases, cancer appears to have the greatest impact on optimism. Since cancer is a disorder that impacts hope, most hope-related narratives involve cancer patients. According to research, spirituality is a major predictor of optimism and mental wellness. Study found that spiritually well-adjusted people enjoy a healthier lifestyle, are more hopeful, have greater mental stability, and are happier with their lives (Schjolberg, Dodd, Henriksen & Rustoen, 2011).

According to literature, people react to traumatic experiences in various ways and display differing degrees of resilience.

Literature review

Researchers assert that hope, which he defines as an optimistic outlook, is a significant indicator of recovery. A variety of coping methods are utilized by adolescents with cancer to deal with their disease (Gallagher & Lopez, 2018). In addition, adolescents employ coping mechanisms to manage physical pain throughout therapy, such as positive thinking, optimism, making jokes, and holding a parent's or another person's hand (Xu & Wang, 2022). Parents mental health influences a child's coping and characteristics. Particularly, adolescents' coping abilities are influenced by their moms (Ishibashi, Ueda, Kawano, Nakayama, Matsuzaki & Matsumura, 2010)

Successful coping strategies can enhance the dispositional qualities of self-efficacy, optimism, and self-reliance, which, in turn, can enhance the motivation to actively confront future issues. There is some evidence for the benefits of distraction from laboratory and clinical research in which distraction enhanced problem-solving (Donaldson et al., 2019) and reduced negative mood in dysphoric, depressed, or negatively mood-induced participants. All of these research examined the immediate effects of an 8-minute distraction on mood. In the short term, diversion may help ease a melancholy mood, but in the long run, it may not be as useful. According to research, prolonged use of distraction (from 1 to 7 days follow-up to 10 years follow-up) did not retain the initial benefits of reducing negative or depressive affect, but rather resulted in a return to low mood levels (Folkman, 2022). As a result, distraction may be an ineffective long-term strategy for coping with emotions, as it impedes any mechanism that could facilitate healthy emotional processing (Weber, Friederike & Exner, Cornelia, 2013).

Methodology

- To assess the effect of distraction techniques on adolescent's Hope and Resilience.
- To see gender differences in Hope and Resilience.
- To enhance Hope and Resilience among adolescents by applying distraction techniques.
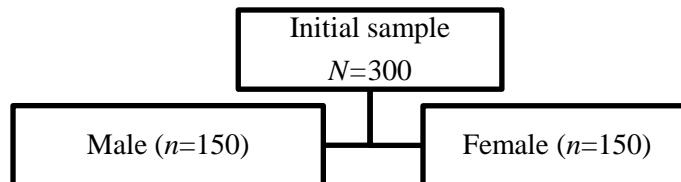
Hypotheses

1. There is a positive relationship between hope and resilience among Adolescents.
2. Hope and resilience are higher in male adolescents than female adolescents.

Objectives

3. The post-test experimental group will show an increase in scores of hope and resilience than control group of adolescents.

Instruments

Miller Hope Scale measured the hope of the participants. It was created by Miller, Judith & Marjorie in 1988 to quantify adult hope. There were 40 things on the scale. On a scale from 1 (very strongly disagree) to 6 (very strongly agree), participants scored their responses to each statement. The range of scores on the hope scale is between 40 and 200, with higher values suggesting greater optimism. Alpha value is 0.93 for internal consistency.

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            ┌─────────────────────┐
            │   Initial sample    │
            │       N=300         │
            └─────────────────────┘
       ┌──────────────┐   ┌──────────────────┐
       │ Male (n=150) │   │ Female (n=150)   │
       └──────────────┘   └──────────────────┘
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The 14-item Resilience Scale (RS-14) measured resilience (Wagnild, 2010). It is a condensed version of the original scale by Wagnild and Young (1993), which includes five items pertaining to "self-reliance" (1, 5, 7, 12, and 14), three items pertaining to "meaningfulness" (2, 9, and 13), two items pertaining to "equanimity" (3 and 10), two items pertaining to "perseverance" (6 and 8), and two items pertaining to "existential aloneness" (4 and 11). On a scale from 1 (Strongly disagree) to 7 (Strongly agree), **Pre-test sample:** In the initial sample there were N=300 randomly selected participants.

participants score the item (Strongly agree). Cronbach alpha ranges from .89 to .96

Research Design & Sampling
The design of the present study is pretest and posttest experimental research design. Employing the technique of stratified random sampling, data was collected from different public and private adolescent students from Malakand Division. The age of the sample ranged from 13 to 19 years.

