

Comparison of the Effectiveness of Narrative-focused and Solution-focused Questioning on Anxiety Reduction in People with Over Anxiety Disorder

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Abstract

This study aimed to compare the effectiveness of narrative-focused and solution-focused questioning on anxiety reduction in people with over anxiety disorder. The statistical population of this study was all patients suffering over anxiety disorder who referred to Sepand Counseling Center in Ardabil or the people who referred to the center by other specialists in 2016-2017. The subjects were selected through the available method from the clinical population. Of these patients, 30 patients (15 in each group) were interviewed and the Beck Anxiety Inventory was distributed among them as a pretest. Then, the narrative-focused and solution-focused questioning counseling program was implemented for 8 sessions of 2 hours. After the sessions, the Beck Anxiety Inventory (RCA) was repeatedly administered as a post-test. **Results:** The data analysis using content analysis method showed that there is a significant difference between the content narrative-focused and solution-focused questioning in the over anxiety disorder. Also, the result of the covariance analysis indicated that the effectiveness of the narrative-focused method is significantly more than the solution-focused questioning. **Conclusion:** Therefore, it can be concluded that the questioning technique is effective regardless of the counseling method, which was used at the level of a common and general change factor.

Keywords: Questioning, Narrative-focused, Solution-focused, Anxiety disorder

Introduction

In today's growing society, where humans are more exposed to unfavorable conditions of life more than ever, increasing the problems and their complexity have put people in a situation that they constantly experience a variety of psychological pressures. Anxiety is one of the most common diseases and most important neuropsychiatric disorders that some psychiatrists and psychoanalyst seek for most of their mental disorders (Kushan and Vaghei, 2010). Everyone experiences anxiety. The main characteristic of anxiety is an obscure, unpleasant, and pervasive feeling that is most often indicated by symptoms such as headache, brief discomfort in the stomach, and lack of rest and restlessness (inability to stay motionless and sit down or stand) (Sadock, Sadock, and Roetz, 2015; Ganji's translation, 2015). Anxiety disorders are common and burdensome across the world (Baxter, Vos, Scott, Norman, et al., 2014; Baxter, Vos, Scott, Ferrari, & Whiteford, 2014). The point prevalence varies across world regions, ranging between 2.1% (range, 1.8–2.5%) in East Asia up to 6.1% (range, 5.1–7.4%) in North Africa/Middle East (Baxter, Vos, Scott, Ferrari, et al., 2014; Baxter, Vos, Scott, Norman, et al., 2014). The prevalence of anxiety symptoms is even higher, at approximately 11% worldwide (Stubbs, Koyanagi et al., 2017). Globally, anxiety disorders are the sixth leading cause of disability regarding years of life lived with disability across all ages, and fourth in adults (18–49 years; Meier et al., 2016). In addition, anxiety disorders are associated with a 39% and 146% increased risk of premature mortality from natural causes and unnatural causes, respectively (Meier et al., 2016). People with anxiety disorders are at higher risk of cardiometabolic diseases, such as diabetes and acute cardiac events (Edmondson & von Kanel, 2017; Smith, Deschenes, & Schmitz, 2018).

In the professional society of the country, the attention to the change processes is very small and the result of the research is often ended with a sentence as the effect of a test variable was significant or not significant after the end of the intervention period. In this way, the effect of the test variable is forgotten. At the beginning of the twentieth century, Wittgenstein, the great German philosopher as well as other philosophers, argued that the social and interpersonal events that people experience and live through were first created using a language. This means that life is a language game, therefore, it is noted in ways that individuals used language to discover events (Hooman, 2012). The questioning is one of the important skills that any consular and therapist should complete it regardless of the approach employed. Questioning means asking appropriate questions from self and other to get a better idea of the issue or story (Ganji, Yaqoobi and Lotfali, 2013). Bandler and Grindler (1975) used linguistic concepts to evaluate the work of successful consultants. Among the counseling skills, the role of questioning, as a skill that leads to the success of consultants, is mentioned more than other skills. Since the 1980s, a new approach to personality and psychotherapy, called narrative therapy, is gradually expanding. This approach is influenced by the constructive-based theories, which believe that reality is made within each of us in a unique way, which is the result of our culture, language, and worldview (Prochaska and Norcross, 2015). Narrative therapy is the process of helping people to overcome their problems through engagement in therapeutic conversations. A narrative is a form of dialogue that connects events over time and therefore can show the

