

# The Effectiveness of Narrative Therapy on Interpersonal Needs in Women with Addiction Tendencies

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## Abstract

**Background:** Drug use and addiction continue to be prevalent issues that often lead to heightened conflicts with the legal system, reduced public health, elevated mortality rates, missed chances for education and career advancement, and an upsurge in societal harm. This study aimed to investigate the effect of narrative therapy on the interpersonal needs of women with addictive tendencies.

**Methods:** The study employed a semi-experimental approach including a pre-test, post-test, and a two-month follow-up period, with a control group. The study population consisted of women with substance abuse and addiction hospitalized, either self-referral or by recommendation, in Parto Ardabil, the De-addiction camp for women, located in Ardabil province, Iran in 2021-2022. A group of 24 people were chosen through the convenience sampling technique, and randomly divided into two separate groups for experimentation and control purposes; each group consisted of 12 people. The experiment began with a group of participants engaged in eight weekly sessions of successful narrative therapy, each lasting 45 minutes. The data were collected using an Interpersonal Need Questionnaire (INQ). The pre-test and post-test data were analyzed using SPSS version 24.

**Results:** The results showed no significant difference between the pre-test period between the two groups of Narrative therapy ( $37.92 \pm 8.03$ ) and Control ( $37.75 \pm 10.78$ ) in the interpersonal needs ( $P=0.966$ ). Also, there was a significant difference in the post-test stage between the two groups of Narrative therapy ( $32.25 \pm 5.91$ ) and Control ( $37.25 \pm 5.91$ ) by controlling the pre-test score ( $P=0.001$ ). Also, the results showed that the difference between the pre-test and post-test periods in the Narrative therapy group was significant ( $P=0.001$ ). However, in the Control group, no difference was found between the stages of the study ( $P=0.590$ ).

**Conclusions:** Our results showed that the narrative therapy approach is effective in reducing the two scales of perception of burdensomeness and neutral belongingness in the component of interpersonal needs. Narrative therapy enables clients to take charge of their personal growth and life changes, enabling patients to be the primary decision-makers in their unique life stories and reducing the therapist's authority.

**Keywords:** Narrative therapy, Women, Interpersonal Relations, Addiction

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## 1. Introduction

Research showed that most risky behaviors, such as smoking, alcohol consumption, drug use, and unsafe sexual behaviors, begin before the age of 17 (1). Initiating such actions at a young age, in addition to the harm it inflicts on one's health, increases the likelihood of suffering from the consequences throughout one's lifetime (1). In Iran, the availability of reliable and comprehensive information on preventing addictive behaviors during adolescence is limited. There are several reasons why teenagers tend to keep things secret, including legal boundaries, religious beliefs, and societal norms. (2). However, in most studies, the proportion of students in the addicted population of the country is 3.0% to 5.0%, which means about

6,000 to 10,000 individuals in the millions of addicted populations (2). IPTS, the interpersonal psychodynamic theory of self-harm, focuses on the interplay of interpersonal needs in explaining thoughts and behaviors related to self-damage, specifically self-harm (3). From this perspective, understanding the phenomenon of suicide is better achieved by examining interpersonal and behavioral processes interacting with each other, taking into account diagnostic symptoms such as depression (4).

Joiner believed that successful suicide occurs under three conditions: first, when an individual feels no attachment to others; second, when an individual perceives themselves as a burden to their surroundings and society; and finally, when

the ability to overcome the fear and pain associated with suicide has been achieved (3). Interacting with peers during adolescence plays a crucial role as young individuals navigate the transition from their family units to wider society. Neglect in parental duties is one factor that can accelerate the association with delinquent friends and a propensity for risky behaviors in adolescents (5). As Steinberg and Monahan stated, the pressure resulting from peer influence, particularly from peers who are substance users, plays a significant role in the inclination of youth towards substance use and addiction (6).

