The effectiveness of group narrative therapy on reducing identity crisis and mental health improvement of Divandarre students

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Original Article

Abstract

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Introduction: Narrative therapy is a rather new approach based on the postmodern approach in treatment of mental disorders. This study aims to investigate the effectiveness of group therapy on reducing identity crisis and mental health improvement of boy students at Divandarreh high schools.

Methods: In a semi-experimental study targeting all boy students studying at Divandarreh high schools (2011-2012) where two high schools were randomly selected. GHQ and Berzonsky identity style questionnaires were distributed. Thirty students - whose scores for mental health and identity crisis were 1 standard deviation lower than the average – were randomly divided into trial and control groups. Multivariate covariance analysis was used for the analysis of the data in SPSS software Package (version 19).

Results: The findings showed that narrative therapy could be effective for both reducing identity crisis and achieving normal identity. Narrative therapy also effects on improving the mental health.

Conclusion: According to the findings of this study as well as the negative impacts of identity crisis on one hand and low mental health on personality development and talent flourish of the individual on the other hand, it is recommended to use narrative therapy for the treatment of such disorders.

Key words: Narrative Therapy – Identity Crisis - Mental Health

Introduction:

Adolescence is a period of human development associated with major changes in the self (ego) as well as formation of a stable identity. Identity development is a progressive process including conscious integration of the individual's self-belief, the opinion of the individual about the view of others about her/him, and commitment to personal values and life objectives (1). According to Erikson, the most important objective in adolescence is the development of a personal identity (2).

Erikson founded the bases of understanding identity development in adolescence. Later Marcia and Berzonsky developed the field by identifying the stages for identity development and cognitive processing of identity (3). Erikson defined identity as a relatively stable feeling of self-uniqueness. In other words, in spite of change in behaviors, thoughts and feelings, an individual's self-perception is constantly similar. Berzonsky points out three distinct cognitive orientations (identity styles): 1) Informational style dealing with willingness to investigate multiple solutions to a given problem and to delve into several options before committing to any of the options; 2) The Normative style which characterizes growth by conforming to social and family expectations; and 3) The Diffuse/Avoidant style which is represented by the tendency to procrastinate the commitment and decision making (4).

Having potentialities for causing many problems in development stages, the Diffuse/Avoidant style is of great importance. According to Erikson, adolescents sometimes develop role diffuse and do not find a coherent identity. They cannot find a job and share with the society (2). The average age of individuals with diffuse/avoidant identity style is 15.54 years (5). Such individuals avoid confrontation with personal problems, conflicts and decision making. Studies show that there is a positive relation between diffuse identity style and psychological trauma (1, 7). This style has a positive relationship with emotion-focused coping strategies, expectancy for external control, self-debiliation, inconsistent decision making strategies, moodiness, Neuroticism, depression and anxiety; and has a negative relation with self-awareness, cognitive stability, conscience, and optimum life dimensions (7-9). There is a direct relationship between individual identity styles and styles for avoidant attachment and anxiety attachment. Those with diffuse/avoidant identity styles are not able to establish an intimate relationship (10).

The diffuse/avoidant identity style results from an incoherent identity structure (11). Identity formation is concerned with the cohesion/consistency and the insight level of the life stories (12). Perhaps, this is the reason why McLean and Pasupathi (6) believe that narrative therapy approach is the best existing method to respond the questions concerning the process of identity formation. From the view point of narration, adolescence is the time in which adolescents are able to establish assumptions, ideals as well as pictures from their past, present and future. This cognitive growth enables them to confront with the modern emerging problems. Instead of personality theories and psychopathology, the narrations of therapists encourage us to rely on the stories. The stories narrated by the therapists, like literary critics, help us to innovate new interpretation and meaning about who we are, who we were and who we can be (12). The stories we make out of our life form the feeling of our own identity. We make the stories in the same way we live. Inter-relation and cohesion between the sections of a story reflects how the narrator's identity is coherent. Time continuity and the individual's uniqueness within a time span is related to his identity (7). In this approach, to solve problems we have to deconstruct old stories and substitute them with new ones to create liberation. Narrative therapy as a metaphor either is looking for easy understanding of compiling or recompiling a process which helps individuals experience other styles of existence. The processes of narrative therapy approach include avoidance of labeling, assisting individuals to detach from dominant internalized narratives, and opening up a space for the creation of other stories (12).

