

The Effectiveness of Narrative Therapy on the Decrease of Social Phobia in the Female High School Students: Isfahan

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Abstract

The present research aims at examining the effectiveness of narrative therapy on the decrease of social phobia in female high school students in Isfahan for the academic year 2013-14. This quasi- experimental study is of pretest posttest type along with an experimental group and a control group. All the high school students in Isfahan, academic year 2013-14, constituted the statistical population of which 30 students were selected by convenience sampling and randomly divided into two experimental and control groups. Narrative therapy was done on the experimental group for 8 sessions. To collect the required data, social phobia inventory developed by Moshveri (2003) was used. Statistical data analysis was done by descriptive statistics including tables, histograms, percentage frequency distributions, mean estimation, and standard deviation and by inferential statistics, which on the basis of research hypotheses, included analysis of covariance. The results of analysis of covariance revealed that there is a meaningful difference between the experimental group and control group in the decrease of social phobia

Keywords: Social phobia, Narrative therapy, Female high school students

Introduction

It is a reality that human's life begins among other humans from birth and that s/he communicates with them from that very beginning. The communication shapes his/her behavior and leads to social learning, and, thus, the little child's behavior becomes socialized. The social development of children evolves gradually and almost all types of his/her behavior

are affected by his/her surrounding. Social development refers to individual's maturity in social relations so that s/he can be compatible with the people of his/her society. Put it another way, at birth, children are neither social nor unsocial but gain this quality by interactions in the society. Proper social pedagogy compatible with social groups does not occur by itself and without a good fortune (Kennerley, 1995, translated by Mobin, 2002).

Depriving children of development and maturity causes them to have little contact with other people, show no interest in the social life, lose creativity, and reveal unable to plan their future life. It also raises the issues related to socialization and successful symbiosis in adolescence and after that. Of the biggest problems of adolescents are, at present, isolation and successful relationships avoidance originated from 'social phobia'. In the past, isolation was possible by a limited relationship, but, today, it is impossible and the individual need to deepen and broaden his/her relationships with others (Neisi et al, 2006).

According to Himberg, Stein, Hiripi and Kessler (2010), social phobia (often referred to as social anxiety disorder) is a highly prevalent anxiety disorder that is associated with known social situations affecting at least a part of the routine life of the patients. This type of disorder is very disabling and affects many aspects of the patients' life. In severe cases, social phobia can reduce the life quality to a large extent. Some patients do not leave the house for weeks or lose many social chances like educational and job opportunities (Rahmanpour, 2010, Moradi & gholami Renani, 2006).

In the recent decades, several theoretical frameworks have been presented to determine the basic mechanisms of social phobia disorder of which some emphasize the cognitive processes. Clark & Wells (1985&1995), Beck, Emery and Grinberg (1985), Foa & Kozak (1985) introduced one of the primary premises of cognitive approach on anxiety: anxiety is elicited by an expectation of a harmful or negative event: that is, by a perception of threat. Individuals' perception of threat is thought to be determined by their subjective judgments of the probability of a negative event occurring and the cost or aversiveness of that event (Carr, 1974).

Thus, overestimates of probability and cost of a negative event is related to social phobia disorder. In their studies, Beck et al. (1985), Foa and Kozak (1985), Foa and Kozak (1986), Foa et al. (1996), Essau, Conradt, and Peterman (2000), and Muris, Merckelbach, Gadel and Moulart (1999) found out, compared to non-anxious controls, social phobics exaggerated the probability and cost of negative social events. Typically, social phobia disorder begins in adolescence. Schneier, Johnson, Hornig, Liebowitz and Weissman (1992) revealed that children and adolescents may report different types of fear and anxiety.

Language is not only the means to express thoughts and feelings but also the main factor to construct, change, and maintain the realities of human life. By language, in general, and narratives, in particular, the individual communicates with internal concepts as well as external world. Knowledge is acquired by the social context, and the acquired knowledge is communicated through language. Indeed, human has always tried to find and create meaning in life. S/he receives the information not as raw but as different meanings. S/he tries to explore the meanings in everything and the language is the means to communicate these meanings. Accordingly, language is used as a clinical means of changing the meanings of people's lives (Morgan, 2000).

The most important key concept in narrative therapy is that the problem is the problem not the individual or family. Narrative therapy is based on the understanding that the language form in which people understand their lives is the storied or narrative form. Rather than viewing people as something, such as a male or a depressive or an anorexic, narrative therapy

views people as unique histories. As histories, people give meaning to the events that happen to them. A repertoire of life stories is provided by the culture in which a person lives. Narrative therapy works to assist clients to revise these internalized culture stories into ones that are more inclusive and appreciative of clients' personal power and responsibility (Polkinghorne, 2004).