Intervention sample: The respondents were divided into two groups experimental group (n=62) and control group (n=50) based on the lower scores on pre-test statistical results.

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                    ┌─────────────────────┐
                    │   After Pre-test     │
                    │  Sample (N=112)      │
                    └─────────────────────┘
              ┌──────────────┴──────────────┐
    ┌────────────────────┐      ┌────────────────────┐
    │ Experimental group │      │   Control group    │
    │      (n=62)        │      │      (n=50)        │
    └────────────────────┘      └────────────────────┘
         ┌──────────────┐            ┌──────────────┐
         │   Female     │            │   Female     │
         │    n=24      │            │    n=43      │
         └──────────────┘            └──────────────┘
         ┌──────────────┐            ┌──────────────┐
         │    Male      │            │    Male      │
         │    n=38      │            │    n=7       │
         └──────────────┘            └──────────────┘
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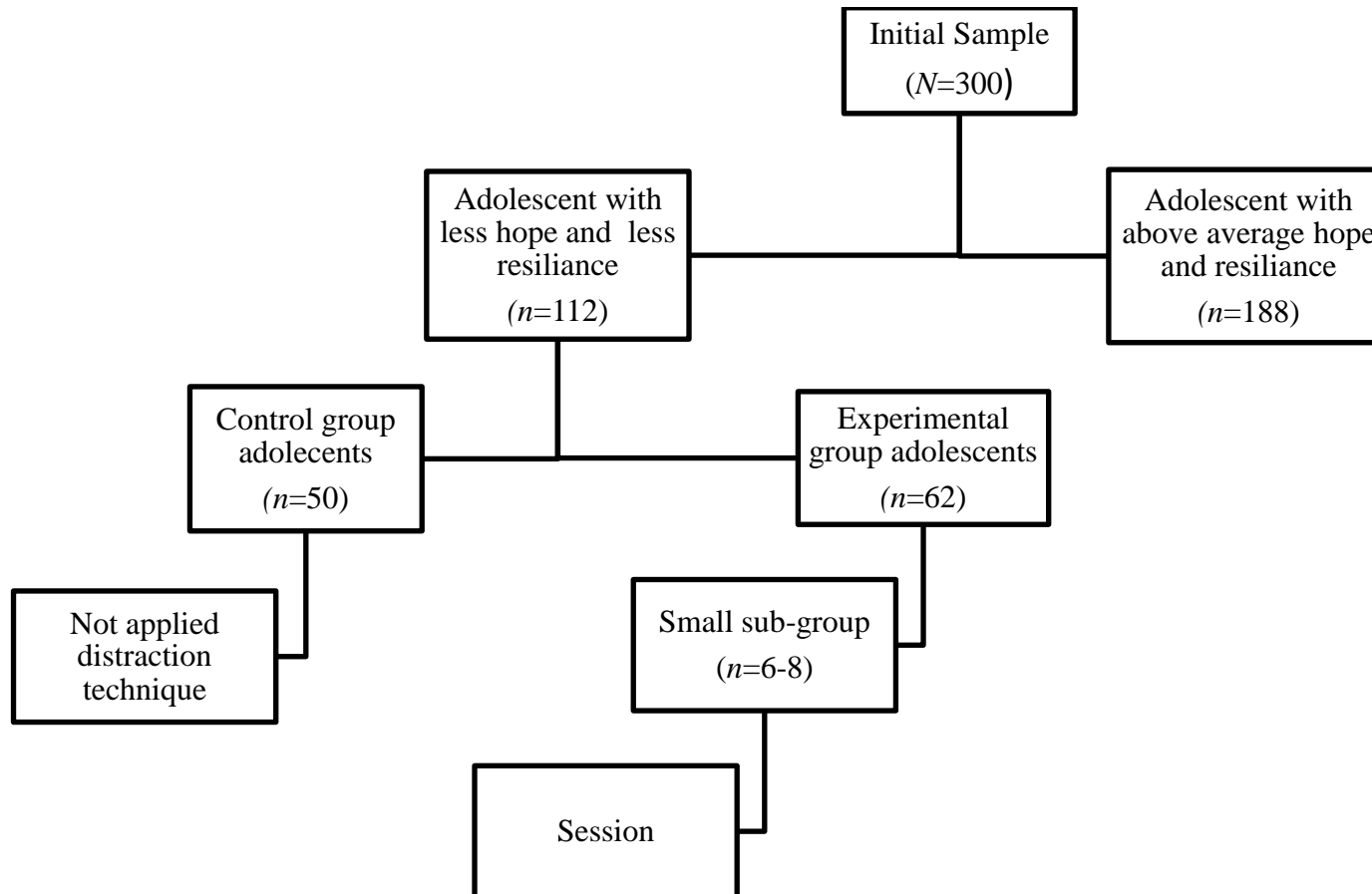
Intervention Sample