Several studies investigated the relation between narratives and identity styles. A study showed that adolescents with less cohesion in their personal narratives and narrative plans scored higher in diffuse identity. Another research showed that growth outcomes associated with negative events of life story (for example, improvement of the individual's wisdom when confronted with difficult life experiences) in comparison with the outcomes associated with positive events (for example, clarity of career identity due to optimum and predictable conditions) resulted in higher level of exploratory narrative processing and more maturity.

One of major needs of today's adolescents and the young is the development of a stable identity, having a self- perception as a unique human,

commitment to beliefs, ideology, and a coherent sense of past, present and future. Since a coherent and organized sense of identity is associated with a better educational, career and family performance as well as higher mental health level and emergence of more society-friendly behaviors, this study attempts to investigate the effectiveness of group narrative therapy approach on reducing identity crisis and improvement of mental health in high school students suffering from identity crisis..

Methods:

This is a semi-experimental study (13) which investigates the effectiveness of narrative therapy on reducing identity crisis and improvement of mental health in high school students. The study population included all boy high school students studying at Divandarreh in 2011-12. To carry out the study, two high schools (320 students) were randomly selected. After recall for participation in the research, questionnaires (Berzonsky identity style and GHQ) were distributed. After examining the responses, 30 students - whose scores for the diffuse/avoidant identity style and mental health were one standard deviation lower than the average – were randomly divided into two equal groups (trial and control. The sample size was determined based on three earlier similar study. Two students from the trial group did not complete the therapy. Multivariate covariance analysis was used for the analysis of the data in SPSS software Package (version 19).

After specifying the trial/test group members, each of them completed a consent form to participate the research. Then therapy sessions were held. The intervention comprised 8 group narrative therapy sessions. Each session was 90 minutes. The control group received no intervention. Three weeks after termination of the therapy, all the members in both groups completed the identity crisis and mental health questionnaires.

The stages of therapy planned by the researchers based on authentic resources and approval of university professors. The main activities in the sessions are as follow. 1st session: introduction, being open in therapy, description of problematic narrative (the story influencing the identity and mental health), accommodation; 2nd session: listening to the members' language and metaphors, separating problem from identity and students relations, investigating the narratives from the view of other group members; 3rd session: browsing, encouraging the students to tell short narrations and challenging the narratives; 4th session: deconstructing the narratives, introducing alternative/substitute narratives, encouraging members to behave differently from their narratives; 5th session: talking about changes, focus on emotions and thoughts, and rewriting selected identities; 6th session: talking with members about their relationship with important people in their life in past and present, writing un-posted letters, forgiving and forgetting; 7th session: reviewing the past memories, asking members about how others imagine them, and member's role in their lives; 8th session: talking about positive experiences and the alternatives, retelling and stabilizing alternative narratives, approval and validation the narratives and creating a sense of self-esteem in members.

Tools:
Identity styles questionnaire (ISI-6G)

This questionnaire was first developed by Berzonsky (8) for the measurement of socio-cognitive processes used by adolescents confronting with identity-related issues. This questionnaire evaluates three different identity styles: Informational, Normative and diffuse/avoidant. It includes 40 questions. Response to questions was a 4-degree rating scale: strongly disagree (1), disagree (2), somewhat agree and (3) strongly agree. The questionnaire included 5, 9, 10 and 10 questions respectively for informational identity style, normative identity, diffuse/avoidant identity and commitment. The results obtained external and internal studies which approve validity and reliability of the questionnaire. Berzonsky (2000) reported Cronbach's alpha 0.71 for informational identity style, 0.65 for normative identity style, 0.75 for diffuse/avoidant identity style and 0.78 for commitment. Besides, reliability was 0.71 obtained through coefficient alpha test retest method. After normalization of the questionnaire for Iranian students, Cronbach's alpha was

calculated as 0.67 for informational identity style, 0.53 for normative identity style, 0.54 for diffuse/avoidant identity style and 0.57 for commitment.

General Health Questionnaire (GHQ-28)

A 28-item scaled form of general health is a psychological questionnaire provided for identification of non-psychotic psychiatric disorders. Introduced by Goldberg and Hillier (1979), GHQ does not aim at finding serious disorders like psychotic schizophrenia or depression (14). The questionnaire - emphasizing on psychological, physical and social problems - is about the individual's current illness and disorders. In this way, the symptoms and state of health are assessed. The 28-item questionnaire includes 4 scales. Each scale includes 7 questions. The scales are: 1) Somatic symptoms, 2) Anxiety and insomnia, 3) Social dysfunction and 4) Severe depression.

