Group Narrative Therapy Effect on Self-esteem and Self-efficacy of Male Orphan Adolescents

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ABSTRACT

Objective: The present study was carried out to investigate the effects of group narrative therapy on enhancing self-esteem and self-efficacy of 20 Iranian male orphan adolescents (13-18 years of age).

Methods: Participants were randomly assigned to the experimental and control group. Then, a 10-week group therapy was performed. Outcome measures included the Rosenberg self-esteem inventory and the Scherer self-efficacy scale questionnaires.

Results: Results of analysis of covariance revealed that narrative therapy led to significant increase in the self-esteem and self-efficiency of the participants.

Conclusion: It as an effective therapy for orphan or traumatic adolescents. It is also suggested that narrative therapy can provide a useful clinical framework for therapists and clients to solve adolescents' problems.

1. Introduction

The children and adolescents raised in institutional environments encounter with multiple behavioral and emotional difficulties (The St. Petersburg-USA Orphanage Research Team, 2005; Ellis, Fisher, & Zaharie, 2004). They experience multiple and major long-term life events and more than normal children have trouble relating to peers, develop conflictive relationships with their parents, and have long-term psychopathology (Jackson, Rump, Ferguson, & Brown, 1999).

Self-efficacy and self-esteem are two significant factors associated with well-being and health (e.g. Schwarzer, Schmitz, & Tang, 2000; Schwarzer & Scholtz, 2000; McFarlane, Bellissimo, & Norman, 1995), and have been found to be positively related to mental health and well-being (e.g. Wilburn & Smith, 2005; Cheng & Furnham, 2004; Sedkides, Rudich, Gregg, Kumashiro, & Rusbult, 2004; Cheng & Furnham, 2003). Clinical studies can determine effective programs in institutional settings to meet the emotional needs of orphan children and promote their cognitive and psychological developments (Simsek, Erol, Oztop, & Munir, 2007; Wolff & Fesseha, 1998).

Narrative therapy is a relatively new approach to deal with individual and family problems (White & Epston, 1990). This is a unique approach based on Foucault's sociocultural philosophy. Foucault suggested that individuals internalize oppressive ideas in cultural, political, and social contexts (Foucault, 1987). Thus in narrative therapy, clinical problems are conceptualized as restraining narratives that are influenced by one's culture and society (Costa, Nelson, Rudes, & Guterman, 2007). Nichols and Schwartz (1998) explained that narrative therapy focuses on understanding how experience creates expectations and how expectations shape the experience through the creation of organizing stories. Narrative

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therapy aims to help clients recognize and reflect on the elements of their current problem saturated stories, and to empower them to reformulate a more-preferred life direction (Adams-Westcott & Dobbins, 1997; Freedman & Combos, 1996). There are some assumptions underlying this theory; (1) emotions and behaviors are determined by narratives and stories, (2) emotional disorders result from dominant narrative, and (3) by altering these stories and dominant narratives, emotional disturbance can be reduced (White & Epston, 1990).

The goal of narrative therapy is to help externalizing problems, and identifying new stories. Therapeutic techniques are designed to externalize problems, identify new stories, and unique outcomes. According to Morgan (2000) narrative therapy is a respectful, nonblaming approach which centers people as the experts in their own lives. It views problems separately from people and assumes that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to change their relationship with problems in their lives.

Several factors make narrative therapy as an exceptionally useful modality in treating adolescents, including stance of narrative therapist in relation to the adolescents that is respectful and collaborative and makes them see problem as a separate entity, rather than one individual-as-problem. Narrative therapy takes the focus of the child and adolescent from the problem and puts emphasis on the child and adolescent's strength and abilities to deal with the problem. This approach also promotes interplay of the child and clinician's imagination in coauthoring of meaning in searching for solution (Bennett, 2008).

Most studies have examined the efficacy of narrative therapy techniques on a wide range of clinical issues (Kaptain, 2004; Etchison & Kleist, 2000; Freedman & Combos, 1996; Adams-Westcott & Dobbins, 1997; Sprinkle & Piercy, 1992). There is enough evidence from studies that justifies exploration of the narrative therapy effectiveness on adolescents (Kaptain, 2004; Fristad, Gavazzi, & Spldano, 1999). Strong evidence from a variety of sources indicates that narrative therapy benefits adolescents (Adams-Westcott & Dobbins, 1997; Biever, McKenzie, Wales-North, & Gonzales, 1995; Holcomb, 1994; Dickerson & Zimmerman, 1992), and that adolescents with a variety of difficulties respond well to narrative therapy intervention (Kaptain, 2004; Cowley, Farley, & Beamis, 2005; Fristad et al., 1999; Adams-Westcott & Dobbins, 1997). Accordingly, narrative therapy has been utilized to treat a wide variety of adolescents' problems (Kaptain, 2004; Freedman & Combos, 1996, p. 365), including encouraging the safe sex practice among at risk young women (Cowley et al., 2005) and easing mood disorder symptoms (Fristad et al., 1999).

The purpose of current study was to investigate the effects of group narrative therapy in enhancing self-esteem and self-efficacy of male orphan adolescents.

