Framing Narratives for Resilience: A Proposal on Utilizing a Narrative Intervention for Remote College Students

Dayveliz Hernandez Muztafa

Bard College

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Framing Narratives for Resilience:
A Proposal on Utilizing a Narrative Intervention for Remote College Students

Senior Project Submitted to
The Division of Science, Math, and Computing
of Bard College

by
Dayveliz Hernandez Muztafa

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Abstract

Globally, COVID-19 left students vulnerable to the mounting stress of balancing different role responsibilities all under one roof. This period of isolation negatively impacted people’s mental health: parents’ poor well-being obscured their children’s needs with increased life demands, an increase of verbal aggression within these relationships were visible, and students reported higher levels of academic stress (PeConga et al., 2020; Prime et al., 2020; Lee et al., 2021; Horita et al., 2021). Because demands on parent-child relationships are high, resilience’s protective factors are at risk with low family cohesion (Rivera et al., 2008). Therefore, this proposal aims to ameliorate students’ stress, work/family conflict, and resilience through a narrative approach that hones in on a person’s ability to reframe rooted beliefs. Bard’s remote undergraduate students will be randomly placed in either a control condition, does not write an alternative narrative, or the individual condition, participants process write from their perspective, or the family condition, the family’s perspective is considered (N=156). I predict that students creating new narratives will have higher levels of resilience, lower levels of stress, and lower levels of work/family conflict. I also predict that the family condition will report lower work/family conflict than the individual condition. Every prediction was supported by mock data but the last one. Implications of these findings can lead to programming for remote students. Yet, further research is needed to understand the pathways of narratives’ influence on students' well-being.

Keywords: narrative, resilience, stress, work/family conflict
Introduction

We tell stories, we write them, and we make them come alive through images. People’s perceptions shape their reality, so the stories a person tells themselves are as important as the ones they pass down to others. What people say to themselves when no one is around impacts the ideas they begin to internalize. Narrative therapy utilizes storytelling to reinvent the way individuals see themselves and events. This tool helps people identify issues, reshape mindsets, and act on solutions.

Narrative Approach

Beels (2009) introduced Michael White and David Epston, family therapists, who were influenced by Foucault’s discourse of power. This philosophical impact led them to introduce a new approach for consulting: shift the power from the professional to the client. This approach initiated an empowering and nonpathologizing lens to be used. They wanted this approach to reach all people in space positioning itself to dismantle dominant problem-saturated stories. The approach emphasizes creating a space to process outside one’s self; the field shifted into using language that positions problems outside the client rather than delving into their psyche. Building from this model, Ramey et al., (2009) unfolded this externalizing process into micro-steps: 1) naming and characterizing the problem; 2) describing the effects of the problem; 3) evaluating the problem or its effects; 4) and exploring the thinking behind this evaluation with how it relates to other factors in one’s life. This study reviewed that, in
child and adult populations, these steps were critical in forming ideas about the self. The problem is made visible and external by giving it a name and people see their next tangible steps through planning which is the final stage of the approach. Beels (2009) recognized how qualitative research for narrative methods outweighed quantitative research and pushed future directions to address this sparsity. Nevertheless, White helped build a new lens to approaching therapy by acknowledging people’s own ability to guide change in their lives.

These changes are documented. Six cases studies were examined to look at the effectiveness narrative therapy had on positive outcomes: case one, involved an 80-year-old woman who struggled with depression; case two, a 45-year-old dealt with anxiety and the fear of losing control of her life; case three, a 53-year-old man diagnosed with AIDs and who has contemplated death by suicide; case four, a woman in her 30s battled anorexia; case five, a 23 year suffered from post-traumatic stress disorder; and the sixth case involved four women between the ages 16 through 32 with intellectual disabilities and were survivors of sexual abuse (Kropf & Tandy, 1998; Wetchler, 1999; Rothschild et al., 2000; Nylund 2002; Merscham, 2000; Clare & Grant, 1994; as mentioned in Busch, 2007, respectively). The following quotes will look at the fourth case study to examine the course of a narrative approach.

In the fourth case study, the client is referred to as Summer. The counselor provided notes on their sessions of Summer’s progression. Initially, Summer was described as often distressed, angered, dissatisfied with personal appearance, and who grappled with sleep, mood shifts, and concentration. The counselor reported:
Summer reported having little influence over her problems but that the problems have great influence over her...Her trauma history, however, has also led her to feel numb and doomed. She reported believing the worst is yet to come for her and that she will not live to see her 24th birthday. (Merscham, 2000, p. 284)

Summer’s beliefs projected a short ending to her story. Her trauma-based response shaped a dark future; it left her feeling “doomed” and sitting with a debilitating numbness. Acknowledging her history does not have to be deterministic of what will come. The counselor explained an observed transformation from the re-authoring process:

One important resource we explored was Summer’s family. Despite them living far away, Summer felt an important connection with them and saw both her parents and her sister as supportive, positive figures in her life... Summer decided to let them help her more concretely...(Merscham, 2000, p. 285)