The lack of intimacy within the family leads to a tendency towards seeking support and affection from peers. Additionally, due to the absence of positive communication styles during childhood, adolescents fail to acquire effective coping mechanisms against peer influences and become more vulnerable. Maintaining and preserving significant connections with others is a long-lasting objective for individuals, as they naturally desire to connect for optimal effectiveness. The innate need for belonging seems to have various effects and enduring influences on how emotions are processed, cognitive abilities are applied, and overall psychological health is maintained. Insufficient levels of belonging can be associated with both mental and physical health problems. Feeling a sense of belonging is related to having a positive perspective on life, whereas not having it can result in psychological distress and depression (7). Research identified that the most important factor in preventing and developing a tendency toward drug addiction in children is the family institution (8).

Other findings also indicated that in the formation of drug addiction, personality traits, lifestyle, social relationships, attitudes, beliefs, emotions, attachments, and behaviors acquired during an individual's growth play a fundamental role (9). Individuals or children who feel a great deal of insecurity at home often spend their time with rude friends and in non-stressful environments away from their families, displaying inappropriate behaviors to escape thinking about the problems they have at home. The majority of their tasks are carried out independently, with little to no involvement from other group members. Although they may achieve progress and success, they always feel inadequate, leading to a decline in

self-esteem and suppressed anger, which provides the grounds for a tendency towards addiction to cope with stress and discomfort (10). Drug abuse and addiction are long-standing problems that result in increased involvement with the justice system, decreased overall societal welfare, higher mortality rates, lost educational and professional opportunities, and increased harm to society. Before addiction develops, there is a preexisting inclination and readiness for its onset, which is commonly referred to as vulnerability to addiction (11). The main reason for the inclination of adolescents and young people towards drug use is psychological and emotional factors. Individuals who are unable to control their emotional skills or individuals who tend to novelty and thrills are most likely to engage in substance abuse (12). Based on the literature, no research has been conducted so far to investigate the efficacy of narrative therapy in addressing the interpersonal needs of women. Therefore, the present study aimed to determine the effect of narrative therapy on interpersonal needs in women with addiction tendencies.

## 2. Methods

A quasi-experimental study design involves pre-test and post-test measurements with a control group. The target population for this study comprises women struggling with substance abuse and addiction, admitted to the Women's De-Addiction Camp in Ardabil, Ardabil Province, Iran between 2021 and 2022, either through self-referral or referrals from others. The sample size was determined using G\*Power software with parameters set at  $\alpha=0.05$ ,  $\text{Mean}\pm\text{SD}=37.92\pm 8.03$  and  $32.25\pm 5.91$ , and power test=0.60 (13). In this study, 34 women with substance abuse were selected using convenience sampling technique. However, in the further stages of the study, the sample size was reduced and some participants were excluded from the study. In the next step, from among the list of selected participants, 17 people were randomly assigned into each of the experimental and control groups. Sealed envelopes were used for randomization to ensure that individuals in even-numbered groups were allocated to the experimental group, while those with odd-numbered envelopes were assigned into the control group. Various criteria were established for individuals to be eligible to participate in the study.

In this study, the participants were reminded of their right to withdraw from the study at any point without facing any negative consequences. Emphasis was placed on the necessity of maintaining the confidentiality of personal information and not sharing it with anyone.

After obtaining the initial permission from the university to start the intervention, we referred to the Ardabil Prison Administration and Welfare Office, but they did not have enough people to start the intervention. As a result, we obtained another permission from the university to collaborate with the Judiciary, eight therapeutic intervention sessions were conducted at the De-Addiction Camp. A total number of 24 addicted women were divided into two groups, experimental and non-experimental, and completed inter-personal needs questionnaires in the post-test stage. The researcher assisted individuals with limited literacy skills in successfully finishing the assignment. One participant was excluded from the study due to neurological and psychological illness and disability in therapeutic intervention; several others were discharged midway through treatment and were unavailable, and one person was unwilling to cooperate. There were 12 individuals allocated to both the experimental and control groups, resulting in a total of 24 participants (Figure 1). Each participant underwent eight 45-minute sessions of narrative therapy over two months. The questionnaires were completed with the assistance of the researcher, ensuring no bias. Post-test and pre-test questionnaires were collected and analyzed using SPSS version 24.

