Effectiveness of Narrative Therapy on the Increase of Self-Assertiveness in Female High School Students (Case Study: Iran (Isfahan), 2013-14)

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Abstract
The present research aims at examining the effectiveness of narrative therapy on the increase of self-assertiveness 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, self-assertiveness questionnaire 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, analysis of covariance. The results of analysis of covariance revealed that there is meaningful difference between the experimental group and control group in the increase of self-assertiveness.

Keywords: self-assertiveness, narrative therapy, female high school students

Introduction
Humans are social beings and cannot escape this quality of their life. Most people are able to easily communicate with others or involve themselves in activities like giving a presentation, eating food, writing, etc., among others. There also exist some individuals who start to panic in such situations. Such individuals are sometimes in such a panic that they are obliged to either avoid the social situations or bear them with a lot of stress. Put it another way, their entire professional, educational, and social life are afflicted (Moradi, 2006).

One characteristic of the patients with low self-assertiveness and social phobia is the lack of the necessary ‘social skills’ to establish and maintain social relationships and defend their rights. Such individuals encounter lack of self-assertiveness. Furthermore, due to their social phobia and social interactions anxiety, they feel shy and reserved and consequently unsociable. Hence, they are so distressed and anxious in the social situations that finally lose their

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Low self-assertiveness and social skills in children and adolescents is diagnosed with strong school refusal behavior. Several studies have been done regarding self-assertiveness like Masters et al (1987) who examined the effect of self-assertiveness skills training on social anxiety of the male and female adolescents. They found that the adolescents who received the skill in the experimental group meaningfully decreased their social anxiety in comparison with adolescents of the control group who did not receive any skills. In another study, Wehr & Kaufman (1987) studied the effect of self-assertiveness on a group of anxious adolescents. The findings of their study revealed the increase of self-esteem and decrease of aggressiveness and social anxiety in this group. There are many other studies showing that self-assertiveness training improves the social skills and academic performance and decreases the social anxiety of adolescent students (Amali, 1994, Neisi et al., 2001, Torkaman Malayeri, 2003, Yaghoubi, 1998, Ravicz, 1998, Wehr & Kaufman, 1987).

Psychologists use different approaches to cure low self-assertiveness. Similarities among the people suffering from a certain type of anxiety (like self-assertiveness) subject them to group therapy, i.e., individuals talk to others about their problems (Moradi & Gholami Renani, 2008). Seemingly, group therapy is effective in decreasing social anxiety. To shed light on the subject of group therapy, one type of it, i.e., narrative therapy is introduced. According to Narrative therapy, problems are raised by problematic narratives. The basis of this approach is on narratives and stories (Tabrizi et al., 2008). Indeed, narrative therapy holds that the individuals’ lives are found in their stories or narratives. That is, in a constant meaning-making process, they recreate their lives by narratives.

The most important key concept in narrative therapy is that the problem is the problem not the individual or family. 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).

Therefore, the individual finds out the dominant story of his/her life is not a good one, thus, changes are vital; in his/her story, there are unnoticed unique outcomes since s/he has always looked at the dark side of his/her story, i.e., his/her story merged into problems. On telling his/her story, s/he only mentions a large body of problems. These problems do not allow the individual to think about the unique and significant outcomes, events, and moments which remind them about their value. In narrative therapy, the problem is not considered as performance disorder of the individuals. Problem is a story which needs being recreated by therapeutic discourse - retelling life stories and experiences (Abedi, 2008).

Regarding the importance of narrative therapy as a psychological subject and its positive effect on the decrease of anxiety, shyness, self-assertiveness, this study attempts to examine the effectiveness of narrative therapy on the increase of self-assertiveness. Hence, the purpose of the present research is examining the effectiveness of narrative therapy on the increase of self-assertiveness in female high school students in Isfahan.
Research hypothesis: narrative therapy is effective on the increase of self-assertiveness in female high school students.

Method
The present study was done to examine the effectiveness of narrative therapy on the increase of self-assertiveness in female high school students in Isfahan. The study is of quasi-experimental type with an experimental group and a control group. Pretest and posttest were applied in the study.

<table>
<thead>
<tr>
<th>Group</th>
<th>Random Selection</th>
<th>Pretest</th>
<th>Independent Variable</th>
<th>Posttest</th>
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</thead>
<tbody>
<tr>
<td>experimental</td>
<td>R</td>
<td>T1</td>
<td>X</td>
<td>T2</td>
</tr>
<tr>
<td>control</td>
<td>R</td>
<td>T1</td>
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<td>T2</td>
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</tbody>
</table>

Table 1. Research diagram
All the female high school students in Isfahan constituted the statistical population of the study. Research sampling included 30 female high school students were 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. To analyze the data obtained from research questions, two descriptive and inferential statistics were used; for the descriptive statistics, tables, histograms and percentage frequency distributions, mean estimation, and variance standard deviation, and for inferential statistics, according to research hypotheses, i.e., comparison of the experimental and control groups, analysis of covariance were applied.

