

Original Article

The Effectiveness of Narrative Therapy in Improving Academic Vitality and Resilience of Students with Female-Headed Households

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Received: 03 Jul 2025; Revised: 22 Jul 2025; Accepted: 02 Agu 2025

Abstract

Background and Aim: Social and psychological problems, such as academic failure and discouragement, can impose significant financial and social costs on families and society if the issues faced by students with head-of-household women are not addressed. The present study aimed to determine the effectiveness of narrative therapy in improving the resilience and vitality of students with head-of-household women.

Materials and Methods: The study employed a semi-experimental design with a pretest-posttest approach and a control group. The statistical population consisted of all female students with head-of-household women in the second-grade high schools in Isfahan City during the academic year 2022-2023. According to the convenience sampling method, 30 students were selected as the statistical sample, with 15 randomly assigned to the experimental group and 15 to the control group. Data collection was performed using the Academic Vitality Scale and the Resilience Scale. White and Epston's (1990) narrative therapy program consisted of eight one-hour sessions, held twice a week, for the experimental group after the implementation of the questionnaires. Univariate analysis of covariance (ANOVA) was also utilized to test the hypotheses.

Results: Narrative therapy training was effective in increasing the academic vitality and resilience of students, particularly those from households headed by women, and students in the experimental group had significantly higher academic vitality and resilience than those in the control group at the post-test.

Conclusion: Based on the results of the present research, narrative therapy training is efficacious in improving the resilience and happiness of students with head-of-household women, and this training can help address their problems. Furthermore, the counselors' and specialists' knowledge about this therapy can be helpful.

Keywords: Effectiveness of narrative therapy, Resilience, Students with head of household women, Academic vitality

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Please cite this article as:

Bakhtyari Renani, A. & Kordmirza Nikoozadeh, E. The Effectiveness of Narrative Therapy in Improving Academic Vitality and Resilience of Students with Female-Headed Households. *Int. J. Appl. Behav. Sci.* 2025;12(3):01-08

Introduction

The family serves as the primary and most influential context for ensuring the mental health of children. While the ideal family structure includes both parents, a growing number of families are headed by women due to various factors such as the death of a spouse, divorce, addiction, imprisonment, disability of the husband, abandonment by migrant men, or neglect by male guardians (1). These women, as heads of households, face the dual burden of child-rearing and the full range of social, financial, and livelihood responsibilities (2). Given these challenges and the potential adverse outcomes for their children, safeguarding the mental health of students from such families has become a significant concern for policymakers. In this context, resilience is recognized as a crucial protective factor that helps individuals preserve their mental health amid stressors (3).

Resilience broadly refers to the successful adaptation to adversity and stress; more specifically, it is defined as the ability to cope with problems and stressors (4) effectively. Core attributes of resilience include emotional flexibility, insight, hardiness, hope, positive outlook, and self-confidence, all of which enhance coping skills and serve to shield individuals against challenges (5). Both internal resources, such as problem-solving abilities and adaptability (6), and external resources, such as social support (7), contribute to resilience. According to Masten, resilience signifies the capacity to navigate stressful situations, solve problems effectively, bolster self-esteem, and identify personal strengths in order to maintain life goals (8).

Soltanizadeh et al. have emphasized the need to foster resilience and reduce intolerance of uncertainty and avoidance behaviors in order to decrease academic procrastination and its detrimental effects on academic performance (9). Similarly, Emadi and Gashtasbeizadeh have demonstrated that resilience is a significant predictor of hardiness in students (10).

Academic vitality is another key determinant in supporting single-parent students. It acts as a protective factor against academic difficulties and is instrumental in problem-solving and academic success (11). Academic vitality refers to a positive,

constructive, and adaptable response to ongoing academic challenges and obstacles (12). In practical terms, it reflects a student's capacity to cope successfully with educational challenges, thereby facilitating academic comfort (13). Students with high academic vitality demonstrate increased engagement, self-efficacy, and persistence, value the school environment, and are more likely to employ proactive rather than reactive strategies in overcoming academic difficulties (14).

Narrative therapy has emerged as a therapeutic and educational approach that may enhance both the academic vitality and resilience of students with single mothers as heads of households (15). This intervention focuses on reconstructing negative personal narratives and replacing them with positive stories, a process rooted in the postmodern framework developed by White and Epston, which highlights the formative role of language in shaping personal realities (16). According to various psychological perspectives, narrative therapy is both comprehensive and effective in addressing clients' needs within a relatively short period of time. It assists individuals in revising internalized narratives laced with despair and hopelessness, emphasizing the therapeutic effect of how individuals narrate the stories of their lives (17).