2. Methods

Twenty orphan young boys, ranging 13-18 years old, participated in this study. Most of the boys were behind their cohort grade level, and came from economically disadvantaged homes. All participants were adjudicated for residential treatment as a result of parents' divorce, addiction, or family problems. Common events in personal histories of the participants included physical, emotional, or sexual abuse; parental neglect or abandonment (through parental choice, addiction, imprisonment or death); PTSD (Post-traumatic stress disorder); mood disorders; substance abuse problems; gang involvement; and incorrigibility (truancy from home, school, or placement). Participants were randomly assigned to the experimental group (n=10) and control group (n=10). Group therapy was conducted for 10 sessions over a period lasting nearly 3 months. The control group received no treatment. The study received the ethical approval of the University Research Ethics Committee.

All participants were adolescent residents in a center for orphan children whom were invited to participate in this research. The researcher interviewed them individually to ensure that they met the following criteria: (1) willingness to participate in group therapy and (2) no concurrent involvement in psychotherapy. Twenty participants who met the criteria were included in the study. The participants were fully enlightened about the purpose and procedures of the study. The study was implemented in the art therapy center. The participants were then assigned randomly to two groups (details in previous section). Before starting therapy, all study participants completed the Rosenberg self-esteem and Scherer self-efficacy scale questionnaires. The sessions were led by a therapist who had didactic and experiential training in both narrative therapy and art therapy and assisted by an experienced co-therapist in working with adolescents. At the end of the treatment, all participants completed the two questionnaires again.

Participants in the treatment group received ten 2-hour group therapy sessions during a 10-week period. The first session was devoted to create a group atmosphere, in which individuals could share their feelings and thoughts with group members and build a strong bond-

ing. The narrative therapy techniques were used in the other sessions. The stages consisted of (1) defining the problem; (2) mapping the influence of the problem; (3) evaluating and justifying the effects of the problem; (4) identifying unique outcomes; and (5) restoring (White, 2007; White & Epston, 1990).

The process served the adolescents to identify the problem's effects and externalize it (White, 2004; White & Epston, 1990). Therapist attempted to achieve description of the problem and find out how the problem has influenced diverse domains of the adolescent's life. By identifying the way a problem has affected their lives, adolescents were motivated to separate themselves from the problem and enlarge a sense of agency by acknowledged opportunities for identifying unique outcomes (White, 2007; White & Epston, 1990).

In this stage, the basic aim of the therapist was to create safe, lovely, nonblaming space with encouraging adolescent's courage to use arts mediums and work together. A basic task for therapist was to create a safe feeling for the adolescents. This was the most important aim for the therapist to adopt a nonblaming position that adolescents find no need to rush into making any changes. Use of arts mediums was extremely helpful to create safe, nonblaming and lovely space for adolescents.

Adolescents were encouraged to use arts mediums to view themselves separately from the problem, and then externalizing and personifying the problem. Externalizing the problem is an approach that encourages adolescents to objectify and personify the problems that they have experienced oppressive (White & Epston, 1990). Externalizing is depathologizing and a language of unconditional hope and encouragement. In effect, adolescents are encouraged to grasp the idea that they are not the problem, but the problem is the problem. Externalizing is a facet of inviting adolescents to name the problem (Payne, 2006). Naming the problem is often the first step in the process of externalizing. It creates a linguistic separation between the problem and the adolescents (Butler, Guterman, & Rudes, 2009; White, 2007; White & Epston, 1990).

A unique outcome refers to any thought, behavior, feeling, or event which contradicts or is at odds with dominant story (White, 1995; White & Epston, 1990). These unique outcomes help the adolescents identify themselves separately from the problem and encourage the realization that the problem saturated story is not the only possible narration. This was the foundation for a new story to be constructed (Freedman & Combos, 1996). In this stage, the therapists asked adolescents to show and express using arts medium, 'Are there times when they don't allow the problem to get them into trouble?', 'Can you draw or imagine a time lately when the problem was present but you didn't allow it to get the better of you?', 'Are there times when you feel you can push the problem around?', 'Can you show me through a draw collage or scup late?', 'How were you able not to let the problem influence you in this situation?' or 'What did you do to overcome the problem in this situation?'. We thought this stage was extremely important for adolescents to accept themselves as strong, efficient, and worthy people.

After identifying unique outcome, clients are helped create new meaning to these instances through restoring, a therapeutic process designed to help clients create a sense of empowerment, self-efficacy, and hope (Guterman & Rudes, 2005; White, 2000). In restoring stage, the therapist asked the client, 'What does this (i.e. the unique outcome) say about you and your ability to have influence over this problem?' or 'What qualities in a person are required to deal with this problem?' Narrative therapy also frequently employs tasks, interventions, letter writing, and other narrative exercises.

Measures

The Rosenberg self-esteem scale (RSES) (Rosenberg, 1965)

It is made up of 10 items that refer to self-respect and self-acceptance and is rated on a 4-point Likert-type scale, ranging from 1 'totally disagree' to 4 'totally agree'. Items 1, 3, 4, 7, and 10 are positively worded, and items 2, 5, 6, 8, and 9 stated negatively. It originally developed for the adolescent population, and has inter-

Table 1. Group means (standard deviations in parentheses) for self-esteem and self-efficacy variables.