It’s important to mention that for this case the counselor used trauma treatment techniques in the framework of the narrative model; with take-home tasks for reflecting on the things she wants to keep, leave behind and build on. This case study models the narrative approach is utilized to facilitate change. Summer entered the discourse with a pessimistic perspective informed by her trauma, but through multiple sessions, she was able to reauthor her story in a way that made her feel empowered enough to take proactive steps in protecting her health such as reaching out to her family and friends for support. With a narrative approach, interventions can create models to adapt to the needs of specific populations.
Techniques for Narrative Approaches

One narrative model targeted trauma-based and minority-based stressors such as internalized stigma for gender-diverse adults. This model successfully incorporated creating timelines, writing autobiographical chapters, and discussing the future with ways to maintain skills gained in the sessions for people to understand and process memories of traumatic events (Lange, 2020). The autobiographical chapters were read out loud to the mental health professional which helped individuals develop language to normalize their experiences and reduce risk factors such as suicide. This model was tailor to meet the needs of transgender/gender-nonconforming individuals through its intentional dialogue and language of identity development and internalized stigma. Positive results like reduced factors for suicide and more social connectivity were reported by participants who saw this important change in their lives.

Another model was used in Sweden. Hansson and Yanos (2016) piloted a study that framed the narrative approach with cognitive therapy to improve the quality of life, self-esteem, and reduce self-stigma around mental health disorders. This narrative approach used a group-based model, facilitated by two mental health professionals that targeted stigmatizing beliefs, taught cognitive restructuring skills, and used the narrative framework to enhance participants’ stories around mental illness. Significant positive changes yield an effect size of .30 for quality of life, .60 for self-esteem, and 1.04 for self-stigma. A person's internalized shame shifted with this intervention.
Lastly, Clarke et al., (2004) framed career counseling through a narrative lens that used four 90 minutes group sessions that taught college students to understand that they can take “authorship” of their stories especially since they may believe that they have few career options or feel unsupported by their families. Although this model did not use an experimental design, the program created was positively received by students who were able to combat feelings of being alone in their struggles. The program elevated the narrative framework by promoting a shift in thought through evaluation of values, influences, discussion/interpretation of strengths and weaknesses on Myers-Briggs Type Indicator results, and map creation that reflected short-term and long-term goals. Students reported that group sessions promoted new ideas and for assumptions to be challenged.

Although these models focused on different stressors and populations, the framework of using narratives to alleviate hardships was a running theme. The models demonstrated an acknowledgment of the issues individuals were facing and used reframing strategies through personalized activities to shift mindsets. All the models drove its point of positioning an individual’s concerns away from themselves to improve personal wellness. Yet, all models presented a gap for self-directed online facilitation. Horita et al., (2021) has shown that remote learning has increased students’ distress so how can a narrative approach reach this isolated population? With the positive results these models have indicated, in empowering individuals, the next step is thinking about ways to reach populations that do not have coverage for mental health services or who can not meet in person.
Not only does the narrative approach transform one’s thinking but it acts as a conduit for resilience. Narrative channels resilience by allowing people to hold onto a malleable future despite the current stressors. Young adults exposed to violence maintain a complicated narrative of how they perceive their experiences living in communities with a lack of resources. Yet, despite not being supported by caregivers and remaining hypervigilant, these individuals still maintain a sense of purpose as they look positively towards the future (Pressley & Smith, 2020). By sustaining a positive outlook, individuals push for a resilient narrative by not letting their mistrust or circumstances be the determining factors of their stories. These perceptions of a better future tap into a trait of resilience.

Research began to unpack resilience by identifying what resources resilient people were accessing to thrive after facing a stressful event. Friborg et al., (2005) identified five sources: personal strength, social competence, structured style, family cohesion, and social resources. The first individual resource contains two subfactors: perception of self and perception of future. Narratives begin to intersect with resilience by building on these two factors. Summer reauthored her future to extend past her 24th birthday; influencing a positive change in her perception of the future. She connected the importance of integrating family support, which taps into family cohesion. A systematic review has shown that resilience-based interventions---that targeted resilience’s protective factors---have a long-term positive impact on reducing internalizing problems such as anxiety (Dray et al., 2017). Again, this connects resilience to narratives by acknowledging an individual’s internal state as a point of
transformation; narratives can facilitate positive perceptions that individuals can access to face obstacles. It seems like resilience and narratives have a bidirectional relationship; resilient people may easily reauthor narratives by assuming objectivity and recognizing beneficial proactive strategies and in turn, the narrative building can tap into resilient resources. Both influence people’s intrinsic states.