emotional dimensions of human existence. These conversations could include outsourcing the problem, extracting consequences, highlighting new maps, and connecting them to the past (Jobs, 1998). As humans, we are inevitably meaningful. We experience the events and then we mean them. Narrative therapy focuses on the stories we live with, the stories we have about who we are and what matters to us. Narrative therapy includes the discovery of these stories, their comprehension, and their recitation. Narrative therapy hypothesizes that people use certain stories about themselves. Like lenses inside a camera, these stories have a filtering effect on the person's experience, and so they choose the information they focus on. These stories form the views of life, past, and future. Despite the controversial information, these stories can be significantly fixed. Narrative therapy provides the meaning that removes the lens from the camera and helps rebuild narratives and lives (Sween, 1998). Ghavami, Fatehizadeh, Faramarzi and Nouri Emamzade'i (2014) applied the narrative therapy to show the reduction of social anxiety and self-esteem among high school female students. They showed that the narrative therapy had a significant effect on reducing social anxiety in increasing self-esteem in experimental group. Jamalzadeh, Azad, and Kafi (2015), Komeijani and Vakili (2015), Lely, Smid, Jongedijk, Knipscheer & Kleber (2019), Fox, Erlandsson & Shiel (2019), Dastbaz, Yegane Farzand, Azkhosh and Shoaie (2014) showed the effectiveness of narrative therapy in various types of research. Another treatment to help improving the mental disorders, such as anxiety, is solution-focused brief therapy. The solution-focused approach is classified as a postmodern approach to behavioral interventions based on collaboration between the therapist and the authorities for treatment (Lethem, 2002). In this approach, contrary to the problem-focused view, solutions are emphasized rather than problems (Brzezowski, 2012). Therefore, the solution-focused questioning is based on solution making rather than problem-solving, driven by the discovery of current forces of reference and hope for the future, rather than discussing existing issues and their causes in the past (Wand, 2010). Instead of emphasizing people's deficits and disabilities, this approach focuses on highlighting the capabilities and achievements of individuals and building supportive relationships throughout the treatment process (Kvarme, 2010). The purpose of the solution-focused approach like all medical interventions is to help the authorities creating solutions that produce a more positive quality of life (Russell-Martin, 2006). In the solution-focused questioning, one problem is conceptualized as an exception to the problem. If the exceptions are strengthened and identified, then the problem solution can be efficiently implemented (De Castro and Guterman, 2008). Anet (2015), Reddy, Siromorsey, Vijayalakshimi, and Hamza (2015), Cappaydin (2014), Linda (2014), Javid, Ahmadi, Mirzaei & Atghaei (2019), Shahbazi, Taklavi & Narimani (2020), Altundağ & Bulut (2019) and Malganen et al. (2012) showed the effectiveness of the solution-focused approach to various psychological structures. Pomeroy, Green, and Van Laningham (2002) also observed that the solution-focused questioning reduced anxiety and improved marital satisfaction. In all of the above choosing the right question and the questioning procedure in the consulter and psychotherapist is the main mechanism. Given what has been explained, the question or main problem of this research is, what are the differences between the questioning of narrative therapy and solution-focused method? How is the difference in the anxiety disorder? Moreover, is there any difference between

the effectiveness of narrative-focused and solution-focused questioning on reducing anxiety?

Methods

The present research includes two methods of content analysis and a post-test pre-test quasi-experimental method. During the content analysis, especially by concentrating on the content of therapist's responses the types of questions of solution focused and narrative therapy were been coded labeled separately and were entered into tables to be used in the analysis. thus, the frequency of types of questions for the two methods of narrative intervention and solution-oriented were identified. The statistical population of this study was all patients suffering from anxiety disorder referred to Sepand Counseling Center in Ardabil or the people who referred to the center by other specialists. Of these, 30 cases were selected through the available method who randomly assigned into two groups. The first group received a solution-focused therapy for 8 sessions and the second group received a narrative therapy for eight sessions.

The therapist was the first author of this article and has a BA and MA in clinical psychology and a Ph.D. in counselling with 27 years' experience in psychotherapy in the private sector. He conducted therapeutic sessions with all of the cases.