Gunchaloz has evaluated the impact of narrative therapy by encouraging innovative moments within clients' stories, positing that new challenges can foster innovation and creativity. Empirical evidence suggests that narrative therapy can increase happiness and life expectancy (18), improve the quality of life among couples (19), reduce academic dropout (20), boost cognitive flexibility among learners (21), decrease stress and anxiety in students (22), and foster social, academic, and cognitive growth (22-24), as well as address emotional problems for students from divorced families (25).

Given these findings, it is crucial to conduct research that identifies and addresses the educational and psychological challenges facing students from single-mother households—referred to as a nation's future assets. Neglecting to provide adequate education and support for these students can lead to widespread and costly consequences for individuals, families, educational institutions, and society as a whole. Timely identification and intervention can help prevent the

wastage of significant material and immaterial resources, establishing a foundation for evidence-informed practices.

Despite the global and domestic significance of this issue, there remains a scarcity of research examining the effects of narrative therapy on the academic vitality and resilience of students, particularly those with single mothers as heads of households, and especially in the context of Isfahan City. Nonetheless, some related studies are instructive. For example, Cao et al. reported that story therapy enhanced resilience and academic achievement in preschool children with specific learning disorders. Putwain et al. established that academic vitality is an adaptive response positively correlated with academic behavior and emotional outcomes. Hirvonena et al. found that academic vitality was strongly linked to students' motivation and well-being. Mohseni demonstrated that group narrative therapy improved parent-child relationships and increased students' academic vitality. Soroush, focusing on students with learning disorders who have single mothers, reported significant improvements in resilience and happiness during the COVID-19 pandemic (26–30).

Given the increasing prevalence of female-headed households, their inherent vulnerabilities and challenges, and the paucity of studies examining factors such as academic vitality and resilience, it is essential to explore practical approaches for supporting the educational success and well-being of these students. The findings of such research are invaluable for welfare organizations, families, educators, and related experts. Accordingly, the present study aims to investigate whether narrative therapy is effective in enhancing academic vitality and resilience among students with single mothers as their primary caregivers.

Methods

The research method employed was a semi-experimental design, utilizing a pretest-posttest approach with a control group. The statistical population consisted of all female students with mothers as heads of households at the second secondary level in Isfahan City during the academic year 2022-2023. The sampling method employed a

convenience approach, resulting in the selection of 30 students who were randomly assigned to experimental and control groups (15 in each group) after visiting The Imam Khomeini Relief Foundation in Isfahan City. The inclusion criteria were as follows: the student's willingness to participate in the study, being a secondary school female student with a head of household who was a woman living in Isfahan, and her willingness to participate in the research. The exclusion criteria were as follows: non-willingness to participate in the research, absence from more than three sessions by the experimental group, and failure to participate in the research.

The data were collected using the Academic Vitality Scale by Dehghanizadeh and Hossein Chari, as well as the Connor-Davidson Resilience Scale (31, 32).

The Academic Vitality Scale by Dehghanizadeh and Hossein Chari: This tool was designed by Dehghanizadeh and Hossein Chari by adapting the Academic Vitality tool by Martin and Marsh, which includes four items. These researchers validated the scale by adding five questions. The 9-item Academic Vitality Scale was designed using a 5-point Likert scale (ranging from "never" (1) to "always" (5)). These researchers obtained a reliability of 0.77 for this scale using Cronbach's alpha method, and its validity ranged from 0.54 to 0.64. Furthermore, Fakharian validated this scale using confirmatory factor analysis, which indicated a good fit between the factor structure and the data (11).

Resilience Scale: This scale, developed by Connor and Davidson, comprises 25 questions designed to measure the levels of resistance to pressures and threats. Its designers believe that this scale distinguishes resilient individuals from non-resilient ones and can be used in all research and clinical situations. It contains 25 questions, which are based on a 5-point Likert scale and include the subscales, namely spirituality, control, secure relationships, competence, and trust in personal instincts. To this end, a score of 1 is assigned for a completely false response, and a score of 5 indicates an always correct response. This questionnaire is scored on a range of 25-125. Mohammadi confirmed the reliability of this questionnaire. He conducted this questionnaire with 248 people and reported its reliability to be 0.89, as measured by Cronbach's alpha, and its validity to be 0.87, as determined by factor