The sum of the scores obtained from the subscales is a total score for general health. Scoring is based on a 4-point Likert score in which each item is scored from 0 to 3. According to this system the score of individuals ranges from 0 to 84. Higher scores indicate greater impairment of general health. The results obtained from studies on Iranian students proved the validity and reliability of the questionnaire. Cronbach's alpha was 0.91 and concurrent validity coefficient of the questionnaire compared with the problems of life questionnaire was 0.58.

Results:

In the present study, the age average of the participants was 16.7 years. There were 7, 7, 8 and 6 students respectively from 1st, 2nd, 3rd and 4th grades of high school (14). In this study, descriptive parameters such as mean and standard deviation, and multivariate analysis of covariance test (MANCOVA) were used for description of the study and testing the assumptions, respectively.

Before applying MANCOVA, it is necessary to check the assumptions. Normal Q-Q plot method was used for normality of data. It showed normality of data in both dependent variables. Box test was used for examining the assumption for the equivalence of dependent variables covariance. Table 1 shows the results.

Box test indicates that the assumption for homogeneity of variance-covariance matrices is satisfied. (Table 1).

Table 1. Box Test for homogeneity assumption testing

Boxes M	4.826
F	1.474
Df1	3
Df2	79.484765
Sig.	0.219

Levene's test was used for testing the homogeneity of dependent variables regression assumption. As Table 2 indicates, error variance of dependent variables between the groups is equal.

Table 2. Levene's test for testing the homogeneity of dependent variables regression assumption

Variables	Sig	Df2	Df1	F
Mental Health	0.823	26	1	0.010
Diffuse Identity	0.199	26	1	1.739

Table 3 presents the mean and standard deviation of the students participating in the pre-test and post-test of diffuse/avoidant identity style and mental health.

After moderation of the scores, the mean difference of the mental health between the test group and control group yielded 12.89 score. The mean difference of the diffuse/avoidant identity style between the test group and control group is 6.39 score. Multivariate covariance analysis with Bonferroni correction was used to find out if the difference is due to group narrative therapy (independent variable) or not.

Table 4 indicates that group narrative therapy had significant effect on mental health and diffuse identity in a complex variable ($F2\&21 = 7.642$ and partial $X^2 = 0.43$ and $P < 0.005$). In other words, group narrative therapy affects on improving mental health and reducing identity crisis. Partial Eta squared indicates the severity of this as 0.42 which is a good effect.

Table 3. Mean and standard deviation of pre-test and post-test scores for mental health and diffuse identity

Groups statistical Indices		Pre-test		Pst-test	
		Mean	Standard Deviation	Mean	Standard Deviation
Test Group	Mental Health	39.36	16.56	26.73	4.36
	Diffuse identity	34.27	2.15	27.45	2.21
Control Group	Mental Health	4.52	16.51	39.62	4.32
	Diffuse identity	34.39	2.63	33.84	1.92

Table 4. Multivariate covariance analysis (MANCOVA)

Effect	Value	F	Sig	Partial Eta Squared
Wilkis's Lambda	0.579	7.642	0.001	0.421
Pilaei effect	0.421	7.642	0.001	0.421

Table 5. Multivariate Covariance Analysis for the effect of narrative therapy on mental health and identity crisis

Variable	Sum of Squares	Degree of Freedom	F	Level of Significance	Eta Coefficient
Mental Health	307.636	1	184.301	0.000	0.433
Diffuse identity	158.818	1	29.970	0.000	0.35

As Table 5 shows mental health variable analysis by itself using Bonferroni adjusted alpha (0.25 for both groups) reflects this fact that narrative therapy has been effective on improving mental health. Partial eta squared shows that the severity of this parameter is 0.43 which is a good effect ($F_{1\&25} = 29.97$ and partial $X^2 = 0.43$ and $P < 0.005$).

Results also show that group narrative therapy by itself using Bonferroni adjusted alpha (0.25 for both groups) reflects this fact that narrative therapy has been effective on reducing identity crisis. Partial eta squared shows that the severity of this parameter is 0.43 which is a good effect ($F_{1\&25} = 29.97$ and partial $X^2 = 0.43$ and $P < 0.005$).

