Research Article

THE ROLE OF THE NARRATIVE THERAPY ON COGNITIVE AVOIDANCE AND META-COGNITIVE BELIEFS OF FEMALE ADOLESCENTS

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Abstract

Anxiety problems are common disorders in children that reported as a risk factor for depression and substance abuse in later ages. Children with anxiety disorders in adolescence need to be treated by psychological methods. Therefore, the purpose of the present study was to investigate the role of the narrative therapy on the cognitive avoidance and meta-cognitive beliefs among the female adolescent students in Kazerun, Iran. Research method was quasi experimental with pre-test and post-test with experimental and control groups. The present research was performed on 36 adolescent, who were referred to psychological centres and were selected by cluster sampling method. The research tools included cognitive avoidance questionnaire and meta-cognitive beliefs questionnaire. The narrative therapy program was performed for the experimental group in eight sessions. The results showed a significant difference between treated and untreated groups for the cognitive avoidance (F=7.1, P=0.04), but this difference for meta-cognitive beliefs variable was insignificant (F=0.58, P=0.45). According to this finding, we conclude that narrative therapy could be an appropriate method for reducing treatment of social anxiety according to cognitive avoidance. *ASEAN Journal of Psychiatry, Vol. 23(1) January, 2021; 1-8.*

Keywords: Cognitive Avoidance, Meta-Cognitive Beliefs, Narrative Therapy, Social Anxiety.

Introduction

Social phobia is a persistent and distressing fear of social situations [1]. It is the most common anxiety disorder and also reported as a risk factor for depression and substance abuse. Individuals with social anxiety disorder are afraid to be judged or watched by people around, therefore they strive to avoid the situation in which they think they would feel ashamed by saying or doing something [2]. Some signs and symptoms of social anxiety disorder are: Deep concern for days before an upcoming social situation, intense fear of being watched by others, especially strangers, feelings of panic, severe self-consciousness, difficulty maintaining eye contact, blushing, and tightness in chest [3].

Researchers divided these symptoms into four categories; motor responses, sensitive symptoms, vascular visceral and secretion symptoms and physical symptoms [4,5]. In explaining the mechanisms underlying panic disorder, some hypothetical models have been proposed mostly emphasize on the role of cognitive processes. Social anxiety is more prevalent in women than in men and usually at the end of childhood and early adolescence starts.

People with this illness show weakness in education place, work, and social life and finally, it causing significant distress and disrupts the quality of life. In fact, the individual has a sense of anxiety and worry within himself and in outside has self-made constraints, constraints that prevent a person from using his abilities [6].

Various methods such as exposure therapy, cognitive behavioural therapy, practical relaxation, have been used to treat this problem.

The most well-researched psychosocial treatment among them is cognitive behavioural therapy [7], despite effectiveness of cognitive behavioural therapies, some patients do not show improvements or they drop out of the treatment [8]. Based on the fact that narrative therapy have an effect on decreasing nervousness and depression [9], the present study surveys the role of narrative therapy on the cognitive avoidance and meta cognitive beliefs. Narrative therapy is a form of therapy which helps individuals view their problems differently and assist them to rely on their own power to decrease problems that exist in their lives. To understand narrative therapy it is helpful to understand the term narrative; narrative is a story which is constructed in the social context during past, present and also the future, the meanings of narratives which are ascribed to the story by family or a person is what matters, it is actually their perception which is important regarding their problems or their successes [10]. The goal in narrative therapy is to encourage people to improve their relationship with themselves and others [11]. Because of its different perspective on people and problems it has become popular in therapy field; its perspectives are different from the other approaches, narrative therapy does not consider problems as vital aspects of people or as a result of dysfunctional relationships but resulting from impact of problems which affects people's life, in order to understand this approach, it is important to know about three main techniques of narrative therapy including: Externalizing the problem ,unique outcomes and using relative questioning [12]. The stories we tell about our lives are significant as they allow us to order the happenings of our lives, and make our past, present and future experiences based on logic. Since depression is the most common psychological disorder in childhood and adolescence and narrative therapy is an effective tool to understand children's beliefs, recognize their approaches, help them to better understand surrounding world

Cognitive avoidance is a term that represents several strategies, such as distraction, worry, and thought suppression. It is a type of mental strategy according to which, people change their thoughts during social communication

Cognitive avoidance strategies have also been studied as critical features of psychological disorders, including depression, social phobia, Generalized Anxiety Disorder (GAD), and obsessive compulsive disorder [13]. Cognitive avoidance strategies have also been studied as critical features of psychological disorders, including depression, social phobia, Generalized Anxiety Disorder (GAD), and obsessive compulsive disorder [14].