**Resilience**

When does resilience rise in the field of psychology? In the 1990s, a wave of research on resilience pushed against the Damage model and towards the Challenge model for more acknowledgment (Wolin & Wolin, 1996). The Wolins explained that these models diverged when interpreting how children face adversity: the former saw adversity as indicative of inevitable pathologies while the latter saw the possibilities for children to develop strength or resilience. The Damage model did not acknowledge resilience; it saw a linear relationship between adversity and negative outcomes. This model’s deterministic lens was criticized for attributing an exclusive relationship of facing adversity to mental illness.

The models understood the severity of risks, yet the Challenge model allows for these risks to be reinterpreted from a point of view that sees development as a dynamic process rather than a static one. Although the Damage model limits people’s scope for understanding how individuals did not end up with pathologies, the Challenge model also limited its perspective of seeing a person’s adaption enhance only if the risk is not too extreme (Ledesma, 2014). Even so, the discourse evolved as the Wolins encouraged
research to shift from victimhood narratives to ones of self-empowerment against adversity (Wolin & Wolin, 1996). Therefore, history began to reject risks as the sole authors of people’s narratives. Resilience guided mental health practices in challenging interpretations of outcomes based on risk factors.

What is resilience? Resilient people do more than face risks. A person’s resilience includes the next steps in sustaining positive mental health outcomes after facing an obstacle. Resilient people access positive resources to prevent negative mental health outcomes (Morote et al., 2017). As mentioned above, Friborg et al., (2005) constructed resilience by looking at people’s connection with five resources: personal strength, social competence, structured style, family cohesion, and social resources. With this measurement (Resilience Scale for Adults), Friborg et al., (2006) found that the resilience scale played a moderating role for perceived pain and stress; highly resilient people were associated with lower stress and perceived pain. This construct contrasted the Connor-Davidson Resilience Scale (CD-RISC) that included spiritual influences in their measurement to look at an individual's level to cope with stress and the Brief Resilience scale that limited its outcome approach by not reporting the resources that a person may present to facilitate an outcome (Windle et al., 2011). People can begin to understand the vastness of resilience as an umbrella term that has evolved from the simple definition of conquering obstacles to considering the continuation of one’s well-being. Because different fields conceptualized resilience in various ways, like in medicine where resilience was seen as the ability to recognize pain until it subsided (Ledesma, 2014), people missed influential external factors. The positive resources that
individuals access are not limited to one’s capabilities but include the support received from others. Resilience is an ability that can be built upon.

**Protective Factors**

The environment and the individual have a bidirectional relationship; each affecting one another. With stable environments comes relatively fewer threats to people’s lives being upheaval. Some of these environments give people neighbors. Research has shown that family involvement moderates the relationship between resilience and neighborhood cohesion; with low family involvement, higher reports of perceived support from the community related to higher levels of resilience (Romero et al., 2020). Looking at the relationship between mother and child, Narayan et al., (2019) found that a mother’s positive recall of the past despite high levels of childhood maltreatment related to fewer traumatic exposure for their children because mothers potentially had a greater ability to protect the children from their anger and were able to detect dangers from the environment so they could have acted accordingly. The important influence interpersonal relationships have on resilience is demonstrated with these studies. And, as influential as these relationships are, the relationship an individual has with themself is just as important.

A person’s style of coping impacts resilience. The goal being a positive outcome, coping may facilitate how individuals get there. People express their coping strategies via thoughts or actions to address stress. Yet, the type of stressor one may be facing can elicit different strategies, such as parents isolating themselves to cope with their child’s
cancer diagnosis compared with HIV+ adults that expressed more help-seeking behaviors (Garrido-Hernansaiz et al., 2020). With a variance of expression for coping styles and stressors also comes another distinguishing maker: adaptive or maladaptive styles. Parents isolating themselves is a case of maladaptive coping while seeking support is an adaptive response that was more prominent in highly resilient people (Garrido-Hernansaiz et al., 2020). And, although both categories exist as a way to cope with an issue, the reactions are important because adaptive strategies have a stronger relationship to an individual’s well-being (Umucu & Lee, 2020). Therefore, adaptive strategies can be used to sustain a person’s resilience. The distinction between confronting or escaping the issue at hand plays an important role in aimed outcomes. For college students, the adaptive style of proactive coping mediated lower reports of self-blame and reduced levels of stress (Straud & McNaughton-Cassill, 2019). If students get trapped with their self-blame then higher levels of stress are a likely outcome. Coping strategies protect resilience by being a resource individuals access when environmental or inner demands are high.

Protective factors are external and internal. Communities, parents, coping styles, and perceptions of the self are some resources resilient individuals access. Yet, since resilience is not the absence of pain but a reaction to it, there are inevitable risks to this trait.
Risks

Adversities, from daily stressors to traumatic events, puts a person at risk. Low resilient people tended to use less problem-solving strategies and more rumination than their high resilient counterparts (Garrido-Hernansaiz et al., 2020); not accessing healthy strategies hampers resilience. As mentioned, students with higher levels of self-blame are related to lower levels of proactive coping and higher levels of stress (Straud & McNaughton-Cassill, 2019). Sustaining long-term wellness is put at risk if people get stuck in the negative aftermath of events and with students using maladaptive coping styles resources for resilience are obscured.