The following questionnaire was used to collect information:

Beck Anxiety Inventory: The Beck Anxiety Inventory was introduced by Erwin Beck et al. (1990). This questionnaire specifically evaluates the severity of clinical anxiety symptoms in individuals. The questionnaire consists of 21 items and the case in one of the materials has to choose one of the four options, which is mild (it did not make me much sad), medium (very unpleasant but I tolerated), severe (I could not tolerate it). The four options of each question are scored in a range from 0 to 3. Each test item describes one of the common symptoms of anxiety (mental, physical, and panic symptoms). Therefore, the total score of the questionnaire is in the range from 0 to 63. The cut-off points of this questionnaire include no or minimum scores from 0 to 7 as normal case, 8 to 15 as mild depression, 16 to 25 as moderate and 26 to 63 as severe depression. Studies have shown that this questionnaire has a high validity and reliability. The coefficient of internal consistency (alpha coefficient) and the validity were 0.92 and 0.75, respectively. The one-week trial and the correlation of its materials varied from 0.20 to 0.76. Five types of content, concurrent, construct, diagnostic, and factor validity have been evaluated for this test, which all indicate the effectiveness of this tool in measuring the severity of anxiety (Beck et al., 1988). Qaraei (1993) studied the psychometric properties of this instrument in Iran, and reported its validity coefficient with a re-test method as much as 0.80 for two weeks. Also, Kaviani and Mousavi (1999) reported the validity of this questionnaire, the test- retest validity coefficient, and the Cranach's alpha as 0.72, 0.83, and 0.92, respectively.

The narrative-focused questioning interventional program: The main idea of this research was derived from Payne's model (2004). The series of sessions consists of familiarizing the members with each other, outlining the goals and rules of the sessions, explaining the desired advisory model, and encouraging members to describe their

narratives. The second session theme are the life story; extraction, review of predominant narratives, specifying the saturation story of the problem, investigating the influence of the problem on the person and vice versa, and how to make stories. The third session theme are the important life events, the achievement of the principles governing the storytelling of individuals, the finding of peak experiences,...the fall and viewing the story from another perspective. The fourth session theme are the deconstruction, the naming of the problem, deconstruction (from the hegemony of the problem), and the re-meaning technique. The fifth session theme are the innovations, challenging members, identifying effective positive and negative factors in stories; investigating great challenges of life; achieving people's shadow stories. The sixth session theme are the unique outcomes, investigating the unique consequences, using new elements in the narrative, examining priorities, aspirations, goals and important people of life, and changing the person's living framework. The seventh session theme are the reconstructing and narrating the narrative of life, relying on the strengths of references, analysis of the relationship between the new narrative with individual life, flowing a new narrative, and the critical point. The eighth session theme are the rewriting the story of life, reviewing the new story of the people, predicting potential problems, the final edition of the new narrative, playing a role in the new story in the self-life, implementing the desired questionnaire.

Solution-focused questioning interventional program: this pattern was based on the Zimmerman, Prest, Wetzel (1997). The sessions include the first session with the theme of referral, creating relationships, determining the framework and rules of the consultation sessions, a comprehensive explanation of postmodern and solution-focused schools pre-trial execution. Session two includes determining the goals, discussing the issues review training and re-challenge the problems. Session three includes using the 0-10 scale to prioritize problems and create contracts and express possible solutions to problems. Session four includes finding the exceptions. Session five includes using the miracle question. Session six includes establishing and consolidating solutions to problems or ways to reduce them. Session seven includes using the 0-10 scale to find out what your goals are, and teaching the keystone to problems with examples of problems with their own lower priority. Session eighth includes summarizing the past contents and conclusions.

The implementation method: The two methods of narrative-focused and solution-focused questioning have been used to implement this research. In the solution-focused method, cases identified those groups of behavioral patterns that have been before their problem is revealed. Some questions to work with anxious patients (based on the solution-focused consulting method): What do you score your anxiety from 1 to 10? Was there any moment in your last few months that you felt better? What do you score your anxiety at that moment? What should be happened in your life or how your anxiety decreases? What should change in your thoughts, behavior, and feelings for this purpose? What do you expect to change in other people who are concerned with your anxiety? What is the highest wish and vision about what you like?