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                                                      ┌─────────────────┐
                                                      │  Initial Sample │
                                                      │    (N=300)      │
                                                      └─────────────────┘
              ┌──────────────────┐                                        ┌──────────────────┐
              │  Adolescent with │                                        │  Adolescent with │
              │ less hope and less│                                       │above average hope│
              │    resiliance    │                                        │  and resiliance  │
              │    (n=112)       │                                        │     (n=188)      │
              └──────────────────┘                                        └──────────────────┘
      ┌──────────────────┐              ┌──────────────────┐
      │  Control group   │              │   Experimental   │
      │   adolecents     │              │ group adolescents│
      │     (n=50)       │              │     (n=62)       │
      └──────────────────┘              └──────────────────┘
┌──────────────────┐          ┌──────────────────┐
│   Not applied    │          │ Small sub-group  │
│   distraction    │          │     (n=6-8)      │
│   technique      │          └──────────────────┘
└──────────────────┘   ┌──────────────────┐
                       │     Session      │
                       └──────────────────┘
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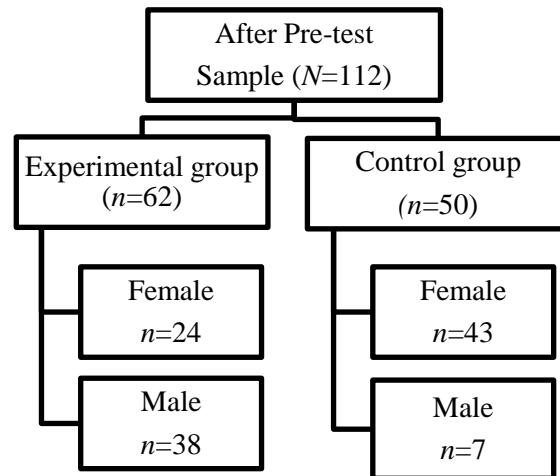
Note: Experimental groups were divided into small groups (6-8) to provide intervention.

Procedure

The researchers gathered information for this study by visiting several academic institutions. Students have been given questionnaires on which the first page has an informed consent form. Participants are informed that their participation is fully voluntary and that they may revoke their consent at any moment. Initial evaluation of (N=300) students' optimism and resiliency was conducted using a pretest. Before and after the intervention, information was gathered twice. The experimental (n=62) and control (n=50) groups were comprised of adolescents with below-average hope and resiliency scores. Depending on the institute, the experimental group was divided into subgroups of eight or twelve pupils. At the first step, relaxation techniques were used to spark their interest and encourage active engagement. Each group was subjected to distraction techniques for one week. Some assignments were assigned immediately, while others needed homework over the course of two sessions. However, the control group did not participate in the intervention-based activities. Both the experimental and control groups were retested on hope and resilience for post-test.

The Training Module

The Training Guide includes session design, organization, exercises, and adaptation tips. The Implementation Guide is vital for planning training and should be utilized frequently to customize each session. The next part describes the training framework and key preparation factors.