Category	Treatment M (SD)		Control M (SD)	
	Pretest	Posttest	Pretest	Posttest
Self-esteem	4.7 (1.4)	6.1 (1.2)	4.2 (1.2)	6.4 (1.2)
Self-efficacy	45.4 (6.4)	58.9 (8.4)	43.8 (6.2)	46.9 (10.2)

Table 2. ANCOVA of scores for comparison of treatment and control groups in pre/post-test

Source	Sums of Squares	Mean Squares	df	f	Sig
Covariate (pretest)					
Self-efficacy	177.2	177.2	1	2.1	.159
Self-esteem	7.3	3.7	1	7.3	.015
Group					
Self-efficacy	617.2	617.2	1	7.5	.014
Self-esteem	35.6	3.6	1	6.3	.022
Error					
Self-efficacy	1390.5	81.7	17		
Self-esteem	17.2	1	17		
Total					
Self-efficacy	1.58		20		
Self-esteem	596.1		20		

Note. Computed using alpha<= 0.05

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nal consistency for various samples in the range of 0.77 to 0.88 (Rosenberg, 1989). The Persian version of the RSES was adapted by Alizadeh and the correlation coefficient measured for a randomly split half-sample was found to be 0.73 (Alizadeh, 2004). The Cronbach α for the RSES in the present study was computed 0.84.

The Scherer self-efficacy scale

This scale (the generalized self-efficacy scale, GSES) is a self-report paper and pencil inventory designed to measure general perceived self-efficacy. It consists of 17 statements with responses arranged on a 5-point Likert-type scale, ranging from 1 'not at all true' to 5 'exactly true'. The reported internal consistency for the GSES ranges from 0.76 to 0.79 for the Cronbach α. (Scholz, Gutierrez, Sud, & Schwarzer, 2002). The Iranian version of the GSES was adapted by Arabian, Khodapanahi, Heydari, and Saleh Sedgh Pur (2004). The correlation coefficient measured for a randomly split half-sample was found to be 0.91 (Arabian et al., 2004). The Cronbach α for the GSES in this study was computed 0.79.

Statistical analysis

To analyze the data, we implemented analysis of covariance (ANCOVA) using SPSS.

3. Results

Mean and standard deviations scores across the two trials (pretest and posttest) for each group are displayed in the Table 1. Analysis of covariance (ANCOVA) was used to look for significant differences between each group in pretest and posttest. The ANCOVA for the pretest and posttest was significant. The F-ratio for the main effects was statistically significant too (P<0.05) (Table 2).

4. Discussion

This study examined self-esteem and self-efficacy of two groups of participants over the pretest and posttest to find out if the integration of art therapy and narrative therapy enhanced the self-esteem and self-efficacy of orphan male adolescents. Overall, the statistical consequence of the self-esteem and self-efficacy demonstrated that there was a statistically significant difference between the experimental and control group. Namely, there was a significant increase in the self-esteem and self-efficacy of adolescents after interventions as compared with the control group.

It can be interpreted that increase in self-efficacy and self-esteem can be faster with narrative therapy and it is as effective as modality in treatment of adolescent self-esteem.

Externalization and naming the problem stage was particularly helpful and lovely for adolescents. From our clinician's experience, externalization with art was especially effective with adolescents. By the externalization and naming the problems, they could separate themselves from the problem, sharing their traumatic memories and experiences and to engage in externalizing troubled thoughts, feelings, and experiences.

In group narrative therapy, adolescents could see each other beyond their problems and limitations and eagerly participate in treatment. Naming encourages focus and precision, enables the person to feel more in control of

the problem, and gives a precise definition for externalization of the problem (Payne, 2006). Therefore, we propose it as an effective therapy for orphan or traumatic adolescents. It is also suggested that narrative therapy can provide a useful clinical framework for therapists and clients to solve adolescents' problems.

Various factors restrict the generalization of the results of this study. Firstly, the number of participants was small and participants were exclusively orphan boys. Due to lack of follow-up data, we were unable to establish whether the apparent gains sustained over time. Secondly, we had no comparison group in the research design. Consequently, we did not know if therapy was more effective in ameliorating the anxiety of orphan boys compared to other kinds of treatment.

Future studies could be conducted with a large sample and diverse participants with other psychiatric disorders. In order to see the stability of changes in treatment groups, a long-term follow-up study is needed too. Furthermore, before implementing the treatment, researchers could arrange structured evaluation to realize whether the participants meet the standard diagnosis. Examining the therapeutic outcomes of this method of therapy on clients at different ages, life stages, or developmental stages will enhance the relative strengths of this therapy with different populations. Cross-cultural comparisons of narrative therapy will be beneficial to clarify the similarities and differences of the content of clients' art therapy with narrative therapy approach, descriptions of their constructions, and perceptions of art therapy with narrative therapy approach as well as curative factors across cultures.

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