



The Effectiveness of Narrative Therapy on Anxiety and Co Morbidity Disorders of Pre-School Children

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ABSTRACT: In order to find out the effectiveness of narrative therapy in reducing anxiety, data was collected from thirty children in the age of six. For examining children's anxiety CSI-4 test developed by Gadow and Sprafkin, was employed which was answered by parents of children. Data was analyzed by MANCOVA method. Results showed significant difference on anxiety scores between control and experimental groups. Overall, narrative therapy reduced anxiety and co morbidity disorders of pre-school children.

Key words: anxiety; narrative therapy; children; play therapy

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INTRODUCTION

The present study hypothesizes that narrative therapy as therapeutic tools would reduce the anxiety levels in children. This paper discusses narrative therapy in the context of pediatric psychopathology as seen in anxiety disorder and the efficacy of this therapy in anxiety reduction. Anxiety disorders represent one of the most common forms of child psychopathology. Studies with community samples suggest that around 8-12% of children meet diagnostic criteria for some form of anxiety disorder that is sufficiently severe to interfere in daily functioning (Anderson et al., 1987; Costello, 1989).

Anxiety disorders in children may present in a variety of forms, such as separation anxiety, social phobia, generalized anxiety, and panic disorder with or without agoraphobia, obsessive-compulsive disorder and specific phobias (Messer and Beidel, 1994). Anxiety disorders represent a more serious psychological disorder and often they do not dissipate over time without appropriate intervention.

Many children actually meet criteria for a second anxiety disorder and sometimes even more; whereas others may suffer from a different secondary emotional or behavioral disorder. Anxiety disorders often are co-morbid with other disorders such as depression or externalizing disorders. According to Brady and Kendall (1992), rates of depression and anxiety co-morbidity ranged from 15.9% to 61.9% across various studies (Brady and Kendall, 1992).

Contrary to the old adage—that they will grow out of their anxiety—many children with an anxiety disorder do not grow out of their disorder. Moreover, these severe and chronic conditions also have the potential to significantly impair academic, emotional and social development. Thus, as the understanding of

these disorders has evolved, the need to recognize and effectively treat these conditions has become more salient (Beidel and Turner, 2005).

It is important to note that children with anxiety disorders (or any other disorder) rarely seek treatment on their own. Rather, adults often recognize the child's distress and seek intervention on their behalf. Thus, children may have less motivation for treatment and establishing a therapeutic relationship with a child may be a very difficult task. Although the emphasis on the need for a strong therapeutic relationship differs according to intervention's theoretical basis, the need for the patient to be cooperative with and motivated to participate in, the intervention cuts across intervention type (Shirk and Karver, 2003).

Therapeutic play with children is an effective clinical intervention that has been successfully utilized by therapists for many years. Various techniques of play therapy have been used ranging from free play to structured projects with great therapeutic success.

In the present study Narrative therapy as a version of play therapy was employed to help children to express and explore their experiences of life. Engel (1995) states that every story a child tells contributes to a self-portrait he or she can look at, refer to, think about, and change, this portrait can also be used by others to develop an understanding of the storyteller.

The stories we tell, whether they are about real or imagined events, convey our experience, our ideas, and a dimension of who we are. The therapist and child construct a relationship together where the child can develop a personal and social identity by finding stories to tell about the self and the living world of her/him self. The partnership agreement between child and therapist gives meaning to the play as it happens. The stories created in this playing space may not be "true"

but often will be genuine and powerfully felt and expressed (Cattanach, 1997).

The narrative expressions of both adults and children act as interpretations through which people give meaning that seems sensible to themselves and to others of their life experiences (White, 2005). Persons who experience themselves as the problem feel helpless and experience a loss of personal agency about manoeuvring themselves away from the problem, unable to initiate self-change. When the problem is identified as the problem (the antagonist), the person is empowered, as protagonist, to take the lead in creatively taking control of the problem (Semmler and Williams, 2000).

In narrative therapy the problem is set up as antagonist and the person is promoted to protagonist in the story, with the client and counsellor in partnership co-authoring empowering and meaningful alternative stories, the reverse of the narratives of failure (Semmler and Williams, 2000; Winslade, Crocket, and Monk, 1997). It is more important in narrative therapy to focus on the content of restraints that keep the problem alive than investigate the origin or pathology of the problem (Durrant and Kowalski, 1998). Externalising a problem is a distinctive narrative therapy characteristic, developed by Michael White (Monk, 1997).

Externalization enables an individual to objectify and personify an oppressive problem (White, 1989), it considers the person as separate from the problem, with the problem interpreted as external rather than internal, empowering the individual to become a creative agent in problem solving, rather than a passive patient (Monk, 1997; White, 1989; White, 1991). It is often difficult for a child to tell how he feels about an adult who has harmed him/her because those influential people—the social worker, the teacher, and the parent—express a view of the perpetrator that is not experienced by the child. If the child's story is heard and acknowledged, then he can become empowered. If the therapist and child co-construct the narrative together through their therapeutic relationship, the child can use the therapist to be heard and is free to explore alternative stories in the safe therapeutic space (Schaefer & Kaduson, 2006b).

This study was designed to examine the effectiveness of narrative therapy on anxiety and co-morbid disorders of pre-school children. In particular, 2 hypotheses were tested:

H1. Children in narrative therapy group would show more anxiety reduction compared to control group.

H2. Children in narrative therapy group would show more co-morbidity disorders reduction compared to control group.