analysis. Campbell-Sills et al. reported a Cronbach's alpha of 0.90 using this scale on 511 individuals (19). Then, the questionnaires were completed by the sample members. The necessary information to complete the questionnaires was also provided to students, teachers, and families, and they were assured that their information would be kept confidential and that they could withdraw from the study at any time (pre-test stage). After this stage, the experimental group was treated with narrative therapy by *White* and *Epston* in 8 one-hour sessions twice a week. (Table 1) The control group received no intervention. After the interventions, the research questionnaires were redistributed among the group members, and all the answers were analyzed using SPSS 24 (post-test stage). The central tendency and dispersion indices were used to describe the respondents' general characteristics in the descriptive statistics phase, and the inferential statistics methods, including univariate analysis of covariance, were used to test the hypotheses.

Results

In this research, six respondents (33%) were in the seventh grade, 16 (57.8%) in the eighth grade, and 8

(9.2%) in the ninth grade. Therefore, most of the respondents were in the eighth grade. Mothers of 17 respondents (62.5%) had secondary school diplomas, and 13 (37.5%) had bachelor's degrees or higher. Furthermore, mothers of 18 (57.8%) respondents were self-employed, and 12 (40.5%) of them had official jobs. Additionally, 21 (70.2%) of the respondents did not own personal houses, while 9 (29.8%) did.

The data in Table 2 indicate that the academic vitality and resilience of the experimental group increased in the post-test phase. Table 3 presents the univariate analysis of covariance for both variables, academic vitality and resilience. The results of Table 3 ($F = 154.031, P < 0.005$) indicate that narrative therapy can increase the academic vitality of students with head-of-household women; hence, the research hypothesis is accepted. Furthermore, 0.55% of changes in students' academic lives are attributed to the narrative therapy intervention.

The results of Table 4 ($F = 239.453, P < 0.005$) indicate that narrative therapy is highly effective in increasing the resilience of students with head-of-household women; hence, the research hypothesis is accepted. Furthermore, 0.43% of the changes in students' resilience are attributed to the narrative therapy intervention.

Table 1. Structure and content of narrative therapy sessions

Session	Name of session	Summary of the session
1	Preliminary	Familiarizing the students with each other; specifying the goals and rules of the sessions; explaining the target therapy model; encouraging the members to describe their narratives
2	Life story	Externalization; examining dominant narratives; characterizing the story with full of problems; examining the effect of the problem on the person and vice versa, the way of making stories
3	Important life events	Finding the principles that govern the individuals' storytelling; finding high and low experiences; and considering the story from another perspective
4	Deconstruction	Naming the problem; deconstruction (depowering the problem); open semantic technique
5	Innovations	Challenging the members; Determining positive and negative factors in the stories; examining big challenges of life; getting to the shadow stories of individuals
6	Unparalleled consequences	Examining unique consequences; using new elements in the narrative; examining priorities, wishes, goals, and important people in life; changing the framework of a person's life
7	Reconstruction and retelling of the life narrative	Relying on the strengths of authorities; analyzing the relationship of the new narrative with the individual's life; giving flow to the new narrative; critical point
8	Rewriting the life story	Examining the story of new people; predicting possible problems; final editing of the new narrative; playing a role in the new story of life; implementing the target programs

Table 2. Comparison of academic vitality, and resilience with its subscales in pre- and post-test of two groups

Variables	Experimental		Test					
	Pre-test		Post-test		Pre-test		Post-test	
	Mean	Sd	Mean	Sd	Mean	Sd	Mean	Sd
Resilience	28.80	8.00	70.93	5.48	29.80	8.14	26.33	6.11
Spirituality	13.53	2.38	21.40	2.44	12.40	2.55	12.67	2.28
Control	17.84	2.84	25.90	2.54	18.44	3.56	17.30	2.53
Secure relationships	14.38	3.29	24.69	2.80	17.94	3.48	19.52	2.06
Competence	18.13	4.20	27.60	4.08	21.87	3.37	28.27	4.25
Trust in personal instincts	11.80	3.64	19.53	3.68	15.67	4.38	22.27	3.19
Academic vitality	29.60	4.98	50.73	5.63	31.00	6.72	1.87	5.47

Table 3. Structure and content of narrative therapy sessions

Source of changes	Sum of squares	Degree of freedom	F	P-value	Effect size
Pre-test	5022.126	2	77.774	0.005	0.85
Group	4910.021	1	154.031	0.005	0.55
Error	860.674	27			
Total	66094.100	30			