## 2.1. Research tool

### 2.1.1. Interpersonal Need Questionnaire(INQ):

This questionnaire has several versions (18, 15, 12, 10 and 25 questions) and according to Hill and colleagues, the versions with 10 and 15 questions have the highest internal reliability (14). The 15-item version developed by Van Orden and co-workers consists of 15 questions that ask participants to self-report their beliefs about the extent to which they currently feel connected to others (belongingness) and the extent to which they perceive themselves as a burden on others (perceived burdensomeness) on a 7-point Likert scale (4). A higher score on this scale indicates a neutral level of belongingness and perceived burdensomeness. The reliability of the scale is high ( $\alpha=0.90$ ) and its validity has been established in previous studies by Hawkins and colleagues (15). In an Iranian sample, the scale demonstrated a Cronbach's alpha coefficient of 0.83 (16). Reliability has been assessed using Cronbach's alpha method, resulting in a coefficient of 0.70. The content validity ratio (CVR) and content validity index (CVI) of the scale were reported to be 0.79 and 0.88, respectively (17). In study of Tanhaye Reshvanloo and colleagues, a significant association was found between the need for belongingness, social isolation, depression, and mental stress ( $P>0.99$ ), indicating that the questionnaire has convergent validity (8). Moreover, the outcomes of the exploratory factor analysis demonstrated that the questionnaire possesses satisfactory confirmatory validity (18).

## 2.2. Data analysis

After implementing the intervention, a post-test was carried out to evaluate the results. The data collected from the intervention was then analyzed using SPSS version 24. For data analysis, descriptive statistics including mean and standard deviation, as well as tests such as chi-square test,

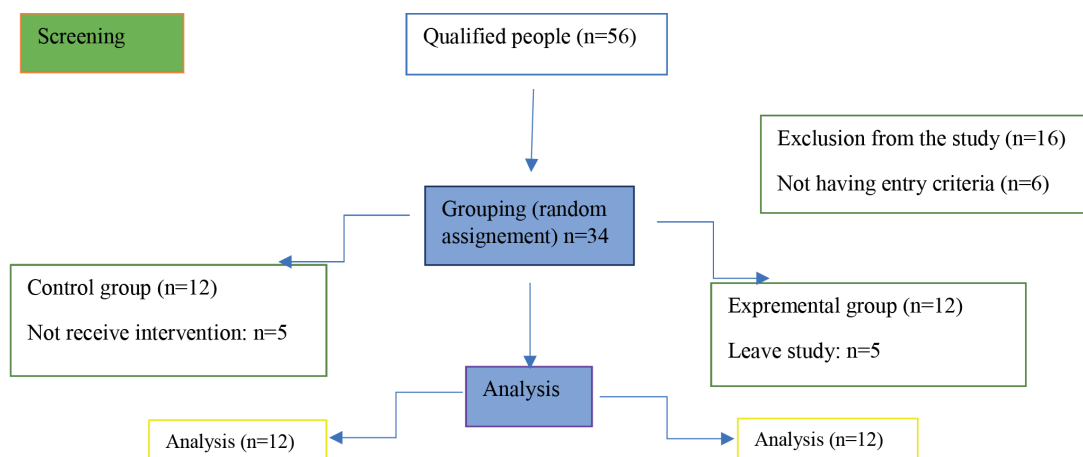


Figure 1: The figure show the CONSORT flow diagram.

Shapiro-Wilk test, Levene's test, Fisher's exact test, and analysis of covariance were employed. Table 1 shows the structure of narrative therapy sessions.

