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The Effectiveness of Narrative Therapy on Body Checking and Disordered Eating Behaviors in Female Adolescents

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Abstract

Background: Body checking and disordered eating behaviors are common problems among adolescents and young people which can be precursors to eating disorders. The research aimed to examine the effectiveness of group narrative therapy in decreasing body checking and disordered eating behaviors.

Method: This experimental, intervention-control, study was conducted on 920 female 11-16-year-old students selected by multistage random method. They responded to two scales of body checking behaviors and disordered eating behaviors. Among 188 female students who gained one standard deviation above the mean score of the group in both scales, 40 students were randomly divided into the experimental and control groups. Then, the members of the experimental group participated in narrative therapy intervention. After the intervention, both scales were distributed among the experimental and control groups. Data were analyzed by the use of descriptive statistics and multivariate covariance method.

Results: The results revealed that compared with the control group, narrative therapy significantly reduced body checking and disordered eating behaviors in the experimental group ($P<0.01$).

Conclusion: According to the findings of the present study, the investigation of effectiveness of narrative therapy on these behaviors can provide valuable implications about the mental health of individuals.

Key Words: Body checking behaviors, disordered eating behaviors, Female Students, Narrative therapy.

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1- INTRODUCTION

Eating disorders as life-threatening conditions are serious disturbances in eating and body image; they are very common in women (1). Eating disorders are heterogeneous multi-factorial syndromes that are the result of neurobiological functioning, as well as psychological and socio-cultural factors (2). For example, the higher prevalence of eating disorders in women could be due to the cultural focus on women's thinness (3). From a developmental view, researchers suggest that these various factors should be considered in an integrated way. Eating disorders should be conceptualized as developmental disorders in the process of self-regulation with defects in the capacity to process and regulate emotions as a primary disorder (4). In recent years, eating disorders, problematic eating behaviors and beliefs have become increasingly common (5). Anorexia nervosa and bulimia nervosa affect about 0.3% to 1% of women. The prevalence rate is higher in women aged between 15 and 24 years (6). Empirical evidence suggests a pathological continuum of eating disorders. The term disordered eating is used for people who are placed in the middle of the continuum. These people have a special type of disordered behavior that does not indicate a specific eating disorder such as anorexia nervosa or bulimia nervosa. People who have this type of disordered eating pattern are included in the group of unspecified eating disorders. In some cases, they will show symptoms of both types of disorders and have a background of suffering from a clinical eating disorder (7). Among the factors that are known in the development and maintenance of eating disorders is body image disorder. Disturbed body image is highly correlated with eating disorders (8). Also, disturbed body image causes the return of eating disorder symptoms in people who have recovered (9). Body image is a multidimensional construct that represents a person's thoughts, feelings, and behavior regarding his/her physical characteristics (10). Research conducted by Furnham et al. (11) showed that body image dissatisfaction is associated with eating disorders.

The important factors in maintaining a poor body image are body checking behaviors which cause a focus on negative body image and negative self-perception (12). Body checking behaviors are apparently harmless behaviors and reduce anxiety in the short term, but in the long term they are reinforced (12, 13). Montford et al. (12) suggested that body checking behaviors are actually the initiation of cognitive distortions that maintain eating disorders in affected patients. Just as in people with eating disorders, mental preoccupation with eating is observed. Body checking behaviors can, in fact, intensify these concerns. It leads to creating a negative body image, and strengthens disorder patterns (14). As reported by Shafran et al. (15), the frequent body checking behaviors lead to an increase in self-critical thoughts, dissatisfaction with the body, and a feeling of fatness. Body checking behaviors deal with checking the organs and making changes in the body; but increasing the perception of a person about his body's defects lead to an increase in weight control attempts, which ultimately result in fixing negative ideas about the body, creating a negative body image.

There is extensive research on different types of treatment approaches for people with body checking behaviors and eating disorders. Research shows that group therapy can be valuable in working with these patients (16). Some studies have reported that cognitive behavioral therapy (CBT) has greater effects than antidepressants and behavioral therapies on body checking behaviors and eating

disorders (17). Interpersonal therapies (IPT) are also as effective as cognitive behavioral therapies. In contrast, there are approaches that encourage anti-eating disorder values and lifestyles. Such approaches focus on externalizing checking behaviors and eating disorders (18). One of these approaches is narrative therapy, which has recently been used in the treatment of patients with disordered eating behaviors (18, 19).