Narrative therapy attempts to change the cognitive frameworks on which the individual relies in their thinking process. Indeed, narrative therapy does this by critical thinking of cognitive suppositions. This type of therapy is based on the idea that people themselves examine their life stories .i.e., they reconstruct the stories (Abedi, 2006, White &Epson, 1990, Rabiee et al, 2008).

Social anxiety disorder in children and adolescents is related to their strong school refusal (LAST and Straus, 1990). The disorder is also manifested as depression in adolescents. Many techniques and methods such as exposure therapy, practical relaxation, stress control training, social efficacy training, and anxiety control training have already been used to cure social phobia. However, studies have shown that each of the above-mentioned therapies reveals the most notable and useful effect and encompasses different aspects of social phobia.

Regarding the importance of Narrative therapy and its positive effect on the decrease of anxiety, shyness, and depression, the present research examines the effectiveness of narrative therapy, which is strongly supported by theory and research, on the decrease of the individuals' social phobia.

Methodology

The present study was done to examine the effectiveness of narrative therapy on the decrease of social phobia in female high school students in Isfahan. The study is of quasi-experimental type with an experimental group and a control group.

Group	Random selection	Pretest	Independent variable	Posttest
experimental	R	T1	X	T2
control	R	T1	-	T2

Table 1. Research diagram

All the female high school students in Isfahan constituted the statistical population of the study. Research sample included 30 female high school students selected by convenience sampling and randomly put in an experimental group and a control group (each group consisted of 15 students). Therefore, narrative therapy was done on the experimental group in 8 sessions. Pretest was done before the intervention, and posttest, after 8 weeks.

Research Tools

Social phobia inventory: this inventory was developed by Moshaveri in 2001 to measure the rate of social phobia. It consists of 38 questions. A part of the questions are developed by recognition criteria and social phobia literature and the other 15 questions, by Jonathan and Davidson's social phobia inventory (1999).

The validity of the inventory was confirmed by several researchers. Using Alpha Cronbach, Moshaveri (2006) gained the research reliability as 0.83. In another study done by Mehrtalab

(2007), the inventory was completed by 40 students of Arak University and the coefficient alpha was 0.78.

Research Method

Narrative therapy training courses are held in 8 sessions (each session: 90 min) with the following topics:

1. Introduction: introduction and familiarization of group members, setting goals and discussion of rules, specification of the model of treatment, and the urge to explain their narratives.
2. Life story: externalizing problems, analyzing the dominant narratives, finding problem saturated stories, analyzing the dominance of problems, the manner to make stories.
3. The important life events: the dominant element in the story, rising and falling experiences.
4. Deconstruction: unique outcomes, naming the problem, de-powering the problem
5. Creativity: challenging the narratives, positive and negative factors, big life challenges, and shadow stories of the members.
6. Recreating and retelling the story: the critical point, applying the new elements in narratives, preferences, wishes, important goals and people in life, determining the life frameworks
7. Unique outcomes: the strength points of the individual, analysis of the new narrative’s relation to the individual’s life
8. Re-authoring the life story: predicting the potential problems, the final editing of the new narrative.

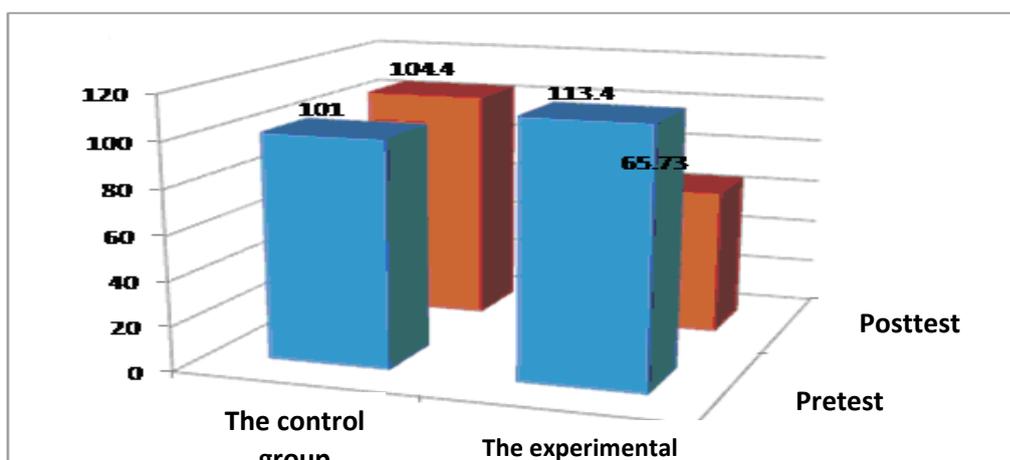
Research Findings

Research hypothesis: Narrative therapy decreases social phobia in the female high school students.