Conclusion:

The results of the present study indicates that group narrative therapy reduces identity crisis and improves the mental health of high school students suffering from identity crisis. This confirms earlier studies (7,12,15). According to the literature review of the study, there is a relationship between identity and narration. This reflects the basic role of narration in identity formation. Flaskas et al (2007) believe that individuals shape and change their identity through language and the stories which construct about themselves and others, and repeat them (15). Moreover, narration is considered both as the main process based on which identity develops and as a behavior which reflects individual's current identity (7,16,17). In fact, narration might be the best response to this question that where do we belong to, where are we supposed to go and how are they related to each other?

Individuals by narrating their experiences, ultimately perceive the way life passed up to the present and placed them in the path of future (6). From the view point of narration, adolescence is the time in which adolescents are able to establish assumptions, ideals as well as pictures from their past, present and future (17).

There are two main reasons why narrative therapy consolidates individual's stories and reduces diffuse/avoidant identity style. Firstly, this type of identity is defined by inclination to postponing decision making based on what happened. And secondly, diffuse/avoidant identity is resulted from an incoherent and unconsolidated identity structure.

Identity development is a lifetime process in which identity is constructed and reconstructed. Identity – in response to varying requirements of life - is either preserved or relinquished (1,6). Narrative therapy is an approach which views individuals as the experts of their lives, and separates problems from individuals. It assumes

that people have skills, beliefs and abilities which help them reduce the effects of the problems in their lives. In this therapy, people, themselves, analyze their own stories. Narrative therapy focuses on creating new meanings in life. Flaskas believes that allegory, non-fiction narrations and stories have potentialities for changing our life style and relationships (15). Narrative therapy helps people in several ways: facilitating identification of people's abilities regarding themselves as well as their problems, focusing on references, improving individual functionality, concentrating on unique outcomes to identify individuals' functionalities (18).

This study also showed that narrative therapy had a positive effect on mental health of the participant. This somewhat complies with earlier studies (19). Narrative therapy allows people to construct positive stories and events about themselves, and interpret the event from a new prospect. On the other hand, narrative therapy leads to normal identity which, in its turn, has a positive relationship with clear and positive communications with others, self-awareness, cognitive stability, conscience, welfare and mental health (8,10). A study reported that there is a direct relationship between avoidant attachment style and anxiety. People with diffuse/avoidant identity style are not able to establish intimate emotional relationships (10). From the perspective of identity positions, identity exploration and commitment are related to positive inter-personal relationships, educational attainment, logical reasoning and high self-esteem (7). Depressed people usually narrate negative stories about themselves and others. However, narrative therapy causes them to create new narrations and stories and have more positive perspective towards the life and its events.

Since the present study indicates the effectiveness of narrative therapy approach, it is suggested to pay more attention in using this type of therapy for the treatment of identity issues and mental disorders in future. It is also recommended the effectiveness of narrative therapy to be studied for the treatment of other personality and mental problems. One of the limitations of this study was lack of sample size and limited population. This should take into consideration for the future studies.

Acknowledgement:

References:

1. Schwartz SJ. A new identity for identity research: Recommendations for expanding and refocusing the identity literature. *Journal of Adolescent Research*. 2005;20:293-308.

2. Khabaz M. Parenting styles, identitiy style and commitment identity. (dissertation). Tehran: Masters thesis. Allame Tabatabaiy University; 2011. [Persian]

3. White RJ. The role of parenting style, ethnicity, and identity style in identity commitment and career decision self-efficacy. (dissertation), California: University of Southern California; 2009.

4. Schwartz SJ, Mullis RL, Waterman AS, Dunham RM. Ego Identity Status, Identity Style and Personal Expressiveness: An Empirical investigation of Three Convergent Constructs. *Journal of Adolescent Research*. 2000;15:256-264.

5. Phillips TM. Age-Related Differences in Identity Style. *Journal of Personality*. 2008;19:427-442.

6. McLean KMD, Pasupathi MD. Narrative Developmnt in Adolsence. New York: Springer Press; 2010.

7. Miniscalco C, Hagberg B, Kadesjö B, Westerlund M, Gillberg C. Narrative skills, cognitive profiles and neuropsychiatric disorders in 7 and 8-year-old children with late developing language. *Int J Lang Commun Disord*. 2007;42:665-681.