Narrative therapy is a new approach to classical psychotherapy (20). Developed by David Epston and Michael White (21), this therapeutic theory is based on the idea that people have many interacting narratives that inform their understanding of who they are. The issues that need to be addressed in therapy are not limited to the place. Narrative therapy centers on a rich interaction in retelling the client's narratives by re-examining the client's preferred lives and relationships (22). Today, narrative therapy (telling life stories and replacing stories with positive meaning) is used with various groups of people, which can be used to encourage discussion about depression and other diseases (23). This therapy has positive results in improving resilience among survivors of events that lead to post-traumatic stress disorder, violence victims, social phobia, treatment of adolescents with Asperger's disorder, treatment of children with childhood sexual abuse experiences, improving personal narrative skills in children with severe communication disorders, chronic pain management in children and adolescents, in intercultural and multicultural counseling and for people with learning disabilities (24-27). Most clients who have completed narrative therapy counseling sessions report that this therapy has been beneficial for them. In a recent study, group intervention of narrative therapy was used on a group of young girls with nutritional problems and physical deformity. After the therapeutic intervention, the members felt that they had regained control over some of their life issues and all of them were able to experience a new narrative of life. The results of the findings of these researchers showed that group narrative therapy can have satisfactory results (28). It seems that the narrative therapy approach, via taking into account the implicit and allegorical levels of clients' experiences, externalizing the problem, increasing the level of personal improvement, helping the formation of narratives and individual stories, can play an important role in reducing people's concern about their appearance (29).

Accordingly, the aim of the current research was to investigate the effectiveness of group narrative therapy on reducing body checking behaviors and disordered eating in non-clinical populations.

2- MATERIALS AND METHODS

2-1. PARTICIPANT

This research enjoyed an experimental pretest-posttest design with a control group. The statistical population included all 11-16-year-old female students of Shahrekord Schools, from June to August 2022. By the use of a multi-stage cluster random method, 188 students were selected whose scores in the questionnaires of body checking behaviors and disordered eating were one standard deviation higher than the average. 40 students were, then, selected as the participants of the study, and they were divided into two groups by simple random method (20 girls in each group). Then the experimental group members participated in narrative therapy sessions, performed by researchers.

2-2. INSTRUMENTS

a) Disordered Eating Behaviors Questionnaire: This 26-item scale was designed by Gerner et al. (30). Two

sample questions of this scale are "I am always preoccupied with food" and "When eating, I feel unable to stop myself". It is based on a 6-point Likert scale from 1 (always) to 6 (never). In the present study, Cronbach's alpha reliability of this tool was calculated as 0.81.

b) Body Inspection Questionnaire: This self-report questionnaire, with 23 items, was created and validated by Reas et al. (31). High scores in this questionnaire were associated with greater severity of "body dissatisfaction", "fear of obesity", "body image avoidance behaviors" and "general eating disorders". It is based on a 5-point Likert scale from 1 (never) to 5 (most of the time). In the present research, Cronbach's alpha reliability was found to be 0.89. The findings show that this scale has favorable psychometric properties.

The independent variable of the study was group training based on narrative therapy approach and the dependent variable was the amount of body checking behaviors and disordered eating behaviors. After grouping the participants, the members of the experimental group attended five 90-minute group training sessions per week for two months. In order to comply with the ethics of the research, the clients were told that this intervention, while being useful for them, is considered part of a research work, and the issues they raise in the treatment session are not shared with anyone without the client's consent. Moreover, the results were analyzed and reported anonymously. The outline of narrative therapy group training sessions was adapted from Lock et al. (32).

Table 1: Meeting topics

Meeting topics
Introduction: getting to know the members of the group, introducing programs and making appointments
Session 1: The members were asked to express their goals for participating in this experiment/expressing the basic rules of the experiment by the researcher/doing the weekly homework/expressing the principle of confidentiality and value training sessions for members/doing the following tasks: 1) expanding the story of life and giving it a starting point; 2) drawing life story/adequate description of goals, values, and therapeutic content.
Session 2: Creating a shared position in treatment and centering the client/Describing the problematic story/Listening carefully to the details of the client's language/Co-naming the problem according to the priority of the client's words and language/Presenting the assignment: Drawing a positive future: What do you like? Let something positive happen in your life story/draw and describe a negative future in life.
Session 3: Description of problematic stories about body checking behaviors and disordered eating in more details and references: When and how did the problem happen? What did it mean? How long did it take?/listening carefully to the language, words, and metaphors of the references/linguistic externalization of body checking behaviors and disordered eating with homework that invite people to use this concept for creating/naming the problem.
Session 4: Redefining and re-naming or putting a new label on the problem/Proposing alternative and preferred narratives/helping to gain awareness, power, sense of personal agency and hope in clients by discussing unique consequences/discovering ways to get rid of body-checking behaviors and disordered eating/reviewing specific situations expressed by people in the group and whether these situations are strategies for body-checking behaviors and disordered eating.
Session 5: Returning to traumatic events/members' sharing their stories with the