Structure of Training

The intervention consists of three thematic sessions, with multiple activities. Prior to the start of the program, an orientation session was used to validate the informed consent of participants. Session summaries are below.

Session 1: Introduction, Teamwork, and Confidence (30 min)

The facilitators, and program objectives are introduced in the training's first part. The teens' training consent is also confirmed. To create a respectful, fun, safe, and inclusive learning environment, training ground rules are agreed upon. Participants learn about accountability measures. Remind group members about the training guidelines and structured exercises.

Session 2: Reactions to Unpleasant events (20 minutes)

Participants work in groups to identify common responses to threats and difficult situations. The groups produce a still image portraying a hard circumstance and some frequent replies. This is followed by additional plenary discussion.

Session 3: Support Generation (15 minutes)

Participants are informed of the assistance they will receive from the Focal researcher(s). It discusses how participants should contact the Researcher(s) following the training (e.g., how frequently, when, and in what manner). In addition, the expected conduct of researchers in relation to privacy was also addressed. The session concluded with an activity in which participants identify support resources within their personal networks.

Session 4: Confidentiality (07 minutes)

The secrecy principle is examined. Examples were given to participants to illustrate instances in which confidentiality could or could not be maintained.

Session 5: Self-care (30 minutes)
The significance of self-care and wellbeing is discussed. Participants receive general self-care guidance from facilitators.

Session 6: Calming Distractions (40 minutes)
The researchers explored ways to soothe and calm worried teens, so they feel relaxed.

Session 7: Physical Distractions (55 minutes)
Concentrating on a strong feeling might intensify it. So, temporarily separating oneself physically may weaken an emotion, making it easier to control. This session covers numerous physical distraction techniques.

Session 8: Productive Diversions (40 minutes)
In this session, researchers focused on techniques that increase teenage productivity while distracting them from stressful situations.

Session 9: Creative Diversions (60 minutes)

This session addressed and practiced engaging teens in creatively distracting activities such as painting, art and craft etc.

Section 10: Exercise (15 minutes)
Participants can practice new skills at home and receive constructive feedback in this session. Scenario examples have been produced to guide participants and cover crucial points.

Session11: Summary and Evaluation (15 minutes)
Feedback and training evaluations are requested. Researchers finish training with a final activity. Participants receive a workbook with post-training worksheets. Participants can write about adaptive distractions on these worksheets.

Ethical Consideration
Study goals were not misrepresented. Informed consent provided real information. Students have been informed of the research and ensured data confidentiality. No researcher-participant relationship existed. Participation was respected and kept confidential. Participants were safe.

Results

Pre-test Findings:

Table 1 Frequency and percentage of participants (N=300)

Demographic variables	f	%
Gender		
Male	150	50.0
Female	150	50.0

Table 1 shows Male students (f=150, 50.0%) and female students (f=150, 50.0%) were equal in number.

Table 2 Reliability Analysis and Pearson correlation among study variables (N=300)

Variables	K	α	1	2
1. Hope	40	.92	-	.118*

| 2. Resilience | 14 | .77 | - |

*p<.05.

Table 2 indicates that hope and Resilience have a significant positive correlation among them i.e., .118*, p<.05.

Table 3 Mean, standard deviation and t-values for male and female adolescents on hope and resilience (N=300)

Variables	Male (*n*=150)		Female (*n*=150)		t(298)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Resilience	78.57	6.81	81.14	6.62	-3.30	.001	-4.09	-1.03	0.38
Hope	197.2	22.2	195.3	22.03	.739	.461	-3.14	6.9	-

Table 3 Results indicate significant mean differences on resilience with t (298) = -3.30, p <.01. while non-significant mean differences on hope with t (298) = .739, p>.05. This shows that males (M = 78.5, SD=6.81) scored lower on resilience as compared to females (M=81.14, SD=6.62).

