



Treating social phobia in children through group narrative therapy



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ABSTRACT

This study explored the effectiveness of group narrative therapy in treating the symptoms of social phobia among boys. Twenty-four boys, aged 10–11 with a confirmed diagnosis of social phobia were randomly assigned to receive treatment ($N = 12$) or placed on a waiting list ($N = 12$) considered as a control group. The treatment group received fourteen 90-min sessions of narrative therapy twice a week. Results showed significant differences in the symptom scores for the intervention and waiting list groups. Assessment by parents and teachers showed that the group narrative therapy had a significant effect on reducing symptoms of social phobia among participants in the treatment group both at home and school settings one week after completion of treatment and sustained after thirty days.

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Social phobia is a marked and persistent fear of social or performance situations in which embarrassment may occur (American Psychiatric Association, 2004). Childhood social phobia is pervasive and can cause serious functional impairment and distress. Research has shown that children with social phobia have a high level of general emotional over-responsiveness, social inhibition, dysphoria, loneliness, general fearfulness, poor social skills, maladaptive behaviors, and educational problems (Beidel, Turner, & Morris, 1999). Children and adolescents with social phobia have a pessimistic outlook and a distrustful interpretation of social situations. They have a tendency to interpret positive social events in a discounting way and to show more negative emotional reactions to positive events (Vassilopoulos & Banerjee, 2008). Other studies have found that they show lower thresholds for threat perceptions and higher levels of negative feelings and thoughts than non-anxious children (Muris, Merckelbach, & Damsma, 2000).

People with social phobia believe that others are inherently critical of them and for this reason they have a desire to positively impress others. However, at the same time, they feel dissatisfied and insecure. They frequently perceive threats that may include negative evaluation by others in social situations

(Fairbrother, 2002; Rapee & Heimberg, 1997). According to the cognitive behavioral approach, people with social phobia have a negative anticipatory processing which involves a series of negative thoughts prior to encountering a social situation. This process affects the individual's mental representation of themselves, others and events (Clark & Wells, 1995). Among psychological approaches for treatment of social phobia, behavioral (Beidel, Turner, & Morris, 2000) and cognitive-behavioral therapies (McEvoy, 2007) have the most empirical support. Meta-analytic reviews indicate no treatment is well established for phobic and anxiety disorders in children and adolescents (Silverman, Pina, & Viswesvaran, 2008). As Fogler, Tompson, Steketee, and Hofmann (2007) have pointed out, despite the effectiveness of cognitive behavior therapy in social phobia, patients frequently drop out of treatment and some do not show improvements. Further empirical studies are needed to assess and promote different approaches of treatments for children and adolescents with social phobia (Aderka, 2009).

This article presents how group narrative therapy can be employed in the treatment of social phobia in children. Research indicates that socially anxious children respond to ambiguous social narratives and scenarios with negative cognitions and lower estimation of their competency to deal with threat (Bögels & Zigterman, 2000). Warren, Emde and Sroufe (2000) suggest that narratives of children with social phobia about themselves and others represent their negative expectations which may be a leading factor or a mechanism for the development and maintenance of social phobia.

Narrative approaches postulate that reality is not directly recognizable and that people live on the basis of meaning they attribute

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to their experiences of the world around them. Cultures shape people's perceptions of reality or narratives through their experiences and social interactions across time. People attempt to make sense of their lives by integrating their experiences into a sequence and relating them to available cultural discourses and thereby creating a coherent sense of self. It is assumed that we live "in" and "through" our stories (Hill, 2011; Richert, 2006). Narratives reflect people's identities and how they live their lives. Some narratives have positive influences, while others have negative ones on the way people behave and manage themselves. Narratives that disempower and limit an individual's options for managing problems contribute to the development and maintenance of psychological dysfunction (Richert, 2006).

A fundamental technique of narrative therapy is the process of externalizing through which therapists attempt to create a space between clients and problems and help them to view problems from multiple perspectives and develop self-empowering narratives (White, 2007; White & Epston, 1990). The newly constructed narratives form the basis for more effective solutions to problems (Freedman & Combs, 1996). The externalization process provides an effective tool for children to better understand their dominant problem-saturated narratives, develop new narratives, internalize personal agency and learn to deal with problems differently than they have in the past. Externalizing problems allow children to not think of themselves as the problem and focus on their relationship with the problem. By mapping the influence of the problem children are encouraged to explore the problem's impact on their behaviors and emotions and its consequences in their day-to-day living (Carr, 1998; White & Epston, 1990). White (2007) has reformulated and clarified the process of externalizing, technically known as the scaffolding conversation map, and how it should be applied to achieve expected therapeutic outcomes. The scaffolding map includes (1) naming and characterizing the problem or initiatives; (2) exploring relations between problems/initiatives and consequences; (3) evaluating the consequences and exploring the thinking behind the evaluation and its relationship with life experiences; (4) drawing out expertise in self-management; and finally (5) expanding intentions into plans for action. Ramey, Tarulli, Frijters, and Fisher (2009) analyzed the sequential process of externalizing with children and adolescents by using video recordings of narrative therapy sessions. The results supported White's scaffolding map of the sequential process of narrative therapy.