MATERIAL AND METHODS

Participants: Data was collected from 30 kindergarten children using (CSI-4) parent checklist, 15 children randomly assigned to Narrative group, and the other 15 to control group, their age was six. Measures: Child Symptom Inventory – 4: Parent Checklist (CSI-4; Gadow and Sprafkin, 1997). The child symptom inventory-4 (CSI-4) is a behavior rating scale that developed by Gadow and Sprafkin measures behavioral disorders in children between ages of 5 to 12 years old.

The Parent Checklist contains 97 items that screen for 15 emotional and behavioral disorders. Disorders being measured by (CSI-4) are: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, Anxiety, Schizophrenia, Major Depressive Disorder, Dysthymic Disorder, Autistic Disorder, Asperger's Disorder, Social Phobia, and Separation Anxiety Disorder. The reliability of (CSI-4) in test-retest ranges from 0.46 to 0.87, and its internal consistency ranges from 0.74 to 0.94. Criterion validity for (CSI-4) found to be acceptable. Procedure: Type of research method employed in this research was pre-test, post-test with control group. After choosing 30 children who had anxiety disorders according to the CSI-4 form, they were assigned randomly to narrative therapy and control group. For narrative therapy group 10 sessions (60 minutes each session) was designed.

Duration of therapy program was 5 weeks for narrative therapy group. The therapy started one week later after performing pre-test program. In narrative therapy, telling stories, reading stories, conversation about daily and personal issues, and recognition of thoughts-emotions-reactions was explained. During the therapy program the examiner encouraged the students verbally and non-verbally. At the end of tenth session examiner gave some rewards as encouragement. The final post-test was administered 5 days after last session.

RESULTS

For analyzing and examining the hypothesis of present study means and SD's of pre-test and post-test for each research group was obtained (narrative therapy and control group), then correlation of anxiety disorders in post-test was calculated, next multivariate and univariate Mancova of anxiety disorders were obtained. Since calculated univariate indexes for all three variables of anxiety disorders are significant, after analysis of covariance comparisons of means should be done but since independent variable has two levels (narrative therapy and control group) there is no need to do post hoc. After controlling the effect of pre-test

on post- test, adjusted means of two groups are reported in table 5. As it is shown, anxiety disorders mean in post-test(after controlling pre-test) among narrative therapy group is less than control group, in other words narrative therapy reduces anxiety

disorders. The pre and post test results revealed that there was a significant reduction in anxiety in the experimental group as compared to the control group. Results also indicate increase in the anxiety scores of the children in the control group.

Table1. Narrative therapy sessions

session	Narrative therapy sessions
Session 1	Acquainting with children and reinforcing the relation between members and psychologist through playing games
Sessions 2-4	The narrative therapy through metaphors (Mills & crowley, 1986): The examiner got the information about each child according to personal needs, examining psychological status discovering, conflicts and stressful factors and then starts to create stories in which the heroes of stories has the same problems as each child, the stories are designed in a way that the hero find new ways to overcome the problems.
Sessions 5-8	The feeling word game (Kaduson & Schaefer, 1998): Increasing awareness and consciousness of children based on their feelings and emotions.
sessions 9-10	The box of buttons technique (Kaduson and Schaefer, 1998): The buttons box is used to show the different or even desirable ideas, sayings.

Table 2. Means and SDs of Anxiety Disorders

Variable	Narrative therapy				Control group			
	Pre Test		Post Test		Pre Test		Post Test	
	M	SD	M	SD	M	SD	M	SD
Generalized anxiety	3.20	2.10	0.80	1.14	4.20	2.35	5.20	3.01
Social Phobia	2.10	0.88	0.30	0.48	1.50	1.35	1.70	1.57
Separation Anxiety	3.50	1.58	1.10	0.99	2.00	2.26	2.10	2.28

Table 3. Correlation coefficient of anxiety disorders (post-tests)

Variable	Generalized Anxiety	Social Phobia
Social Phobia	0.149 *	
Separation Anxiety	0.251 *	0.154 *

Table 4. Multi-variet and Uni-variet Mancova for Anxiety Disorders

Index	MANCOVA	Generalized Anxiety	Social Phobia	Separation Anxiety
Scores	E (3,16)	E (1,17)	E (1,17)	E (1,17)
Group	12.581 *	35.618 *	33.463 *	33.076 *

**p<0.001

Table 5. Adjusted Means for post-test scores

Variable	Generalized Anxiety	Social Phobia	Separation Anxiety
Narrative Therapy	1.23	0.05	0.49
Control Group	4.77	1.95	2.71

DISCUSSION

Results of research in narrative therapy group showed the reduction in anxiety symptoms in children with anxiety disorders. Various researches confirmed the effectiveness of play therapy on psychotherapy of children suffering from anxiety disorders: on a study by Baggerly (2004) on self-esteem, depression and anxiety of homeless children, statistical analysis revealed children receiving child-centered play therapy significantly improved in self-esteem, anxiety, and depression demonstrating a moderate to large effect size. Another play therapy reported by Milos (1982) about effectiveness of play therapy on anxiety, depression and adjustment of earthquake victims, he investigated the effectiveness of short-term child-

centered group play therapy in elementary school settings with Chinese children in Taiwan who experienced an earthquake in 1999. Children in the experimental group scored significantly lower on anxiety level and suicide risk after play therapy than did children in the control group. The effects of the treatment support previous studies of play therapy with American children. These findings reveal the possibility of disaster intervention services adopting Western helping techniques with school children of non-Western cultures.

The present study clearly points out the effectiveness of narrative therapy supported by previous studies quoted above. The results indicate that the narrative therapy is effective in improving self

esteem, school performance and sociability of the children (as reported by parents).

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