Dramatic changes in the environment like a hurricane or a pandemic can upheave someone’s life. For instance, the destruction of Hurricane Katrina exacerbated mental health issues, raising concerns over its long-term anticipated effects while one individual allowed memories reflecting resilience to help their wellbeing (Goodman & West-Olatunji, 2008). Environmental disasters uncontrollably uproot people’s lives leaving an aftermath of long-term impact and risk if not addressed. But risk can be human-made, a negative relationship between parents coupled with harsh parenting is indicative of a child’s internalizing symptoms such as anxiety and depression (Fitzgerald, London-Johnson & Gallus, 2020). These external actions put children at risk. The environment has a relationship with the individual; one impacts the other and vice versa. This includes the family unit and if factors of resilience are not accessed then overcoming those adversities becomes difficult.
Mental Health in the Times of Covid

The Covid-19 pandemic disrupted the daily lives of everyone. This interruption caused new norms to be established: communicating through masks, standing six feet apart, and quarantining were all new pervasive behaviors. Researchers elevated that the virus hurt mental health in addition to obvious risks on physical health (PeConga et al., 2020). The impact ranged from the visible loss of loved ones to ones more private. The isolation increased demands on the parent-child relationship as family units faced poor parental mental health that negatively influenced relationships between siblings, increased conflict between partners, and gave poor attention towards the child’s needs (Prime et al., 2020). And, families continue to adapt as circumstances remain uncertain.

Relationships within the household became more difficult, especially for neurodiverse children, as tensions rose because schools shut down; leaving parents unprepared to take on the role of mentor (Saline, 2021). Not only are parents dealing with the stresses of isolation but children become an increasingly vulnerable population during these times. After the World Health Organization declared the pandemic, about 1 in 5 parents reported spanking their child in the first couple of weeks; attributing an increased use of discipline, neglect, and verbal aggression to social isolation (Lee et al., 2021). The pandemic is affecting everyone’s wellbeing. A virtual-based intervention has been used to increase resilience through relaxation responses, awareness strategies, stress management, and psychological growth for parents with children that have learning and attentional disabilities (Park et al., 2020). This provides evidence that
positive mental health outcomes can be achieved by engaging on a video platform to ameliorate distress and resilience. Changes in routines put resilience at risk by blocking people’s access to social support and perpetuating uncertainty for the future with isolation.

College students have also faced the “choice” of returning to campus or remaining home as a consequence of the virus. This choice may not have been truly optional if students dealt with financial burdens, family obligations, or mental health concerns. For students that remained at home, confinement in the household related strongly to reduced physical activity and decreased mental well-being but surprisingly their wellbeing was not affected by the worry of contracting the virus (Lukcas, 2021). Students are meant to have an abundance of social interactions and a range of movement in their college years. Graham et al., (2018) found a small effect size for more engagement in collaborative learning, discussions with diverse people, and student-faculty interaction for residential students than commuters. The positive social interactions gained for living on campus are measurable.

Then, shifting the focus to measurable outcomes towards students who are neither residential nor commuters, the research adds that although mental well-being has decreased there are tools some students access to make the best out of online learning. Students who were learning remotely for the first time had positive online school participation due to their flexible thinking, growth mindset, and self-efficacy (Tseng et al., 2020). This study highlights how individuals seem to adapt easier when they are willing to keep an open mind about new modes of learning and finding
alternative solutions to problems that may arise with transitions. Although working from home presents its set of challenges, it's made apparent that with the right tools aimed to protect students’ mental health the risk of remote learning reduces.

Roles

“All the world's a stage,
And all the men and women merely players”

*William Shakespeare, As You Like It*

Society has been exposed to the idea of individuals occupying roles from philosophers to play writers. It wasn’t until the 1930s that researchers---aiming to understand social interaction---were able to formulate a set of concepts for the social role theory that relates to how these roles inform individuals’ behaviors in the world. Overall, this wave of research identified that given a certain context a predictable pattern of behavior will ensue (*encyclopedia.com*, 2021). For instance, students will raise their hands to speak and they will look towards the front of the class to find as expected a teacher positioned there. This is one scenario of individuals understanding the role they occupy in a certain space. Research has also looked at the social role theory to understand gender in politics, finding that women are deterred from pursuing political careers through socialization because it reinforces their role as women as being separate from the qualities political figures should hold (Schnieder & Bos, 2019). In addition to politics depicting this gender gap, people have also seen a large gender disparity for students in different science, technology, engineering, and mathematics
(STEM) fields. All these scenarios are examples of the influential force that roles have on lives. This concept is also one way that people can understand themselves in the world since their pattern of behaviors is associated with a status such as a student, teacher, or woman.