### 3. Results

The participants comprises women struggling with substance abuse and addiction. The sample size was determined using G\*Power software with parameters set at  $\alpha=0.05$ ,  $\text{Mean}\pm\text{SD}=37.92\pm 8.03$  and  $32.25\pm 5.91$ , and power test=0.60 (13). The inclusion criteria were: addiction to at least one illegal substance; having completed eight therapy sessions; not being enrolled in any other treatment program; no psychiatric disorders. The exclusion criteria were: presence of a psychiatric disorder; being discharged from the camp; escaping from the camp; being dissatisfied with the counseling process while going through the addiction detoxification phase. The analysis of covariance test was employed to examine the main results as per the study design. A Shapiro-Wilk test was conducted to verify the normality of the distribution of the dependent variable. The results showed that the normality of

the distribution of interpersonal needs variables in both pre-test (SW=0.956, P=0.369) and post-test (SW=0.948, P=0.241) was confirmed at a 95% confidence level.

Levene's test was conducted to assess the equality of variance of the groups in the dependent variable. The results indicated that the two groups did not differ significantly in terms of the variance of the scores for interpersonal needs in the pre-test stage (F=0.137, P=0.714).

A Fisher's exact test was performed to evaluate the similarity of regression slopes between the experimental and control groups for the need variables in the pre-test and post-test. The analysis revealed no interaction between auxiliary and independent variables (F=1.068, P=0.314), confirming a homogeneous regression slope and allowing for the application of the analysis of the covariance model.

Table 2 reveals that the highest frequency in both groups was for the individuals aged between

**Table 1:** The structure of narrative therapy sessions

Sessions	Object	The content of the sessions
First	Preliminary steps	"Helping members familiarize themselves with one another/ Recognizing objectives and regulations/ Describing the preferred therapy approach/ Motivating members to disclose their personal stories"
Second	Life story	Externalization/ examination of dominant narratives/ clarification of the saturated story of the problem/ investigation of the problem's impact on the individual/ ways of constructing narratives
Third	Narratives of life	"Accessing the principles governing individual storytelling - discovering their peak experiences - perceiving the story from another perspective"
Fourth	Deconstruction	"Naming difficulties / Problem-solving (empowering the problem) / Techniques of redefining"
Fifth	Innovations	"Engaging with participants to uncover their strengths / Finding uplifting and impactful elements within narratives / Understanding significant obstacles in life / Uncovering hidden stories of individuals
Sixth	Unique consequences	Exploring the distinct outcomes/ incorporating fresh components into the story/ evaluating key priorities and significant figures in life/ adjusting the structure of an individual's life
Seventh	Reconstruction and retelling of life narratives	Drawing upon the power of references/ examining how the new narrative aligns with an individual's life/ welcoming the fresh narrative/ reshaping the framework of an individual's life
Eighth	Rewriting the story of life	"Examining the narratives of new individuals/ anticipating possible challenges/ making final edits to a new narrative/ playing a role in one's own new life story by implementing desired plans"

**Table 2:** Demographic features in the experimental and control groups

Variables		Narrative therapy	Control	$\chi^2$	P
Education	Diploma and lower	8	8	2.66	0.264
	Bachelor	4	2		
	Master & PhD	0	2		
Age	18-30	9	9	0.00	1.00
	31-40	3	3		
Employment status	Employed	8	7	0.17	0.673
	Unemployed	4	5		
Marital status	Married	3	6	1.60	0.206
	Single and divorced	9	6		

**Table 3:** Mean±SD of the research variables in experimental and control groups

Variables	Groups	Mean±SD		Within group P value
		Pre-test	Post-test	
Interpersonal needs	Narrative therapy	37.92±8.03	32.25±5.91	0.001
	Control Group	37.75±10.78	37.25±5.91	0.590
	Between group test P value	0.966	0.001	-

SD: Standard Deviation

20 and 30. A chi-square test indicated that there was no significant difference between the two groups in terms of education, age, employment status, and marital status ( $P=0.264$ ,  $P=1.00$ ,  $P=0.673$ ,  $P=0.206$ ).

