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The Effectiveness of Narrative Therapy on Emotional Intelligence, Anger Management, and Social Adjustment in Children with Attention Deficit Hyperactivity Disorder

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ABSTRACT

Background and Objective: Children diagnosed with attention deficit hyperactivity disorder (ADHD) frequently exhibit challenges in emotional regulation and social interaction. This study aims to investigate the potential of narrative therapy, a collaborative storytelling approach, to enhance emotional intelligence, anger management, and social adjustment among this population.

Methods: A quasi-experimental pretest-posttest design with a control group was applied for this study. The target population encompassed all children diagnosed with ADHD residing in Ahvaz City during 2023. A convenience sample of 28 participants was randomly assigned to either an experimental (n=14) or control (n=14) group. Data were collected using the Emotional Intelligence Questionnaire, the Child Behavior Aggression Scale, and the Social Adjustment Scale. The experimental group received seven 40-minute narrative therapy sessions, while the control group served as a no-treatment group. Analysis of covariance (ANCOVA) was used to analyze the data.

Findings: The post-test analysis revealed a significant difference between the narrative therapy and control groups in all three domains ($P<0.01$). The narrative therapy group demonstrated substantially higher scores in emotional intelligence (82.18±14.05 vs. 70.54±12.11), anger management (50.12±9.31 vs. 37.49±6.75), and social adjustment (32.16±5.12 vs. 22.49±4.87).

Conclusion: The findings suggest that narrative therapy constitutes an effective intervention for enhancing emotional intelligence, anger management, and social skills in children diagnosed with ADHD. Moreover, narrative therapy emerges as a valuable tool for addressing the emotional and social challenges commonly experienced by this population.

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Introduction

Childhood constitutes a critical developmental period during which an individual's personality is shaped [1]. Often, behavioral maladjustments and disorders observed in adolescence and adulthood can be traced to neglected emotional and behavioral issues during childhood and a failure to adequately guide the child's developmental trajectory [2]. Attention Deficit Hyperactivity Disorder (ADHD) represents a prevalent neurodevelopmental disorder affecting approximately 3-5% of children before the age of 12, with symptoms persisting into adulthood in roughly 70% of cases [3]. Characterized by core deficits in attention and/or hyperactivity-impulsivity, ADHD poses significant challenges for a substantial portion of the developing population [4]. Subtypes of the disorder are delineated based on specific behavioral criteria. Inattention is exemplified by behaviors such as carelessness, difficulty following instructions, forgetfulness, and other attention-related impairments [5]. ADHD is defined by pervasive, impairing, and developmentally inappropriate levels of inattention, hyperactivity, and impulsivity [6].

Childhood represents a critical developmental period during which children acquire foundational skills for academic and social success [7]. Emotional competence development constitutes a prominent phase within this period. Nurturing emotional competence in children can effectively mitigate future stressors and challenges encountered during their school years [8, 9]. Emotional intelligence encapsulates the concept of emotional learning [10]. It involves recognizing and regulating one's own emotions as well as those of others. Emotionally intelligent individuals possess the ability to manage their own and others' emotions, differentiate between positive and negative emotional outcomes, and utilize emotional information to guide their thoughts and actions [11].

Anger represents one of the most prevalent psychiatric concerns among children with ADHD, underscoring the importance of anger management interventions for this population [12, 13]. As a learned social behavior, anger initially functions as an instrumental behavior reinforced through direct or vicarious means, leading to its increase and perception as a predominant (though not inevitable) response to frustration [14, 15]. The presence of anger in children with ADHD is associated with decreased social adjustment. Adjustment encompasses social, emotional, physical, and moral dimensions, with social adjustment serving as a prerequisite for achieving emotional, moral, and physical well-being [16].

Given this context, it is reasonable to hypothesize a positive correlation between anger management and social adjustment in children [17]. Social adjustment, a key indicator of mental health, has garnered significant attention from psychologists in recent decades [18]. Lipka et al. [19] conceptualize social adjustment as selective attention to social threat intensifiers and distorted judgments of social events.

The persistent impact of behavioral disorders such as aggression and depression into adulthood underscores the critical need for effective interventions during childhood. While pharmacotherapy is commonly employed, psychotherapy offers a valuable complementary approach to the management of these disorders in young people [20]. Narrative therapy emerges as a particularly promising psychotherapeutic modality for this age group. Beyond addressing behavioral problems, this approach facilitates behavior change and fosters positive interpersonal relationships [21]. By incorporating educational content into narrative structures, narrative therapy enhances engagement compared to traditional didactic methods, promoting deeper and more enduring learning [22]. Consequently, children are more likely to transfer and apply newly acquired knowledge to relevant situations [23].