Table 2. Comparison of pretest-posttest social phobia means scores in the groups of research

groups	Experimental group (narrative therapy)		Ccontrol group	
	mean	Standard deviation	mean	Standard deviation
pretest	113.40	11.93	101	11.28
posttest	65.7	15.23	104.4	14.94

The results of table 2 shows, in the pretest level, the experimental group with the mean of 113.40 and, in the posttest level, the control group with the mean of 104.4 were the highest means of social phobia.



Comparison of pretest-posttest social phobia means scores in the groups of research.

Table 3. Covariance analysis of social phobia posttest scores in control and experimental groups.

Resource	Sum of squares	Degrees of freedom	Mean squares	F	Level of significance	Eta	statistical power
Social phobia pretest	629.3	1	629.3	3.29	0.081	0/109	0.417
Group membership	11112.15	1	11112.15	52.801	0/001	0.669	1.000

(Dependent variable: social phobia posttest score. Covariant variable: social phobia). As seen in table 3, there is a meaningful difference between social phobia scores of control and experimental groups in the posttest level: $P < 0.01$. As the students' mean scores of social phobia in the posttest level decreased in comparison with the pretest level, it can be concluded that narrative therapy is effective on the decrease of students' social phobia.

Discussion and Conclusion

The mean scores of social phobia were 65.73 for the experimental group in the posttest level and those of the control group, 104.40. Furthermore, the results of table 3 showed a meaningful difference between social phobia scores of control and experimental groups in the posttest level: $P < 0.01$. As the students' mean scores of social phobia in the posttest level decreased in comparison with the pretest level, it can be concluded that narrative therapy is effective on the decrease of students' social phobia.

The findings of the present research is similar to those of Mehryar (2000), Abulqasemi (2003), Tahmasebi Moradi (2005), Esameeli Nasab et al. (2005), Dadsetan et al. (2006), Anari (2006), Naziri et al. (2009), Borkovec et al. (1993), Durham (2002), Chambless and Gillis (1993), Butler et al. (1991), Power et al. (1990), and Lindsey et al. (1987) in the point that among the cognitive-behavioral therapies to cure the patients suffering from anxiety disorder, narrative therapy and drama therapy had a positive effect on the decrease of anxiety and anxious thoughts. Using narrative therapy training, Headman (1999, quoted by Falah Chai) showed a significant decrease of anxiety disorders in the experimental group after training.

Considering the above-mentioned result, it can be stated that narrative therapy had a positive effect on the life of people. In fact, by narrative therapy, they gained new attitudes towards the realities of life, reduced negative thinking and feelings like fear, phobia, and anxiety about future, and improved their interpersonal relations. Since the control group received no narrative therapy training, no meaningful differences were observed in pretest and posttest levels.

Social phobia disorder is a persistent disorder which lasts forever in the patients. However, aging sometimes decreases the risk of it. Social phobia is prevalent in the families, particularly, the first-degree relatives and family members (Navidian & Abedi, 2008). Adolescent Students are subject to different cases at home, school, and in their relationships with their friends and peers. Issues like anxiety about education, future job, marriage, parents' satisfaction, their role in the society, and more importantly physical and sexual changes occurred during puberty would obsess their minds; this obsession consequently leads to anxiety and stress. The severe anxiety-disordered adolescent will be defeated by a sudden feeling of fear as if something bad was going to occur to him/her. S/he feels uncomfortable and is struck by physical reactions like sickness, headaches, dizziness, and vomiting. All his/her attention is distracted. Since the anxiety decreases concentration and memory capacity, it affects academic performance and, consequently, underachievement or academic failure.

Adolescent anxiety reactions include mental isolation, failure to do homework, persistent somatoform disorders symptoms, different pains, diarrhea, asthma, and chronic fatigue. To overcome anxiety, people use different methods like medical therapy and psychotherapy, and face this problem in different ways. Some are unaware of the symptoms, confuse it with medical disorders, and go for medical treatments. On the other hand, some others do not care about prevention or treatment; this leads to severity of the disorder and cause other disorders as well. Besides being urged to start treatment, the patients should also be informed about the symptoms of anxiety and the proper methods to cure or decrease their anxiety.

Nowadays, most therapists apply group approaches to cure anxiety. Regarding the effectiveness of narrative therapy on physical and mental health and considering the fact that coping skills training for anxiety is more useful and convenient than other therapeutic approaches and that it does not have any negative or side effects of medical (drug) treatments, non-pharmacological approaches are more proper, effective, and economical.

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