Yet, with so many roles that may inform people’s behaviors, there is a risk of role overload and role conflict. When individuals experience role overload this means that they perceive the role demands as greater than their available resources (Kacmar et al., 2020). There is an overload when students think they don’t have enough time to complete all assigned work from their courses; here time is the resource that students perceive as depleted. Interestingly, Kacmar et al. (2020) demonstrated that the positive relationship between resilience and family-work enrichment (FWE) weakens with high role overload. That means role overload moderates the relationship between resilience and family-work enrichment (i.e participating with the family ameliorates the experiences at work) by weakening the connection between the two and directing a reduction in these positive outcomes. This is important to consider since an increase in FWE is associated with an increase in job satisfaction and a reduction in emotional exhaustion as demonstrated by the previously mentioned study.

Now, role conflict expresses people’s experience of being pulled in many directions due to the demands of their roles. This looks like a student having an exam on the same day they have to go to work; the demands as a student vs the demands as an employee. Studies have looked at the work/family conflict as a notable example of polarizing obligations to be met. The research field begins to understand this particular
conflict as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect” (Greenhaus & Beutell, 1985; in Carlson et al., 2000). Inter-role conflict refers to a type of role conflict describing rising pressures that stem from being in different social groups. Students who attributed more importance to their future careers than to a future family role expected high work interference in their family life but were not confident in managing that anticipated conflict (Cinamon, 2010). Which inherently poses a question of how are students’ managing now? College is the gateway for these futures and since there is already some anticipation of conflict without confident problem-solving abilities it then does not seem like a hopeful situation. To add, a study noted linked college students’ low self-esteem to their high expectations of stress spilling into the family from work (Wright et al., 2020). Again, depicting the interconnected relationship between work and family; in this case, even when the work was anticipated and not in the present. This prospective thinking leaves remnants of consequences that impact the present: student’s poor confidence in their abilities.

Although people recognize that different domains like work and the home require different behaviors it does not inherently imply that there will be a conflict. But when individuals are unable to adjust, a conflict is present. Role overload and role conflict are mechanisms with a real impact on people’s lives. This proposal has an interest in the domains that remote learning individuals occupy from home. It’s obvious that these individuals hold the role of “student” and since they’re home they also can not relinquish their role of being a family member. Both roles require attention but how can
individuals manage the pressures coming from each side as they try to fulfill their responsibilities?

The Current Study

This proposal investigates the effectiveness of an adapted narrative intervention on remote students’ resilience, stress, and conflict between schoolwork and family. Previous studies have shown the benefits individuals receive in using storytelling as a tool to separate the individual from the problem (Busch, 2007) and how interpersonal relationships are protective factors of resilience. Yet, with rising demands on the family unit, the tension between an individual and family can lead to distress (Rivera et al., 2008); especially considering how work/family conflicts can result in burnouts, lower levels of life satisfaction, and increased family stress (Herst and Brannick, 2004). This leaves a connection that needs mending.

The studies in the field of narrative approaches leaned towards the group and therapist-directed processing. This tool has not reached the remote population or explored reauthoring the impact of the demands actualized by two roles in the same space as parent-child relationship demands risk family resilience in the pandemic (Prime et al., 2020). That is why this study asks whether utilizing a brief narrative intervention will benefit students learning from home. Since there is evidence that increasing awareness and building adaptive strategies can be delivered to increase resilience on a virtual-based intervention (Park et al., 2020), this proposal uses an
online approach that encourages participants to start actively thinking about their personal growth and their resources.

This study proposes 16 weeks of longitudinal data collection from undergraduate students who are remote learning for an entire semester. The study contains 3 phases: 1) recruiting period, 2) administering the intervention, and 3) measuring outcome variables, debriefing, and payment. Participants will be randomly assigned to 3 conditions: an individual group, a family group, and a control group (that will not be participating in the narrative writing). Participants in the individual and family group will be prompted to create a narrative around their identified problem (adapted from Kamali & Yoosefi Looyeh, 2013). This narrative intervention will be administered online through Qualtrics throughout the semester to gather information on how the intervention impacts students’ resilience, stress levels, and work/family conflict levels. Below are four predictions to assess the efficacy of the intervention:

H1: Participants creating new narratives will have higher levels of resilience compared to the control group

H2: Participants in the narrative conditions will report lower levels of stress compared with the control group

H3: Participants in the narrative conditions will report lower levels of conflict between work and family than the control group

H3: Participants in the family condition will report lower work/family conflict than the individual condition
Method

Participants

Undergraduate students (age range: 18-25 years) will be recruited from Bard College’s campus and Amazon Mechanical Turk restricted to participants in the United States (if deemed necessary). To my knowledge, no study directly looks at the relationship between narrative writing with resilience and work/family conflict as measured in this proposal. Yet, Graci and Fivush (2017) found that individuals who used narratives to acknowledge experiences and to express the use of their network significantly related to higher levels of positive outcomes in one’s appreciation of life, personal strengths, and lower stress levels.