group/talking about important people in their lives in the past and now to remind them /types of skills are: 1) Speaking skills: each person talks about her behaviors/describes her sensory information/expresses her thoughts/plans her wishes. 2) Listening skills: paying attention/listening/looking/summarizing statements to ensure accuracy/discussing positive experiences and alternative narratives.
Moreover, narrative therapy mainly includes telling and retelling. The treatment ends when the client feels that his narrative has changed. The overall evaluation of the program and the elimination of ambiguities + post-examination were carried out in the 5th session.

2-3. Data Analysis

The collected data were statistically analyzed using descriptive statistics such as mean, standard deviation and inferential statistics such as multivariate covariance analysis.

3- RESULTS

Examining the demographic characteristics of the participants in the research showed that the average age of the participants was 13.16 with a standard deviation of 2.11; the age range was between 11 and 16 years. The mean and standard deviation of the scores of body checking behaviors and disordered eating in the two stages of pre-test and post-test are presented in **Table 2**.

Table 2: Participants' mean scores in the experimental and control groups

Variables	Group	Stage	Mean	standard deviation
Body checking behaviors	Experimental	Pre-test	68.73	20.75
		Post-test	56.20	16.96
	Control	Pre-test	69.66	16.86
		Post-test	67.06	17.01
Disordered eating behaviors	Experimental	Pre-test	83.13	12.73
		Post-test	71.12	11.93
	Group	Pre-test	82.63	13.31
		Post-test	83.32	13.36

The data in **Table 2** shows that in the experimental group, the average post-test scores of body checking behaviors and disordered eating behaviors are lower than those of the control group. Multivariate covariance analysis was used to compare the groups in research variables. Therefore, first Levin and Box test, and then the assumption of regression slope equality were calculated. Based on the box test, which was not significant for any of the variables, the condition of homogeneity of the variance/covariance matrices was correctly met (BOX=10.41, F=3.39 and P=0.87). Levine's test to check the assumption of equality of variances showed that there is no significant difference between the two groups in scores for the variables (F=0.124 and P=0.91); thus, the condition of equality of variances between groups was respected. The homogeneity of the regression showed that the interaction between the groups and the pre-test scores wasn't significant (F=2.77 and P=0.071), so the data supported the homogeneity of the regression slopes. Regression graph analysis also confirmed the linear

relationship between auxiliary random variable and the dependent variable. Using the Shapiro-Wilk test, the normality of the distribution of scores was also confirmed.

The results of multivariate covariance analysis, regarding the effect of narrative therapy on reducing body checking and eating behaviors, showed that the significance levels of all the tests of multivariate covariance analysis were permissible. These results showed that there is a significant difference in at least one of the dependent variables (Wilks lambda=0.214, F=11.71, P<0.01). Then, univariate analysis of covariance was performed. The results about couples' intimacy were presented in **Table 3**.

Table 3: Univariate analysis of covariance on post-test mean scores

Source	Variable	DF	Mean square	F	Sig	Eta	Statistical power
Post-test	Body checking behaviors	1	446.74	24.27	0.001	0.46	0.99
	Disordered eating behaviors	1	503.64	53.25	0.001	0.31	0.99

The data in **Table 3** shows that considering the pre-test scores as auxiliary variables, there is a significant difference between the post-test scores of the experimental and control groups in the variables of body checking behaviors at P<0.01 level. As a result, it can be said that narrative therapy has an effect on reducing body checking behaviors, and considering the amount of impact, it can be said that this effect is 46% for body checking behaviors. Also, the effectiveness of narrative therapy intervention on disordered eating behaviors, with pre-test control, was significant at P<0.01 level, which shows that narrative therapy is effective in reducing disordered eating behaviors and the effectiveness rate was 31%.