Cognitive avoidance strategies have also been studied as critical features of psychological disorders, including depression, social phobia, generalized anxiety disorder (GAD) and obsessive compulsive disorder [15]. Cognitive avoidance strategies often operate outside an individual's awareness and, if automatically selected, are considered a maladaptive way to cope with or gain control over seemingly uncontrollable future events.

Cognitive avoidance is related to generalize anxiety disorder and pattern of relations between cognitive avoidance and GAD symptoms is steady for men and women.

Main findings pointed out that meta-cognitive belief were significantly associated with either perceived stress or negative emotions [16].

The term metacognition refers to "the aspect of information processing that monitors, interprets, evaluates, and regulates the contents and processes of its organization" [17]. A growing body of research has highlighted that metacognition is associated with the development and the maintenance of psychological disorders. Metacognitive beliefs were previously associated with emotional distress in neurological conditions. A recent study for the first time investigated the potential role of metacognitive beliefs in patients with MS. The authors showed that the positive beliefs about worry, the negative beliefs about the uncontrollability and the dangerous nature of worry, the cognitive confidence, and the need to

control one's thoughts were positively associated with distress.

There have been few researches indicating the clinical usage of narrative therapy until now, especially those in which the effectiveness of the proposed procedure is assessed. Therefore, the aim of the present study is study the role of the narrative therapy on the cognitive avoidance and meta-cognitive beliefs of the female adolescents in Kazerun City, Iran.

Methods

A cross-sectional study was conducted from April to July 2019, Shiraz Iran. Research method was quasi experimental with pre-test and post-test with experimental and control groups. Totally, 36 female undergraduate students with social/performance anxiety that referred to Kazerun counseling centers were chosen by purposive sampling and put into 2 groups randomly. The samples also scored above 17 in response to the Connor Social Anxiety Questionnaire. Narrative therapy was done on the experimental group in 8 sessions, pre-test was done before the intervention and post-test was done after 8 sessions. The exclusion criterion for individuals was refusal to attend treatment sessions for more than two sessions. All participants were provided written informed consent.

Social Phobia Inventory (SPIN)

Social Phobia Inventory is a 17-item questionnaire for screening and measuring severity of Social Anxiety Disorder. It was developed in 2000 by the Psychiatry and Behavioral Sciences Department at Duke University. SPIN assess different aspects related to Social phobia–fear, avoidance, and physiologic symptoms. Each of the 17 items is rated from scale 0 to 4 [18]. The questionnaire uses a Likert-type scale and the minimum score is 17 and the maximum score is 85. According to Abdi study, Cronbach's alpha coefficient was 0.94 for the total score and for avoidance behaviours, physical symptoms, and social fears were 0.89, 0.91 and 0.80 respectively [19].

Metacognition Questionnaire-30 (MCQ-30)

The MCQ-30 is a short version of the original MCQ and assesses individual differences in five factors important in the metacognitive model of psychological disorders. The five subscales of the MCQ-30 are: Cognitive confidence, positive beliefs about worry, cognitive self-consciousness, negative beliefs about uncontrollability of thoughts and danger, and beliefs about the need to control thoughts. The MCQ-30 as a scale has good internal consistency, as do its five subscales. Subscale scores range from 6 to 24, and total scores range from 30 to 120, with higher scores indicating higher levels of unhelpful metacognitions (for example, high scores on "cognitive confidence" indicate distrust of memory and other unhelpful beliefs about their cognition). Results are also presented as percentiles based on a normative community sample.

Cognitive Avoidance Questionnaire (CAQ)

The CAQ is a self-report scale developed by Sexton et al. [20]. It consists of 25 items that aim to measure cognitive avoidance from various aspects (the appeasement of anxious thoughts, the substitution of anxious thoughts with positive ones, using distraction to interrupt the process of worrying, avoiding situations and activities that activate anxious thoughts, and turning mental images into verbal thoughts). It is scored on a 5-point Likert-type scale, ranging from very untrue=1 to very true=5. The total score is obtained by adding the scores of each item, ranging between 25 and 125. Lower scores indicate low cognitive avoidance and higher scores represent greater cognitive avoidance. Besharat et al. confirmed the psychometric properties of the Persian version of this questionnaire [21]. Aghajani et al. reported a Cronbach alpha coefficient of 0.86 for the questionnaire. In the present study, Cronbach's alpha coefficient was calculated as 0.79 for the questionnaire.