Narrative therapy fulfills a fundamental psychological function by enabling individuals to construct coherent life stories. This process involves assigning meaning to experiences, anticipating future events, and guiding subsequent actions [24]. A growing body of research supports the efficacy of narrative therapy in promoting positive child development across multiple domains. Studies have demonstrated its effectiveness in cultivating prosocial values (responsibility, respect) and moral reasoning among elementary school children [25].

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Additionally, narrative therapy has been shown to enhance moral intelligence, emotional intelligence, and self-esteem in working children [26]. Furthermore, this therapeutic approach has been linked to reductions in aggression and improvements in social skills among preschoolers [27].

While the literature on narrative therapy is extensive, its efficacy in enhancing emotional intelligence, anger management, and social adjustment specifically among children with ADHD remains unexplored. This study aims to address this gap by investigating the effectiveness of narrative therapy in this context. Given the theoretical foundation of narrative therapy and the identified research gap, this study seeks to determine the impact of narrative therapy on emotional intelligence, anger management, and social adjustment in children diagnosed with ADHD.

Methods

Design and sample

A quasi-experimental pretest-posttest design with a control group was employed for the present study. The target population encompassed all children diagnosed with ADHD residing in Ahvaz, Iran. A convenience sample was utilized for participant recruitment. Eligible participants were children aged 4-12 years with ADHD who attended the Ahvaz Psychiatric Clinic in 2023. One of three eligible private psychiatric clinics in Ahvaz was randomly selected. Participants were recruited from ADHD diagnoses whose parents provided informed consent. Inclusion criteria included below-average scores on emotional intelligence, anger management, and social adjustment scales, absence of comorbid psychiatric conditions, and no concurrent therapeutic interventions. Of the eligible children, 28 met inclusion criteria and were randomly assigned to either an experimental or control group (n=14/group) using a random number table. To minimize selection bias, group allocation was further randomized. A priori power analysis using G*Power determined a required sample size of 14 participants per group to detect an effect size of 1.18 with 90% power at the alpha level of 0.05. Participants were excluded if they missed more than one intervention session or expressed dissatisfaction with treatment.

Instruments

Emotional Intelligence Questionnaire (EQ-I): The EQ-I, developed by Schutte et al. [28], consists of 33 items rated on a 5-point Likert scale ranging from "always" (5) to "never" (1). The questionnaire assesses five dimensions of emotional intelligence: self-awareness, self-regulation, motivation, social awareness, and relationship skills. Total scores range from 33 to 165, with higher scores indicating greater emotional intelligence. In the present study, the EQ-I was completed by the child's mother. The instrument's internal consistency was evaluated using Cronbach's alpha, yielding a coefficient of 0.86.

Child Behavior Aggression Scale (CBAS): The CBAS, developed by Shahim [29], was utilized to assess anger management. This questionnaire consists of 21 four-option items measuring both overt and relational aggression. Mothers completed the questionnaire regarding their children's behavior. The instrument's internal consistency was evaluated using Cronbach's alpha, resulting in a coefficient of 0.81 in the present study.

Social Adjustment Scale (SAS): The SAS, developed by Sinha and Singh [30], was employed to assess social adjustment. This questionnaire consists of 60 dichotomous items (Yes: 1, No: 0). Sinha and Singh [30] administered the SAS to 1950 students and reported a reliability coefficient of 0.92 using the test-retest method. In the present study, the internal consistency of the SAS was evaluated using Cronbach's alpha, resulting in a coefficient of 0.85.

Intervention

Narrative Therapy: A group-based narrative therapy intervention was delivered over seven 40-minute sessions to children. The intervention, targeting emotional intelligence, anger management, and social adjustment, was conducted by the first author, a qualified narrative therapist, at the Bahar Psychiatry Clinic. Following the final intervention session, both the experimental and control groups completed a post-test under standardized conditions. To uphold ethical

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principles, the control group received a brief narrative therapy training course post-intervention. A detailed outline of the narrative therapy sessions is presented in Table 1.

Data Analysis

Data were analyzed using SPSS-27 statistical software through analysis of covariance (ANCOVA). Skewness and kurtosis values were examined to identify potential outliers, and Levene's test was conducted to assess the homogeneity of variances. Statistical significance was set at an alpha level of 0.05.