Some questions to work with anxious patients (based on narrative-focused counseling method): Talk about anxiety? How has this anxiety influenced your life? Has there been

any time in the past that anxiety has put more pressure on you, but you did not let? How did you do that? How did you feel about yourself when you were able to reduce your anxiety or somehow defeat the problem? Did you encourage yourself somehow afterward? How can you avoid the mistakes most people encounter with problems that are similar to you? What do you name this? How did it affect your life? In which affairs, it affected your life? How did it affect your relatives? Can you talk with the problem? In this position, are you stronger or the problem? What do you name this new mood? Can it control you or you can control it?

Results

Table 1 shows the descriptive indicators of the solution-focused questioning methods including mean and standard deviation in the pre-test and post-test separately from the groups.

Table 1. Mean and standard deviation of patients with over anxiety based on two counseling methods

Groups	Mean	Standard deviation	Total number
Narrative-focused	pre-test	33.20	4.26
	post-test	4.13	2.55
Solution-focused	pre-test	37.40	7.62
	post-test	7.60	3.56
Total	pre-test	35.30	6.43
	post-test	5.86	3.52

As shown in Table 1, the mean and standard deviation of the pre-test of the narrative-focused group is 33.20 and 4.26, respectively. The value in the solution-focused group is 37.40 and 7.62, respectively. In addition, the mean and standard deviation of the post-test of the two groups were 4.13, 7.60 and 2.55, 3.56. Moreover, a summary of the questions is presented in Table 2 and Table 3 to examine the difference between the content of the questioning in the narrative-focused and solution-focused method.

Table 2. Types and frequencies of questions in narrative-focused questioning

No.	Question	Frequency	Mean	Standard deviation
1	What do you name this condition?	21	1.4	0.77
2	How did it affect your life?	24	1.6	0.81
3	In which affairs, it affected your life?	22	1.43	0.78
4	How did it affect your relatives?	15	1	0
5	Can you talk with the problem?	15	1	0
6	In this position, are you stronger or the problem?	15	1	0
7	What do you name this new mood?	15	1	0
8	Can it control you or you can control it?	22	1.43	0.78

According to Table 2, in the narrative-based questioning, the focus is on changing the narratives and the patient's definition of anxiety.

Table 3: Types and frequencies of questions in a solution-focused questioning

No.	Question	Frequency	Mean	Standard deviation
1	Which do you want to continue among the events that happen in your life, your family, your marriage and your relationships?	28	1.87	0.98
2	Is there any time you do not have this problem?	15	1	0
3	What is the difference at that time?	15	1	0
4	Imagine a night when you are sleeping, a miracle happens and your problem is solved, what will be different?	15	1	0
5	What is your emotional score at this moment from zero to ten?	32	2.14	1.13
6	What do you think you should do to reach a higher number?	32	2.14	1.13

To investigate two types of questioning in two narrative-focused and solution-focused methods, the content of the questions in subjects with anxiety disorder was shared by two colleagues. The main question was whether each question in the narrative-focused counseling method varies with each question of the solution-focused counseling method? The results showed that all questions of both methods are different from each other. Therefore, the narrative-focused questioning has a significant difference from the solution-focused questioning. Therefore, questions in each method have a formal validity. Also, the covariance analysis was used to investigate the effectiveness of narrative-focused and solution-focused questioning on the reduction of anxiety in patients with over anxiety disorder. It should be noted that the Levin test was used to evaluate the default equates of the group variances in the dependent variable before testing. The results indicated that the required precondition was observed for covariance test and no significant difference was observed.

Table 4. Analysis of covariance examined the difference between the effectiveness of narrative-focused and solution-focused questioning on anxiety reduction in patients with over anxiety disorder

	Total squares	Degrees of freedom	Mean square	F-value	Significance	ETA Coefficient
Pre-test	158.93	1	158.93	38.87	0.00	0.59
Groups	22.75	1	22.75	5.56	0.02	0.17
Error	11.39	27	4.08	30.45	0.00	0.69
Adjusted modes	249.07	2	124.53	12.24	0.00	0.31
Cutting point	50.06	1	50.06			
Total amount	139230	30				
Total Adjusted	359.46	29				

As shown in Table 4, there is a significant difference between the effectiveness of both narrative-focused and solution-focused questioning methods on reducing anxiety in people with over anxiety disorder. In addition, as it is seen, the effectiveness of the narrative-focused method is significantly more than the solution-focused method.