Table 4. Structure and content of narrative therapy sessions

Source of changes	Sum of squares	Degree of freedom	F	P-value	Effect size
Pre-test	14945.175	2	219.832	0.005	0.94
Group	14937.995	1	239.453	0.005	0.43
Error	917.791	27			
Total	86819.102	30			

Discussion

The present study aimed to examine the effectiveness of narrative therapy on the academic vitality and resilience of students with single mothers as their primary caregivers. The initial findings revealed that narrative therapy had a significant impact on the resilience of these students, aligning with the results of studies conducted by Ketabchi, Falahatinejad et al., Fatahi and Sarvzadeh, Ghanbari, Cao et al., Zhang, Shuai et al., Michael, and Anderson (33–41). Rezaei Sharif et al. reported that the narrative therapy approach can enhance both cognitive and emotional helplessness by employing clear keywords. Furthermore, it can enhance an individual's mental and physical well-being. This approach is innovative, aiming to address and resolve issues at a deep level. Through narrative therapy, individuals are encouraged to view their problems as external to themselves, thereby gaining a sense of control over them (33–41). Narrative therapy enables individuals to reframe problems from new perspectives and reinterpret difficulties in ways that can significantly impact the overall trajectory of their lives, rather than merely

inducing minor changes. It fosters transformative change and empowers individuals to take control of their lives. Resilience, which is crucial for the development of students from single-parent families, is an inherent capacity that can be actualized and strengthened, particularly under conditions of significant stress, thereby enhancing educational and occupational outcomes.

Narrative therapy can help normalize environmental conditions and organize personal experiences, making emotional and cognitive consequences more manageable and understandable. It addresses not only the situations that provoke discomfort and anxiety but also the perceptions individuals hold about such situations.

By employing clear keywords to explore and clarify internal experiences, narrative therapy allows individuals to reinterpret past events and distance themselves from harmful thoughts and beliefs. The therapeutic process encourages people to rewrite the stories of their suffering and replace them with new, constructive narratives.

Although an individual's suffering may manifest as challenges beyond academic difficulties, the core of

narrative therapy is the process whereby clients recount their stories, with counselors listening attentively for recurring patterns and themes. As Killgore et al. contend, narrative therapy externalizes problems, empowering individuals to approach stressful situations proactively rather than passively, and to regard themselves as separate from their problems (42).

Another key finding of this research was the positive impact of narrative therapy on the academic vitality of students with single mothers as their heads of household. The results showed that academic vitality significantly increased in the experimental group compared to the control group after the intervention. Although no prior studies have directly assessed the effect of narrative therapy on academic vitality among this specific population, Mohseni investigated the impact of group narrative therapy on academic vitality and parent-child relationships in middle school students, reporting beneficial effects on both communication and vitality (20).

The underlying mechanism for these findings may be attributed to the narrative therapy technique of externalization, which helps individuals separate themselves from their problems, making those problems more manageable and surmountable by drawing on personal abilities and resources (19). Externalization creates the conditions necessary for learners to distance themselves from negative past experiences, enabling them to focus on academic and personal development at school. Consequently, students become more engaged and resilient, exhibit greater perseverance, and ultimately improve their academic performance.

Moreover, fostering hope through narrative reframing—by setting clear goals and delineating pathways to those goals—can sustain motivation and academic vitality, ensuring that obstacles are seen not as insurmountable problems, but rather as opportunities for positive change. Conversely, low academic vitality may prevent single-parent students from distinguishing their self-worth from their difficulties, potentially giving rise to procrastination and diminished motivation, which can negatively impact their educational outcomes. From the perspective of narrative therapy, reframing students' stories can significantly enhance the meaning they

assign to their educational experiences, leading to more constructive attitudes and behaviors.

This study faced several limitations. First, the sample was restricted to female students with single mothers as heads of households; future research should also consider students with fathers as heads of households to enhance the generalizability of the findings. Second, the lack of a post-intervention follow-up period limits conclusions about the durability of the intervention's effects. Third, the exclusive use of self-report questionnaires may have affected the depth and objectivity of the findings; therefore, incorporating additional methods such as observation and interviews is recommended in future studies.

Conclusion

In light of these results, it is advisable to foster environments that promote the use of narrative therapy, including encouraging students to share and reflect upon their stories and experiences in supportive settings, as a means to enhance both their academic vitality and resilience.

Conflict of Interest

The authors declare that they have no conflict of interest.

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