After conducting a priori power analysis using G*power, this proposal will aim to collect data from 156 college students to meet the objective of a desired .80 power to detect a medium effect size of .50 at the standard .05 alpha level (Joyce et al., 2018).

Eligible participants are those who will be full-time students, completing an academic semester remotely from their family’s household, and who are not receiving professional mental health services. Participants will be randomly assigned to three groups: the control, the individual, or the family condition. Upon full completion of the entire study, participants will be compensated $50.
Procedure

Participants will be recruited for 3 weeks before the start of session 1 of this study. Two weeks of recruitment will happen via advertisements through flyers, emails, and social media (see Appendix A); if 79 participants are not recruited by the end of week 2 then the study will utilize Amazon’s Mechanical Turk for a week as an additional resource. During the recruitment period, students who are interested in participating are directed towards a QR code or link that directs them to a Qualtrics online form to establish eligibility. Participants who are eligible to participate are given further instructions, which include: a new link that will be emailed to them with their unique ID number, and the timeframe for when session one of the study will begin. All recruitment ends after 3 weeks, the hyperlinks in advertisements will become void with a message that the study is no longer accepting participants. The second phase of this study will begin with session one where participants will be randomly assigned to their groups. All sessions will be automated online.

Session 1 of the study will commence with receiving participants’ informed consent (see Appendix B). After consenting, all participating students will be directed to fill out measures for resilience, stress, and work/family conflict. These measures are further explained below in the measures subsection and should take approximately 10 minutes to complete them all. The next step in this session of the study will be participants spending 20 minutes identifying, and describing problems relevant to them (adapted from Kamali & Yoosaf Looyeh, 2013). Three weeks after session 1 will be
completed, all participants will be allotted 30 minutes in the second session of the intervention. This step will focus on building an understanding of the problem(s) listed in session one. The conditions will be presented with similar prompts, but the point of view will differ for the family condition. For instance, those in the individual and control condition will be asked to identify the relationship between the problem and its influence on one’s own life compared with the family condition where participants will be questioned on the influence the problem has on both the family and the individual as a unit. Since participants will be entering the link with their unique identifier, they will have access to their responses from session one only during the sessions so that moving forward with these next steps, they will always be reflective prompts about their initial responses.

Before the start of session 3 of the intervention, another three-week gap will occur and then participants in the individual and family condition will write for 30-minutes. In this final session of the intervention, participants are prompted to create a new narrative with alternative solutions: given instructions to strictly explore how either their own or family’s life is affected (as adapted from Kamali and Yoosefi Looyeh, 2013; see table 1 for prompts). With the instructions, a suggestion will be included such as the use of “I” or “they” statements to orient participants towards their condition standpoint. At this point, the control group will not be asked to participate in this reframing process.

In the final phase of this study, all participating students will spend approximately 10 minutes filling out measures for resilience, stress, and work/family
conflict in a randomized order than they first received it. Then they will be asked check-in questions about journaling and outreach to external resources (see Appendix C). After completion, all participants will be thanked, be encouraged to download the debriefing form (see Appendix D) and be compensated electronically for their time. It should be noted that there will be a 5-minute warning timer that will be visible to participants in their sessions to ensure that the study is being mindful of everyone’s time; after the time runs out the session will close out, saving any input that has been made. Participants will be made aware of this circumstance upon entering the session. Additionally, starting from session 2 participants receiving the narrative task will be encouraged to download and refer back to the writing they have completed.

Measures

The Resilience Scale for Adults (RSA)

As used in Friborg et al., (2005) this scale will gather a composite score of participants’ level of resilience. For the current study, the same items will be used with modifications made only to how the measure is presented to participants. The scale is made up of 33 items ($\alpha = .76$ to .87), categorized into 6 subgroups: perception of self, perception of future, structured style, social competence, family cohesion, and social resources (see Appendix E for the full version of the items). This measure will use the 5 points semantic differential scale with a positive or negative attribution on the ends as explained by Friborg et al., (2005). Studies have continually shown strong support for the construct validity of this resilience measure. Windle et al., (2011) conducted a
meta-analysis finding that the RSA is a statistically reliable scale shown by a strong correlation test/retest that produced consistent results. Further evidence for construct validity is provided by Hjemdal et al., (2011) with two diverse samples that cemented support for cross-cultural validity; therefore this measure used in Belgium was reliable when used in Norway ($\alpha = .84$) and later with samples in Latin America support that the RSA measures resilience with a Cronbach’s alpha of .90 (Morote et al., 2017).

**Cohen’s Perceived Stress Scale (PSS)**

This scale will measure students’ perceived stress using 10 items on a 5 point Likert scale (i.e 0= never and 4= very often). Refer to Appendix F for the full version of the items. Lee (2012) conducted a systematic review that informed research of this measurement’s ability to assess stress as a reliable scale in empirical articles that primarily used college students as one of the focused populations ($\alpha > .70$)

**Work/Family Conflict Scale**

Carlson et al., (2000) presented a reliable scale that contains 18 items ($\alpha = .78$ to .87) to assess the nature and direction of conflict between work and family. To support the reliability of this scale to measure its claimed variable, Loscalzo et al., (2019) evaluated the scale on Italians finding that the scale was appropriate to use indicating effective assessment of behavior between different cultures.