The results of the analysis of covariance for both between-group and within-group comparisons are presented in Table 3.

Table 3 shows the mean and standard deviation of changes in interpersonal needs during the pre-test and post-test stages for both the experimental and control groups. The post-test scores for interpersonal needs in the experimental group decreased as compared with the pre-test scores. Results from Table 3 indicate no significant difference in interpersonal needs between the pre-test periods of the Narrative therapy ( $37.92\pm 8.03$ ) and Control ( $37.75\pm 10.78$ ) groups ( $P=0.966$ ). However, a significant difference was observed in the post-test stage between the Narrative therapy ( $32.25\pm 5.91$ ) and Control ( $37.25\pm 5.91$ ) groups after controlling for the pre-test score ( $P=0.001$ ). The results also revealed a significant difference between the pre-test and post-test periods in the Narrative therapy group ( $P=0.001$ ), whereas no difference was found in the Control group between the study stages ( $P=0.590$ ).

#### 4. Discussion

The results indicated that narrative therapy affects the neutral belongingness in women who are inclined towards addiction. This study was the first of its kind, as previous research has not explored the relationship between the sense of belonging and the effectiveness of the narrative therapy approach. However, numerous studies have measured the effect of this approach on various variables. For instance, Taghipour and co-workers concluded that narrative therapy, with an emphasis on innovative moments, had a significant and positive effect on resilience (19). Other results showed that group narrative therapy leads to a

reduction in anxiety and intolerance of uncertainty, as well as an increase in ego strength and self-compassion among female heads of households (20). Additionally, Ibrahim and Allen found that narrative therapy training is effective in enhancing psychological capital and self-confidence in the post-test experimental group (21). Emadi and colleagues demonstrated that 81.8% of individual differences in resilience scores in the post-test stage were due to the intervention of group narrative therapy in both the experimental and control groups (22). Additionally, narrative therapy has had a significant effect on enhancing resilience and addressing depression and anxiety in individuals struggling with amphetamine addiction (23, 24). Furthermore, it has proven to be successful in reducing depressive symptoms and unproductive thought patterns in students (25).

Accordingly, establishing significant connections with others is a long-term objective for humans, and people naturally seek to engage with one another to attain the best possible outcomes. There appears to be an innate desire to have enduring and varied impacts on emotional processing patterns and optimal cognitive performance, and reduced levels of it may be linked to mental and physical disorders. Achieving a positive attachment leads to positive relationships in life, while the absence of it results in psychological damage and depression (7). This approach allows individuals to take responsibility for their narratives. In practice, such a feeling means that they can effectively take charge of their lives, be less influenced by their past limitations, and move towards a happy life. This method is particularly effective in dealing with trauma or any other event that has had a profound impact on them (26). Feeling burdened, the individual perceives themselves as unimportant and believes that they carry the weight of others on their shoulders, with nobody able to rely on them. Moreover, when the person does not feel important, they may have low self-esteem, which can lead to social isolation. Some evidence suggested that having support and

being in a romantic relationship can act as a barrier against perceiving oneself as a burden (27). When an individual feels that their existence is unimportant, they will experience a sense of detachment and lack of belonging. This feeling of insignificance can lead to a sense of meaninglessness and social isolation for some individuals, while for others it may challenge the foundation of their existence and involve them in self-destructive behaviors such as addiction and self-harm (27, 28). On the other hand, those who perceive a sense of purpose and meaning in their lives are more likely to feel important in the eyes of the important people in their lives (16). Substance abuse can result in various repercussions, primarily due to a perceived sense of burden. This perception hinders individuals from meeting their obligations and gives rise to legal, social, physical, and mental complications. The feeling of burden encompasses self-loathing and a sense of indebtedness. Decreasing drug consumption is directly correlated with reducing self-hatred. Furthermore, postponing the initiation of drug use is associated with alleviating symptoms of self-hatred, characterized by negative emotions towards oneself (29).