8. Berzonsky MD. Identity style and well-being: Does commitment matter? *An International Journal of Theory and Research*. 2003;3:131-142.

9. Berzonsky MD, Ferrari JR. Identity orientation and decisional strategies. *Personality and Individual Differences*. 1996;20:597-606.

10. Kerpelman JL, Pittman JF, Saint-Eloicadely H. Identity and intimacy during adolescence: Connections among identity styles, romantic

attachment and identity commitment. J Adolesc. 2012;35:1427-1439.

11. Soenens B, Duriez B, Goossens, L. Social-psychological profiles of identity styles: Attitudinal and social-cognitive correlates in late adolescence. *J Adolesc*. 2005;28:107-125.

12. Pruchaska J, Nurkras JC. Theories of Psychotherapy. Tehran: Roshd Press; 2008. [Persian]

13. Delavar A. Theoretical and practical research in the humanities and social sciences. Tehran: Arasbaran Press; 2010. [Persian]

14. Karimian N, Karimi Y, Bahmani B. The relationship between guilt and mental health with marital commitment of married people. *Journal of Counseling and Family Therapy*. 2011;1:243-256. [Persian]

15. Flaskas C, McCarthy I, Sheehan J. Hope and Despair in Narrative and Family Therapy. London: Taylor & Francis Press; 2007.

16. McLean KC, Pasupathi M, Pals JL. Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*. 2007;11:262-278.

17. Pasupathi M, Hoyt T. The development of narrative identity in late adolescence and emergent adulthood: *The Continued Importance of Listeners*. 2009;45:558-574.

18. Angus Lynne E, Jihn M. Hand book of narrative and Psycho therapy. Say Press; 2004.

19. Naziri Gh, Ghaderi Z. The efficacy of narrative therapy on reducing women depression. *Journal of Woman and society*. 2010;1:65-72.

بررسی اثربخشی گروه درمانی به شیوه روایتی بر کاهش بحران هویت و بهبود سلامت روان دانش‌آموزان دیواندره

نادر کریمیان ۱ مهین عسکری ۲ یوسف کریمی ۳ اقبال زارعی ۴

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چکیده

مقدمه: روایت درمانی رویکردی نسبتاً نو در درمان مشکلات روانی و مبتنی بر رویکرد پست مدرن می‌باشد. پژوهش حاضر با هدف بررسی اثربخشی گروه درمانی به شیوه روایتی بر کاهش بحران هویت و بهبود سلامت روانی دانش‌آموزان پسر دبیرستان‌های شهرستان دیواندره انجام گرفت.

روش کار: این تحقیق یک مداخله بالینی از نوع مطالعات نیمه آزمایشی می‌باشد. جامعه پژوهش شامل کلیه دانش‌آموزان دبیرستانی پسر شهرستان دیواندره که در سال ۹۰-۹۱ مشغول به تحصیل بوده‌اند، می‌باشد. جهت نمونه‌گیری از بین دبیرستان‌های پسرانه شهرستان دیواندره دو دبیرستان به صورت تصادفی انتخاب گردید و بعد از اجرای پرسشنامه‌های سبک‌های هویتی برزونسکی و سلامت روان (GHQ) و بررسی جواب‌ها ۳۰ دانش‌آموز که نمره آنها در سلامت روان و بحران هویت، یک انحراف معیار پایین‌تر از میانگین بود، به صورت تصادف در دو گروه آزمایش و کنترل قرار گرفتند. جهت تجزیه و تحلیل داده‌ها از تحلیل کوواریانس چند متغیره استفاده گردید و داده‌ها در نرم‌افزار SPSS 19 تحلیل گردید.

نتایج: یافته‌ها نشان داد که روایت درمانی می‌تواند در کاهش بحران هویت دانش‌آموزان مؤثر باشد و باعث دست یابی به هویت بهنجار می‌گردد. همچنین روایت درمانی در بالا بردن سلامت روانی تأثیر دارد.

نتیجه‌گیری: با توجه به یافته‌های پژوهش و از آن جایی که بحران هویت و سلامت روانی پایین تأثیرات منفی در رشد شخصیت و شکوفایی استعدادهای فرد دارد، توصیه می‌شود از درمان روایتی در درمان چنین اختلالاتی بهره گرفته شود.

کلیدواژه‌ها: روایت درمانی – بحران هویت – سلامت روان

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