This measure will use a 5 point scale (i.e 1= strongly disagree and 5= strongly agree) to assess the students’ perceived conflict between their role in their family and as a college student. See Appendix G for the full set of items. Items will be rewritten to clarify for participants that work aims at assessing their college responsibilities
therefore items written as “my work keeps me from my family activities more than I would like” will be transformed into “my schoolwork keeps me from my family activities more than I would like”. Instructions will remind participants to think about their responsibilities as a student when they will start to fill out this scale.

**Demographics**

Participants will be asked to give demographic information such as age, gender, college level, ethnicity, family income, and size of household to explore unexpected differences (refer to Appendix H).

**Age and Gender.** Although, Lee et al., (2013) found a small main effect size for age and gender on resilience; more research is needed because there is inconsistent evidence for gender having a significant relationship with resilience (Anasur, 2018). To add, Duxbury et al., (2018) data supported the hypothesis that there was a stronger relationship between family-role overload and stress for women than men; women reported higher levels of being overloaded by their role in the household. On the same line, older people and women were more likely to report higher levels of stress (Lee, 2012). Noting a potential difference for work/family conflict and perceived stress based on gender.

**College Level.** As for educational attainment, first-year college students experienced higher levels of academic stress compared to students of the previous year (Horita et al., 2021). Although this study only looked at first years it’s an interesting finding considering that both sets of first years were facing a transitional period into college
which they had no previous experience with. Yet, Morote et al., (2017) found no significant relationship between education and resilience.

**Ethnicity.** Women scored higher in social competence and social resources subscales of resilience compared to men across cultures (Morote et al., 2017). This suggests that gender differences are consistent despite cultural context. As for work/family conflict, Herst and Brannick (2004) introduced the potential impact of people's different cultural value systems. The study’s results suggested that even with the countries promoting similar value systems (i.e the United States, Australia, New Zealand) a gender difference was detected warranting further research for comparisons between different systems in individuals and collectivist cultures. Lastly, a racial distinction was suggested by Lee (2012) found lower stress levels for White participants. This contrasts data from Straud and McNaughton (2019) that found a non-significant ethnic difference in stress for college students.

**SES and Size.** Zhao et al., (2021) found a significant link between a person’s mindset towards socioeconomic status and subjective wellbeing for individuals in a low SES group. Although this study found a general positive influence of growth mindsets on wellbeing, this pattern did not support the hypothesis that a stronger relationship will emerge between SES mindset and wellbeing for low SES members. These results illustrate the interaction between SES mindset and wellbeing was moderated by a person’s status where high SES individuals reported higher wellbeing. To add, Lee (2012) indicated that low SES was associated with higher levels of stress. This association combined with the results from Zhao et al., (2021) elucidates ongoing
barriers based on one’s socioeconomic status. Lastly, family size has an impact on parent’s effect on their children is impacted by their family size; household sizes of 5 and more were related to lower affect scores by parents and higher stress (Nye et al., 1970). Based on the studies, differences are surfacing between people reporting different incomes and household sizes yet future research is needed to explore to what extent these differences influence college students.

**Study Design**

This proposal will use a randomized pretest-posttest design aimed to assess the efficacy of the narrative intervention randomly assigned to participants. The design diverged from what was pre-registered on the Open Science Framework since the initial study design failed to capture the independent variable of time. Therefore, this proposal will use a 2 (Time: pretest and posttest, within-subjects) x 2 (Group: narrative, no narrative) mixed Analysis of Variance (ANOVA) to assess any significant differences in resilience and stress. Whereas a mixed-design ANOVA with a within-subjects factor of time (pretest and posttest) and a between-subject factor of condition (individual, family, and control) will be conducted to evaluate the statistical difference of work/family conflict across conditions.

A one-way ANOVA and a Tukey HSD post hoc analysis will follow to further compare group means across conditions for each dependent variable (i.e., resilience, stress, and work/family conflict). All statistical analyses will use a significance level of 0.05 and be analyzed using SPSS. The first hypothesis predicts growth of resilience, the
second expects a reduction in stress and the third assumes a lower work/family conflict for participants who construct a new narrative compared to those who do not. The analysis will aggregate the individual and family condition as one intervention group to be compared with the control group. The fourth hypothesis specifically predicts lower reports of work/family conflict for participants in the family condition compared with participants in the individual condition. With these analyses, the study will be able to determine if the data will either support or reject the null hypothesis (i.e., that there is no significant difference being observed between groups).