Table 1. Summary of narrative therapy sessions

Session	Topic	Activities
1	Introduction to narrative therapy	- Building rapport with the child - Introducing the concept of narrative therapy - Discussing the child's concerns and goals
2	Exploring the child's story	- Eliciting the child's story of their challenges and struggles - Identifying patterns and themes in the child's story - Externalizing the problem and separating it from the child's identity
3	Re-authoring the child's story	- Collaborating with the child to re-author their story in a more empowering and positive way - Focusing on the child's strengths and resiliencies - Developing alternative narratives that promote positive change
4	Practicing new skills	- Role-playing and practicing new behaviors and coping mechanisms - Encouraging the child to express their emotions in healthy ways - Providing support and encouragement for applying new skills in real-world situations
5	Celebrating progress	- Reviewing the child's progress and achievements - Reinforcing positive changes and behaviors - Identifying remaining challenges and goals for future sessions
6	Preparing for the future	- Developing strategies for maintaining positive changes and preventing setbacks - Empowering the child to take ownership of their well-being - Planning for ongoing support and resources
7	Conclusion	- Reviewing the child's overall progress and achievements - Expressing appreciation for the child's participation and effort - Providing final words of encouragement and support

Results

The study sample consisted of 28 children diagnosed with ADHD, including 18 boys (64.28%) and 10 girls (35.71%). The experimental group comprised 8 boys (57.14%) and 6 girls (42.85%), while the control group included 10 boys (71.42%) and 4 girls (28.57%). The mean ages of the experimental and control groups were 8.86±3.29 and 9.45±2.71 years, respectively. All participating children were living with both parents. No significant differences were found between the control and experimental groups regarding demographic variables, indicating homogeneity between groups. Table 2 presents the means and standard deviations (SD) of the study variables for both the experimental and control groups at the pretest and posttest stages.

As indicated in Table 2, mean scores on the study variables exhibited changes from pre- to post-test in the experimental group, while no significant changes were observed in the control group. To examine the statistical significance of between-group differences, analysis of covariance (ANCOVA) was conducted. Prior to ANCOVA, assumptions were assessed. First, the absence of influential outliers in the study variables was confirmed by examining skewness and kurtosis indices. Data were considered normally distributed if these values fell within the range of -2 to 2. Second, the assumption of homogeneity of variances was evaluated using Levene's test. Results indicated no significant differences in variances for emotional intelligence (F=1.26, P=0.365), anger management (F=1.05, P=0.458), and social adjustment (F=0.98, P=0.698).

To compare the experimental and control groups based on their posttest scores while controlling for the effect of pretest scores, one-way ANCOVAs

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were conducted to determine the impact of narrative therapy intervention on emotional intelligence, anger management, and social adjustment. Table 3 summarizes the results of the ANCOVA analyses for emotional intelligence, anger management, and social adjustment. The results showed that there were significant main effects of the group for emotional intelligence (F=3.64, P=0.012), anger management (F=5.32, P=0.002), and social adjustment (F=25.15, P=0.001), indicating that the experimental group exhibited higher post-test scores compared to the control group.

Table 2. Descriptive findings for emotional intelligence, anger management, and social adjustment in the experimental and control groups

Variable	Phase	Narrative therapy group		Control group	
		Mean	SD	Mean	SD
Emotional intelligence	Pretest	66.07	11.81	68.66	11.36
	Posttest	82.18	14.05	70.54	12.11
Anger management	Pretest	38.67	5.54	35.14	6.60
	Posttest	50.12	9.31	37.49	6.75
Social adjustment	Pretest	23.27	4.08	21.62	4.33
	Posttest	37.65	6.30	20.78	4.20

Table 3. Results of ANCOVA on posttest scores for emotional intelligence, anger management, and social adjustment

Variables	SS	df	MS	F	P	η2	Power
Emotional intelligence	153.34	1	153.34	3.64	0.012	0.42	0.57
Anger management	536.72	1	536.72	5.32	0.002	0.61	0.83
Social adjustment	1298.14	1	1298.14	25.15	0.001	0.82	0.99

Discussion

This study aimed to investigate the effectiveness of narrative therapy on emotional intelligence, anger management, and social adjustment in children with ADHD. The findings revealed that narrative therapy was indeed effective in enhancing emotional intelligence among children with ADHD.

While this study aligns with previous research by Bagheryan et al. [31] and Mahzouf and Ghorban Jahromi [26] in demonstrating the efficacy of narrative therapy on various aspects of emotional intelligence, it is essential to acknowledge that the literature also presents contrasting viewpoints. Some studies have reported mixed or inconsistent results regarding the impact of narrative therapy on specific emotional outcomes. For instance, Ghavibazou et al. [32] indicated that narrative therapy cannot influence attachment and expressivity. These discrepancies may be attributed to differences in study methodologies, participant characteristics, or intervention implementation.