The Interpersonal-Psychological Theory of Suicidal Behavior (IPTs) focuses on the interpersonal needs that underlie self-harming thoughts and behaviors, specifically suicide (3). From this perspective, understanding the phenomenon of suicide is better achieved by examining interpersonal and behavioral processes in interaction with each other, taking into account diagnostic symptoms such as depression (4). According to Van Orden and co-workers, mental disorder plays a significant role as a shared risk factor that affects two types of interpersonal relationships: the perception of being burdensome and neutral belongingness; this is particularly relevant in the interpersonal theory of suicide, where mental disorder influences the structure of both of these relationships (4). It is important to note that these structures are not solely influenced by subgroup variables, but rather by the presence of mental disorder. In this theory, there is no distinction between various mental disorders such as depression, post-traumatic stress disorder, or bipolar disorder. Instead, all of these psychological disorders are influenced by two underlying constructs, namely neutral belongingness and perceived burdensomeness (30).

The main objective of narrative therapy is to change the narrators' view of themselves from being centered on problems and being passive to being healthy, positive, and optimistic. Skilled communicators have a vital role in helping this transformation to occur. Narrative therapists argue that adopting a different perspective on problems and taking appropriate actions can relieve the difficulties encountered. Unlike other theoretical frameworks, this approach does not see symptoms as a consequence of ineffective systems or as a method to preserve structural stability (19). They assist individuals in liberating themselves from prevailing patterns of thinking and storytelling, enabling them to perceive things from an external standpoint (23). Furthermore, they facilitate the alteration of one's narrative by embracing novel encounters and viewpoints, as well as dismantling their narrative into a specialized account. In their view, just as it is impossible to fit one shoe to everyone's foot, it is also impossible to help everyone with a single theory. Therefore, they strive to understand and find the best treatment through direct observation and guidance, by narrating each person's worldview, individuality, and abilities, and by searching for resources that align with their narrative.

The therapist actively and eagerly seeks to recognize and comprehend the client's story, including the strategy, environment, and sequence of events. Through collaboration, the therapist assists in reshaping, interpreting, and analyzing the narrative, aiding the client in developing fresh frameworks, exploring alternative possibilities, establishing a new identity, and ultimately crafting a new story (31).

#### *4.1. Limitation*

The present study had certain limitations including: a small number of non-random samples; the withdrawal of some participants in the middle of the treatment process; the isolated nature of sessions due to participants' lack of trust in each other; the use of non-random sampling method; lack of group matching; lack of control over confounding variables; and the absence of a follow-up phase. The present study specifically examined women who were suffering from substance abuse issues and participating in a De-addiction camp in Ardabil, Iran. Given the limited number of participants in the study, it is crucial to

exercise caution when generalizing the findings to a larger population. To ensure the long-term effect of narrative therapy, it is advised to conduct future studies with a larger sample size and monthly follow-ups.

## 5. Conclusion

According to our findings, narrative therapy is effective in reducing feelings of isolation. By minimizing the therapist's authority, narrative therapy enables individuals to take charge of their own lives and bring about beneficial transformations. The therapist assumes the role of an experienced advisor, guiding clients in becoming the primary architects of their new life narratives. Addressing challenges in a positive and hopeful manner results in concrete obstacles that shape one's character.

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## Ethical Approval

The Ethics Review Board of the University of Mohaghegh Ardabili, Ardabil, Iran approved the present study with the code of IR.UMA.REC.1401.031. Also, written informed consent was obtained from the participants.

## Authors' Contribution

Fatemeh Jamshiddoust Miyanroudi: Contributions to developing and designing the study, analyzing the data, obtaining the information, and interpreting the results, drafting the work. Mohammad Narimani: Contributions to the conception of the study and critically reviewed the work for important intellectual content. Mohammad Bahar Talari: Contributions to the design of the work, drafting the work and critically reviewed it for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

**Conflict of Interest:** None declared.

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