Research method

Narrative therapy training courses were held in 8 sessions (each session=90min) with the

following topics: a) Introduction: Introduction of group members, talking about narrative therapy and goals of this approach, b)Life story: Externalizing problems, c)The important life events, d) Deconstruction: Naming the problem, e)Creativity: Challenging the narratives, f)retelling the story: Applying the new element to the narratives, g)Unique outcomes: Analysis of the times that the person did not have the problems ,h) Re-authoring the life story: Naming the new narrative, the final editing of the new narrative.

Results

The mean total post-test scores for the entire sample of the social anxiety symptoms in treatment group was 20.4 (SD=6.1), and for the categories of: avoidance and meta-cognitive beliefs were 9.5 (SD=3.1) and 4.1 (SD=2.2), respectively. The Cronbach's alpha was 0.78 for the total scale and for the avoidance and meta-cognitive beliefs subscales were 0.79 and 0.66, respectively. Box's M test was used to check the homogeneity of covariance, and the results showed equal variances (Box's=17.1, P=0.201).The comparison of the mean pre-test and post-test scores of the social anxiety symptoms scale in both control and treatment groups is illustrated in Figure 1.The results of

multivariate analysis of variances showed that there was a significant difference between the two groups on the variables of avoidance and meta-cognitive beliefs (Figure 1). But overall, there was no significant difference in total scores between the two groups (F= 0.71, df= 1, P= 0.14). The mean scores of experimental and control groups after treatment showed that the average score for social anxiety in the experimental group were lower than the control group. The mean total post-test scores for the entire sample of the cognitive avoidance and meta-cognitive beliefs in treatment groups were 34.6 (SD=3.8), and 21.9 (SD=9.2), respectively. The equality of variances checked by Levene's test and analysis showed that variances was not equal for the cognitive avoidance (Levene's test=5.55, df=2, P=0.02), but for the meta-cognitive beliefs variable variances was equal (Levene's test=0.065, df=2, P=0.80). The comparison of the mean pre-test and post-test scores of the cognitive avoidance and meta-cognitive in both control and treatment groups is illustrated in Figure 2 and 3. The results of univariate analysis of variance showed that there was a significant difference between the two groups the cognitive avoidance variable scores (F=7.1, df=1, P=0.04). However, in the meta-cognitive beliefs variable, the difference was not significant (F=0.58, df=1, P=0.45).
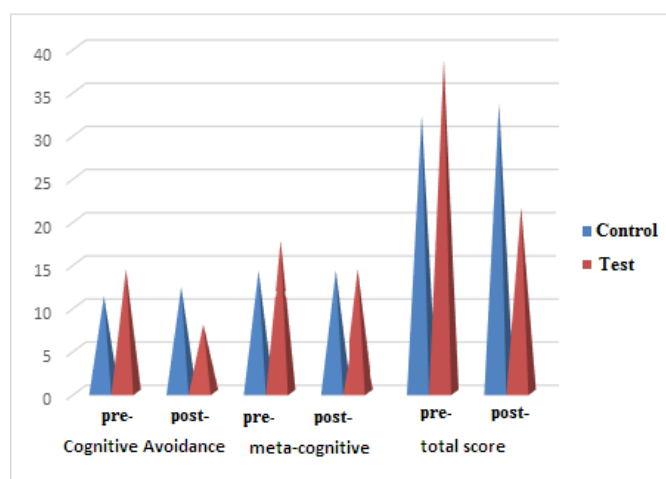