4-DISCUSSION

The present study was conducted with the aim of determining the effectiveness of narrative therapy on reducing body checking behaviors and disordered eating. The results showed that narrative therapy significantly reduced disordered body checking behaviors and disordered eating. This finding is consistent with the results of previous studies (33-35). Similar to our findings, Basaknejad et al. (36) concluded that group narrative therapy has a significant effect on reducing the worry of body deformity. Mekian et al. (37) showed that narrative therapy was more effective than diet therapy in correcting the body image of overweight women. Another research reported that cognitive-behavioral treatments and narrative therapy are effective in reducing body deformity disorder in female students (38).

In the present study, the effectiveness of narrative therapy was investigated simultaneously on body checking behaviors and disordered eating behaviors. This distinguishes this research from similar studies. These findings can be explained by the following possibilities:

First, in similar studies, it is believed that these effects are achieved through the process of extrapolation. Externalizing is the process of creating a linguistic space and a sense of separation between the person and the problem (the problem here is body checking and disordered eating behaviors) that manifests itself in the person's thoughts, feelings, actions, and experiences (39). Among most of the people who receive the diagnosis of body

checking behavior disorder and disordered eating, there is a perception that they have a problem and this problem is something that exists in them or in their family. It is the cause of the situation that they are experiencing. They label checking behaviors and disordered eating in their linguistic process and fully accept identifying themselves with eating disorders. This is where the guilt and self-blame of people with eating disorders originates (40). In the process of externalization, the relationship between the person and the problem, which are in conflict with each other, is discovered. In terms of linguistic analysis, the therapist attempts to lead the patient to the belief that the problem is part of her rather than all of her (41). For example, this might include conversations that, in terms of linguistic analysis, create a sense of a person who is completely separate from the problem, with an identity (intentions, hopes, and dreams) that is separate from the problem.

Second, the central idea of narrative therapy is that stories shape people's lives. They do this not only by giving meaning to the events of people's lives, but also by choosing specific events and giving meaning to them. Narrative therapy believes that these stories can be rewritten and so people's lives can be improved (34). In fact, narrative therapy helps patients with body checking behaviors and eating disorders replace the problematic story with a preferred one. Narrative therapy is the process of helping people overcome their problems by engaging in therapeutic conversations. This process includes telling, listening, re-telling and re-hearing stories. This approach sees people as the main experts in their lives and problems, as separate parts of people, believing that people have many skills, beliefs, values and abilities that help them reduce the effects of problems in their lives (35). In narrative therapy, people's problems are viewed as issues that originate from the painful stories they have in mind for past events. The treatment process is to examine how people analyze their life stories by themselves and the main focus and emphasis is on creating new meanings in life. Problems are considered as stories that people have agreed to tell for themselves (42). Narrative therapists pay less attention to objective stories and are more interested in the social benefits expressed in the life stories of a person. In narrative therapy, life can be found differently and from a new perspective. In fact, the rewriting of life is the ultimate goal of the narrative therapy process, and life will change with the author's revision (43).

Narrative therapists help people with eating disorders and body checking behaviors see these behaviors as an identity that exists independently, so that they don’t identify themselves with the problem (44). The treatment focuses on breaking down the dominant narrative structures that have caused the maintenance and continuation of these behaviors. At this stage, the goal is to replace these inconsistent and ineffective stories with preferred and richer narratives. They are based on values and desires that ultimately bring body checking behaviors and disordered eating under control. Narrative therapy approach in treating people with these behaviors is mainly based on patients' descriptions of changes in their beliefs about eating and body image and in their ability to continue its effects (45). Recent research on women with eating disorders, who had a long history of disordered eating behaviors with comorbid disorders such as depression, shows that narrative therapy has reduced depressive symptoms and disordered eating behaviors in them (46).

4-1. Limitations of the study

Among the limitations of this research, we can mention the limitation of sampling,

since all the participants were female students. It is appropriate to study other groups of society such as male students and the clinical population for more generalization. Also, in order to increase the reliability of the results, it is necessary to measure a wider group of people and to follow up the results.

5- CONCLUSION

In summary, the findings of the present study showed that narrative therapy was effective in reducing body checking behaviors and disordered eating. The current research results will add to the richness of the aforementioned achievements in the field of body checking behaviors and disordered eating, through the use of narrative therapy as a new approach rather than classical psychoanalysis. The results of this research can pave the way for large scale studies and interventions to educate people about the biological-social-psychological factors that can affect body inspection and eating behaviors.

6- Conflict of interest

None.

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