Post-test Findings:

Table 4 Mean, standard deviation and t-values for experimental and control groups on hope and resilience (N=112)

Variables	Exp (*n*=62)		Control (*n*=50)		t(110)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Resilience	54.8	4.08	30.5	7.44	-22.1	.000	-26.5	-22.1	4.05
Hope	198.5	14.7	172.3	35.1	-5.35	.000	-35.9	-16.5	0.97

Table 4 Results indicate significant mean differences on resilience experimental and control group with t (110) = -22.1, p <. 001. And on hope experimental and control group with t (298) =-5.35, p<. 001.The finding shows that experimental group on resilience (M = 54.8, SD=4.08) scored higher as compared to control group. (M=30.5, SD=7.44). Likewise experimental group on hope (M=198.5, SD=14.7) scored higher as compared to control group (M=172.3, SD=35).

Discussion

This study elucidated the impact of adolescent distraction methods for inflating their hope and resilience.

Hope and resilience were positively correlated. Hope substantially connected with resilience. These data imply that teenagers with high hopes can rebound from stress. Hope improves resilience, according to earlier research (Muyan-Yılık & Demir, 2019). Hope motivates people to set goals and establish paths to success. This psychological energy can help people cope with stress and improve their mental health (Hawro, Hawro, Zalewska, & Maurer, 2016).

With hope, and resilience, people's functioning improves. Hope and resilience are linked to better physical and mental health outcomes in undergraduates and adults (Ewart, 2010). Hope and resilience reduce mood disturbances and boost self-esteem. Depressed people have poor hope.

Second, males have more hope and resilience. Resilience is the ability to cope with trauma, hardship, or severe stress through active problem-solving and coping. It changes during the subject's life. Resilience improves mental, physical, and pain acceptance (Gooding, Hurst, Johnson, & Tarrier, 2012). In an international survey, resilient university students had fewer psychiatric illnesses than those with low resilience. Males expressed greater hope than females. Previous research found the same. Another study found no gender differences in self-efficacy (Anyan, Hjemdal, Ernstsen, & Havnen, 2020).

Most Western cultures are non-sexist, and more young women are entering and succeeding in previously male-dominated fields like engineering, science, and management. Women still manage the home and children. Consequently, family, media, and industry send young women conflicting messages about their role in society. Young women are encouraged to play science and math roles despite gender preconceptions. Contradictory messages may explain trait hope's decline (Javier-Aliaga, Quispe, Quinteros-Zuñiga, Adriano-Rengifo, & White, 2022).

Third, on the posttest, experimental adolescents scored higher in hope and resilience than control adolescents. Our study found that teenagers use sports to cope with hardship (Ong, Zautra, & Reid, 2010).

Hope involves will and pathways. The former relates to a person's belief and imagination to achieve a goal. The latter is a person's belief and motivation that they can solve problems. Hope is a coping method (Tugade, & Fredrickson, 2004; Cowan, Pham, Elvevåg, & Cohen, 2021). Hope requires emotional expectancy and cognitive and deductive thinking to find new solutions, according to researchers. Some academics define hope as optimism and positivity. Hope involves high-level cognitive processing of abstract, optimistic future events. It requires goal setting, planning, imagery, creativity, cognitive flexibility, mental exploration of new situations, and risk-taking. Cognitive factors cause hope's emotive component, which can be pleasant or negative since people recognize that achieving their objective may require struggle, cost, and endurance. Early trust experiences, affected by persons and external circumstances, seem to be the emotional foundation of hope (Avey, Luthans, Smith, & Palmer, 2010).

Implications and Recommendations

1. The current findings suggest that positive psychological strengths such as hope, and

resilience appear to provide benefits to the subjective well-being and psychological health of youngsters.

2. Using distraction techniques is more effective at a time of stress because it is kind of instant relief technique.
3. Use of active distraction techniques helped adolescents to engage in tasks that lead them to
4. Random selection of participants is highly encouraged in future studies.
5. Hope and resilience can be studied in multiple cultures of the country.

enjoy the process along with the learning experience.

6. Qualitative research designs & interviews may highlight the experience details of distraction techniques in each participant during the post-test.

Limitations

This study has few limitations.

1. External factors might have influenced the results.

2. Data collection was confined to a region of a country rather than the whole country.

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