Storytelling offers a secure and engaging environment for children to explore their emotions and experiences. Through exposure to diverse characters and situations, children can develop a deeper comprehension of their emotional landscape, including identifying and labeling emotions, as well as recognizing emotional cues in others [26]. Narrative therapy empowers children with effective strategies for managing and expressing their emotions. By observing how characters navigate challenging situations in stories, children can learn to apply similar strategies in their own lives, such as identifying triggers, utilizing calming techniques, and seeking support when necessary [23].

Storytelling cultivates social interaction and communication by providing opportunities for children to engage in dialogue, share perspectives, and empathize with others. Through story engagement, children develop active listening, clear expression of thoughts and feelings, and consideration of diverse viewpoints [25]. Narrative therapy exposes children to various moral dilemmas and ethical considerations, encouraging reflection on personal values and informed decision-making. By analyzing character actions and consequences

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within stories, children can develop a stronger moral compass and make choices aligned with their values [33].

The study's findings demonstrate that narrative therapy was effective in enhancing anger management skills among children with ADHD. This aligns with the results of previous research by Ghashghaei [34].

Storytelling offers exposure to a diverse range of emotional experiences, including anger, facilitating the recognition, labeling, and understanding of one's own emotions, as well as the identification of triggers and consequences. By observing characters who effectively manage anger, children can learn and adopt healthy coping mechanisms, such as recognizing triggers, employing calming techniques, and seeking support [35]. Narrative therapy encourages perspective-taking, including consideration of the impact of one's anger on others. This fosters empathy and promotes constructive conflict-resolution strategies [36]. Storytelling provides a safe environment for children to practice self-regulation and emotional control. Observing characters managing emotions in challenging situations enables children to learn self-regulation and behavior management [35].

The study's findings revealed that narrative therapy was effective in improving social adjustment in children with ADHD. This aligns with the results of previous research by Falahi and Karimisani [37], who reported that narrative therapy led to a significant increase in communication skills among children. Additionally, Jabbary Daneshvar et al. [38] found that narrative therapy was effective in enhancing social adjustment and assertiveness in students with learning disabilities. Contrary to these findings, no research was available to the researcher.

Storytelling offers opportunities for children to practice and refine their communication skills, encompassing both verbal and nonverbal expression. Exposure to diverse characters and situations fosters empathy and social understanding, enhancing children's ability to connect with others and navigate social interactions effectively [37]. Narrative therapy equips children with social problem-solving skills by providing strategies for conflict resolution, negotiation, and cooperation [38]. Storytelling promotes social-emotional learning by facilitating the identification and management of personal emotions, understanding of other's emotions, and development of healthy relationships.

The engaging nature of stories can captivate attention, increase motivation, and provide a safe, supportive environment for practicing social skills and developing social awareness. Stories offer models of positive social interactions, demonstrating effective communication, conflict resolution, and relationship building [38]. Narrative therapy can encourage greater social participation among children with ADHD, reducing isolation and promoting social engagement. Positive social experiences derived from storytelling can enhance self-esteem and social confidence, fostering more confident interactions with others.

Limitations

The present study relied on self-reported data collected through questionnaires, which may be subject to response bias. Participants may have intentionally or unintentionally provided inaccurate or incomplete information, potentially compromising the reliability of the findings. Given that the study was conducted with children with ADHD in Ahvaz, Iran, the results may not be generalizable to children with ADHD in other cities or regions with differing cultural and social contexts. Furthermore, the absence of a follow-up phase precludes assessment of the long-term effects of narrative therapy. Consequently, the sustainability of the observed positive effects beyond the immediate post-treatment period remains uncertain.

Conclusion

The experimental group demonstrated significantly higher scores on measures of emotional intelligence, suggesting that narrative therapy enhanced their ability to identify, understand, and manage their own emotions, as well as perceive and respond to the emotions of others. Children with ADHD in the narrative therapy group exhibited significantly improved anger management skills, indicating that the intervention equipped

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them with strategies for recognizing anger triggers, regulating emotional responses, and expressing anger constructively. The study revealed significantly improved social adjustment among children with ADHD who received narrative therapy. This suggests that the intervention facilitated the development of social communication skills, empathy, and positive social interactions. These findings highlight the potential of narrative therapy as a complementary intervention for children with ADHD.

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Ethical Approval

The Ethics Review Board of the Islamic Azad University Ahvaz Branch approved the present study with the following number: IR.IAU.AHVAZ.REC.1403.001.

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Conflict of interest

There is no conflict of interest.

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