A considerable amount of literature on the effectiveness of narrative interventions for children and adolescents has been published. These include treatment of adolescents with Asperger's Disorder (Cashin, 2008), treating children who have experienced sexual abuse (McKenzie, 2005), and the improvement of personal narrative skills in children with severe communication disorders (Soto, Solomon-Rice, & Caputo, 2009). More recently, Kozłowska and Khan (2011) conducted a study using narrative therapy accompanied with cognitive-behavioral intervention to improve the emotional functioning and management of pain in children and adolescents with unexplained chronic pain. Waters (2011) used integrated narrative therapy and behavioral interventions to help families with attention seeking children. Yoosefi Looyeh and Matin (2006) employed a group narrative intervention for twenty 11-year-old children with learning disabilities. Results indicated children in the intervention group showed significant improvements in coping strategies. Sheibani, Yoosefi Looyeh, and Delavar (2007) examined the effectiveness of narrative therapy for a small group of 10–11 year old girls with depression. Children who received narrative therapy showed a significant reduction in symptoms of depression as reported by parents and teachers. Kamali and Yoosefi Looyeh (2013) explored the effectiveness of group narrative therapy for improving the school behavior of a small

sample of 9–11 year old girls with Attention-Deficit/Hyperactivity Disorder (ADHD). Results showed that narrative therapy had a significant effect on reducing ADHD symptoms as reported by teachers (Yoosefi Looyeh, Kamali, & Shafieian, 2012). The current pilot study attempted to extend the literature in this field. The purpose was to explore the effectiveness of group narrative therapy among a small sample of 10–11 year old boys.

Method

Participants

Participants were drawn from 648 fourth grade students in 8 elementary boy's schools randomly selected from 4 different geographic districts in Tehran/Iran. Because of the legal restrictions in Iran, where male therapists are not allowed to work in girls' schools, the current study was limited to boys. The Children Symptoms Inventory checklist data (Gadow & Sprafkin, 1994, 1997, 2002) were used to determine if participants met the cut-off score criteria for potential diagnosis of social phobia. Qualifying criteria for participation in the study were that the child: (a) did not have a prior history of treatment for social phobia, (b) met the Children Symptom Inventory symptoms cut-off score for a potential diagnosis of social phobia and (c) had a confirmed clinical diagnosis of social phobia. The final sample of 24 boys 10–11 years old were randomly assigned to two small intervention groups ($N = 12$) and a wait-list control ($N = 12$) group. Based on the parents' reports none of the participants had any medical problems and were not on medication during or 30 days after completion of therapy. Participants were required to attend 14 sessions; three participants attended 13 sessions and two participants attended 12 sessions.

Procedure

The treatment sessions were conducted in a school room. The treatment groups received 14 sessions of approximately 90 min of therapy twice a week. The first treatment session commenced with a discussion of rules including regular attendance and privacy issues. Then they were treated with plays and narrative storytelling activities. Five play therapy activities based on the play therapy activities compiled by Kaduson and Schaefer (1998) were adopted for use in the narrative therapy sessions. The activities were introduced during the sessions in the following order:

1. "The feeling words game" technique used in sessions 1, 2, and 3, is focused on helping participants to recognize various emotions and identify feelings and thoughts they experience in social situations. The participants are given a set of cards with names of various emotions (e.g. hate, fear, happiness, worry, shyness, sadness) and a box of tokens. After a demonstration, participants were asked to take turn to make up and tell stories involving the emotions on the card. In the second and third sessions participants were encouraged to tell stories based on their own experience of social situations including school and began to express the narratives of their social phobia. The conversation was focused on how they experience and react to the emotions. The Therapist help the participants to recognize their emotions and emotional cues including somatic and non-verbal behaviors associated with various emotions.
2. "The box of buttons" technique, used in sessions 4 and 5, is focused on encouraging participants to initiate verbal communication in the group, in particular when they would like to remain nonverbal. The participants were asked to choose a button that they feel expresses something they want to communicate. Therapist invited participants to explain the reason for

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