Figure 1. The comparison of the mean pre-test and post-test scores of the social anxiety symptoms scale.
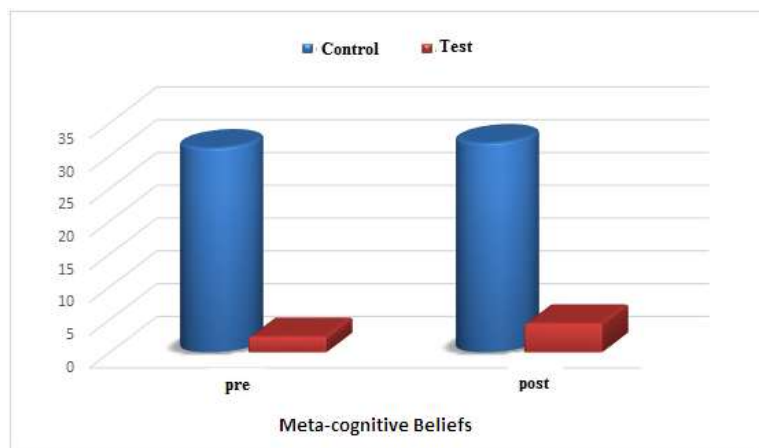
Figure 2. The comparison of the mean pre-test and post-test scores of the meta-cognitive beliefs.
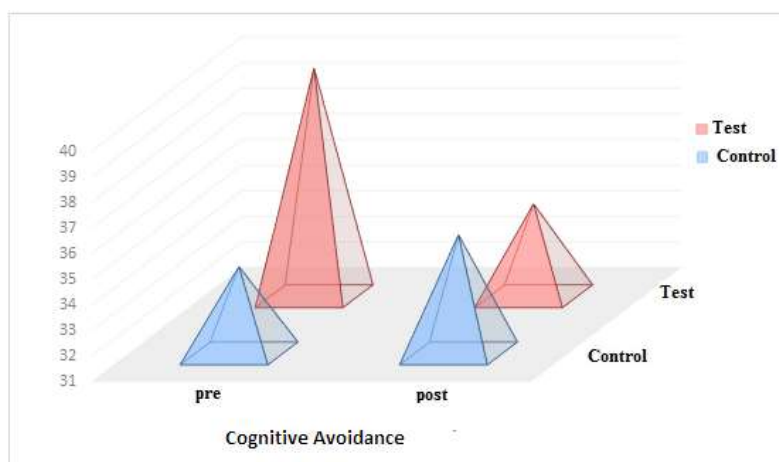

Figure 3. The comparison of the mean pre-test and post-test scores of the cognitive avoidance.

Discussion

The purpose of the present study was to investigate the role of narrative therapy on cognitive avoidance and meta-cognitive beliefs of adolescents and the results suggest that narrative therapy had a significant effect on the cognitive avoidance as a subscale of social anxiety symptoms. The mean scores of experimental and control groups after treatment showed that the average score for social anxiety in the experimental group were lower than the control group. The total scores for both cognitive avoidance and meta-cognitive beliefs as social phobia subscales were 18.5 and 30.3 for the experimental and the control groups, respectively (p>0.05). According to a previous study in Iran, the mean scores of social phobia for the experimental and control groups were 65 and

104, respectively, and this difference was significant in the posttest level: P<0.01.

According to the report of Ahmadi prediction of social phobia on meta-cognitive beliefs is possible and should be noted by psychologists [22]. It has been reported that, metacognitive beliefs make individuals nervous and concerned. Metacognitive beliefs, is a main problem for people with diseases because the emotion of threat and negative feelings have become stable in them. In recent years, the study of metacognitive beliefs has also extended to patients suffering from special diseases, which undesirably affected their quality aspect of life and exposed them to psychological distress [23]. Therefore, in different parts of the world's, researchers tried to find proper psychological ways to reduce metacognitive beliefs. The effectiveness of positive thinking training on

metacognitive beliefs in women with breast cancer conducted by Ehteshamzadeh et al. and showed that positive thinking training with positive thinking techniques is effective in reducing metacognitive beliefs [24]. Emotional schema therapy has been reported as an effective way in reducing metacognitive beliefs [25].

Various studies revealed that narrative therapy is an effective treatment to reduce anxiety in patients with generalized anxiety disorder. The present study results showed that narrative therapy reducing cognitive avoidance and depression. The positive role of narrative therapy on cognitive avoidance reported in other studies [26,27]. In narrative therapy, stories are valuable as references for conveying major thoughts and affects mental premises. The fact that the story is absorbed in complications allows the individual to pay attention to good consequences, events and moments which specify the ideals of the.

Reducing cognitive avoidance using different methods can help different people who are involved in problems. For example computer-based cognitive rehabilitation has been reported as a convenient way to help students with learning disorders to reduce their cognitive avoidance [28]. Teachings about cognitive avoidance by way of storytelling helps adolescents to learn how re-evaluate events and understand them. This form of therapy also helps children change more logical and positive patterns with their previous dangerous patterns and this success can help change the children's performances and approaches [29]. The Trans diagnostic treatment has been reported as an effective way on decreasing the rumination and decreasing thought suppression, avoidance of threatening stimuli and three factor of cognitive avoidance in patients with Type 2 Diabetes [30].

Narrative therapy which allows an individual to tell his/her life stories by focusing on positive interpretations enables the person to realize his/her feelings, are useful methods in the treatment of anxiety. It is recommended that follow-up courses be included in the future research plans to measure the continuity of changes, and also it is suggested that this method be examined individually and the results compared with the present study findings.

Conclusion

The findings of the present study indicate that social anxiety and cognitive avoidance of the experimental group was changed after narrative therapy. The results showed the impact and importance of narrative therapy in reducing cognitive avoidance and the treatment of social anxiety.

Conflict Of Interest

None

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