Research tools
Assertive scale for adolescents (ASA) questionnaire: this questionnaire was made by Yul Lee, Hallberg, Slemon, & Haase in 1985. The ASA is a questionnaire of 33 items designed for adolescents in grades 6-12. This questionnaire describes 33 interpersonal situations and provides the respondent with 3 options as to what he or she would usually do in each situation. The three options are classified as assertive, unassertive, and aggressive or passive-aggressive (Fatehi zadeh et al., in print).

Reliability: based on a subsample of 55 adolescents, the Kuder- Richardson formula indicated fairly good consistency while the test-retest reliability was very good with a correlation over a four-week interval of 84%. The coefficient alpha was 76% for this questionnaire.

Validity: Concurrent validity based on correlations with two other measures was rather low (33% for the selected items from the Gambrill-Richey Assertiveness inventory and 55% with children’s Action Tendency Scale). However, the ASA did distinguish between known groups in several dimensions (e.g. leaders vs. non-leaders), appears to be sensitive to the effects of group assertion training sessions, and does not appear to be confounded with aggression or social desirability response set (based on lack of significant relationship with the Crowne-Marlowe...
Social Desirability Scale). The ASA was negatively correlated with irrational beliefs (Fatehi zadeh et al., in print).

Research Method
Since the purpose of the research which is examining the effectiveness of narrative therapy on the increase of self-assertiveness in high school students, the experimental group received 8 sessions of narrative therapy training. Before training, the experimental and control groups completed the questionnaires. After narrative therapy training and some workshops for the experimental group, both experimental and control groups completed the questionnaires for the second time.

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, 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 relationship with the individual’s life
8. Re-authoring the life story: predicting the potential problems, the final editing of the new narrative.

Research findings
The present research examined the effectiveness of narrative therapy on the increase of self-assertiveness in female high school students in Isfahan as the research hypothesis. Table 2 demonstrates 2 covariance analyses of self-assertiveness posttests scores in the control and experimental groups.
Table 2. Analysis of covariance of self-assertiveness posttests scores in the control and experimental groups


As seen in table 2, there is meaningful difference between self-assertiveness scores of control and experimental groups in posttest level: $P<0.01$. As the students’ mean scores of self-assertiveness in posttest level increased in comparison with pretest level, it can be concluded that narrative therapy is effective on the increase of students’ self-assertiveness.

Discussion and conclusion

The present research was done to examine the effectiveness of narrative therapy on the increase of self-assertiveness in female high school students in Isfahan. As seen in table 2, there is meaningful difference between self-assertiveness scores of control and experimental groups in posttest level: $P<0.01$. As the students’ mean scores of self-assertiveness in posttest level increased in comparison with pretest level, it can be concluded that narrative therapy is effective on the increase of students’ self-assertiveness.

On the likely results of research hypothesis, it can be stated that individuals change the existing meanings in their minds and re-author the problem stories of their life in the narrative therapy approach. Indeed, based on this approach, the process of making new stories creates an urge in the members to attack the problems more properly in the future (Carlsson et al, 2005) and to obtain self-assertiveness skills without violating others’ rights. In other words, narrative therapy helps decrease the individuals’ social anxiety and, in turn, increase their self-assertiveness. As Wolpe (1990) believes, a socially anxious individual who lacks self-assertiveness, would feel shy and reserved because of his/ her social refusal and social interactions anxiety, and, consequently, loses his/her self-assertiveness in sharing ideas with others.

The findings of the present research are similar to those of Jalali (2002), Bahrami (1996), Fanget (2000), Ingram, Miranda and Segal (1998) which all maintained that group and individual counseling, behavioral and cognitive-behavioral therapies, and self-assertiveness training are
effective on the increase of individuals’ self-assertiveness. The findings of the research are also in line with the studies done by Temple and Robson (1991) and Arundel, Sonderman, Higman, and Pickersgill (1991).

Self-assertiveness is a type of behavior which enables the individual to act in their own interests, to stand up for themselves with no anxiety, to express honest feelings comfortably and to express personal rights without undermining the rights of others (Alberti, 1982). Reis and Graham believes assertiveness is the individuals’ ability to express themselves directly and properly, valuing their feelings and identifying their strengths and weaknesses. Lange & Jakubowski (1976) considered self-assertiveness as the expression of a person’s rights, thoughts, feelings and beliefs directly, honestly and adequately in a way that does not violate the rights of others. The way one communicates with others, an important factor of interpersonal relation, keeps self-assertiveness skill healthy (self-assertiveness, an important factor of interpersonal relation, is a healthy way of communicating with others).

(What disorder do you mean? Low self-assertiveness?)

Individuals with low self-assertiveness make problems for themselves and others. This disorder sometimes begins by shyness in childhood and middle adolescence. Sometimes, it occurs gradually but more often it occurs suddenly after a crisis or stressful factor. In fact, it 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.

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.

References