Discussion

This study aimed to compare the effectiveness of the narrative-focused and solution-focused questioning on anxiety reduction in patients with over anxiety disorder. According to the studies conducted by the content analysis method in this study, it can be concluded that there is a difference between the content of the narrative-focused and solution-focused questioning counseling methods in people with over anxiety disorder. Obviously, there are differences in the type of questioning in terms of content between narrative-focused and solution-focused questioning counseling methods from the point of view of theoretical and experimental origins. Questions in the narrative-focused counseling method have the nature of searching for a story that references are developed especially in the process of externalization. It is also an important value in the process of establishing the new narrative to reflect its effects on references (Pine, 2004; Carr, 1998). On the other hand, the nature of the questions in the solution-focused counseling process is based on observing the behaviors when the person is involved with the problem and periods that there is not a problem. Questions are in types of the exception, miracles, and divergences (O'Hanlon and Weiner, 1989). It was also observed that there is a difference between the effectiveness of narrative-focused and solution-focused questioning reducing anxiety in people with over anxiety. As the tables show, the difference in scores between the two groups, the first group, which was received the solution-focused counseling questioning method, and the second group, which was received on the narrative-focused counseling questioning method, was significant. Also, the mean comparison shows that the narrative-focused questioning has a more effectiveness than the solution-focused questioning on reducing anxiety in people with over anxiety. Several studies that have been carried out in the past on the effectiveness of narrative-focused questioning in reducing the symptoms of various disorders also confirm this result. For example, Jamalzadeh, Azad, and Kafi (2015), Lely, Smid, Jongedijk, Knipscheer & Kleber (2019), Fox, Erlandsson & Shiel (2019), Komeijani and Vakili (2015), Dastbaz, Yegane Farzand, Azkhosh and Shoaie (2014), Karimian, Askari, Karimi and Zarei (2013), Lynette, Vromas, Robert, and Schweitzer (2011), Cashin (2008), Weber, Davis, and McPhie (2006), Soodani, Dastan, Khojeste Mehr, and Rajabi (2015), Qavami, Fatehizadeh, Faramarzi and Nouri Emamzade'i (2014), Nouri Tiratashi and Kazemi (2012) showed the effectiveness of narrative-focused questioning on the reduction of symptoms of psychological disorders. Given that, the purpose of narrative-focused counseling is to focus people on ineffective beliefs and change them, to extricate and solve problems, to create an external look at the problem from different angles. Consequently, it is a transformational interpretation and recompilation to narrate the life story. Thus, individuals can find a new perspective on the facts with the help of narrative-focused method, which in turn reduces unhealthy thoughts and attitudes (Qavami, Fatehizadeh, Faramarzi, and Nouri Emamzadehi, 2014), that is the source of anxiety. This means that in the narrative-focused questioning, the patient have managed to distance themselves from the problem, consider exceptional situations, and rewrite their narration (Sajjadian, Dokanefard, and Behboudi, 2016). One of the limitations that the present study faced was the lack of alignment of participants in terms of their economic status and their social

class. Another limitation is the absence of a follow-up period to examine the durability of the counseling method. Therefore, consultants and psychotherapists are suggested to use more questioning and emphasize the content of the questions they are applying, regardless of the type of disorder they are dealing with. On the other hand, it is advisable to use a narrative-focused method for over anxiety disorders. For more detailed research, it is advisable to divide the questions of each method into spin, reflexive, and strategic, and even linear and nonlinear types, and examine each one's effectiveness. It is also suggested to use a control group in future studies as well as considering follow-up courses to assess the durability of the counseling method. Finally, it is suggested to evaluate the effectiveness of counseling methods on other psychiatric disorders and other common problems in order to clarify the more effective methods of questioning in any disorder to be used during counseling and psychotherapy training.

Conclusion

According to the findings, it can be concluded there is a significant difference between the content narrative-focused and solution-focused questioning in the over anxiety disorder and the effectiveness of the narrative-focused method is significantly more than the solution-focused questioning. Therefore, in the treatment of over anxiety disorders, the narrative-based method can be prioritized.

Disclosure statements

The authors declared no conflicts of interest.

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