**Narrative Intervention**

Kamali and Yoosofi Looyeh (2013) laid out five steps for taking a narrative approach in improving the behaviors of children between the ages of 8 and 11 with attention-deficit/hyperactivity disorder (ADHD). The study was group-oriented with 12 sessions that mixed in group activities and take-home assignments. The current study adopts this method into a brief intervention for remote full-time college students. To address potential fatigue and possible attrition rates, a 3-step approach will be used to lower the commitment participants would need to make to be in the study and the time spent on screen. A study has found that an estimate of 1 in 10 undergraduate students are likely to drop out of an online study from the very beginning after giving consent and answering some questions; this study also found a trend of students dropping out after answering 100 items by 2% (Hoerger, 2010). Yet, it’s important to be critical of this study’s results since it only looked at 6 studies from the same location. Although the
original study was not conducted online the narrative steps outlined by Kamali and Yoos
ef Looyeh (2013) will make it possible for an online application to be taken. To
generally address possible dropout rates, the proposal’s incentives and 3 steps approach aims at creating a feasible and accessible study to attract willing participants.

The individual and family conditions are the two groups who will be exposed to the narrative step. The narrative aims to give participants a sense of control over their issues. Participants have the space to outline ways to take responsibility by planning ways to problem solve. In contrast, the control condition will only be identifying and stating the impact their problems have on their lives. Participants in the individual and family conditions are encouraged to download the narratives they create. In addition to having the narrative readily available, participants will be instructed to take 10 minutes to make daily entries for the seven days leading up to the second and third sessions; the control group will not be tasked to do this. The journal entries will convey what participants thought and felt for the day. They will be asked at the end of session 2 and session 3 if they have kept a journal for the days leading to the sessions. The purpose of these entries is to build and sustain the self-awareness that the sessions are promoting. Brooman and Darwent (2012) found that despite reluctance to keep journals, college students developed new learning strategies, gained reassurance of their developing confidence, and recognized that stressful experiences were not permanent. To add, better self-belief is promoted through this activity by surfacing skills and one’s ability to cope. This task is also in line with what Kamali and Yoos
ef Looyeh (2013) administered.
Staying true to the briefness of the intervention, the study does not aim to overload participants with too many additional tasks outside the sessions.

Table 1

Steps for Narrative Intervention

<table>
<thead>
<tr>
<th>Steps</th>
<th>Narrative Prompts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify problems</td>
<td>• Create a definition of the problem</td>
</tr>
<tr>
<td></td>
<td>• Describe the problem and its</td>
</tr>
<tr>
<td>2. Explore and</td>
<td>• What would happen if you (and your family) had control over the problem?</td>
</tr>
<tr>
<td>evaluate consequences</td>
<td></td>
</tr>
<tr>
<td>3. Construct new</td>
<td>• Describe solutions; How will this new alternative impact your (and family’s) life?</td>
</tr>
<tr>
<td>narrative</td>
<td>• What actions can be taken to achieve it?</td>
</tr>
<tr>
<td></td>
<td>• Describe positive effects of having control over problems</td>
</tr>
</tbody>
</table>

Results of Mock Data Analysis

This study asked whether narrative writing can be used to build resilience, reduce stress and work/family conflict. It was predicted that participants who created new narratives would self-report positive outcomes within resilience, stress, and conflict between work and family. Below I generated mock data for 63 “participants” to give a breakdown of the expected results for each hypothesis.

The mock data was generated in an excel sheet by using the range of each measurement to present scores at time one (the pretest) and time two (the posttest). The scores for the pretest were randomly generated within the range of each measurement: scores for resilience ranged from 33-165, scores for stress ranged from 0-40, and scores for work/family conflict ranged from 18-90. Low scores represent lower levels of resilience, stress, and work/family conflict (WFC). To simulate that the intervention will have an impact on these measures, the ranges were altered to randomly generate higher resilience scores, lower stress levels, and lower WFC. The averages of each measure were determined in the pretest portion, and then its standard deviations were calculated to compute these new ranges. Therefore, the posttest mock data reflected new ranges for resilience (scores ranged from 123-165), stress (scores between 0-10), and WFC (a range of 18-46 for the individual condition and 18-37 for the family condition). The following results are presented in the order of hypotheses.
Narrative Writing Effect on Resilience

To test the prediction that the proposed narrative intervention will increase participants’ resilience, I ran a 2 (Time: pretest and posttest, within-subjects) x 2 (Group: narrative, no narrative) mixed Analysis of Variance (ANOVA) to compare the main effects of time and its interaction effects on resilience. This proposal does not expect a difference in resilience levels between the individual and family condition therefore the main comparisons looked at the differences between participants’ who produced a narrative compared with participants who did not. A main effect of time was detected \((F(1,62) = 6.19, p = .02, \eta^2_p = .09)\); indicating that resilience scores significantly increased throughout the study. Results indicated a main effect of which group participants were in \(F(1,61) = 36.11, p < .001, \eta^2_p = .37\); indicating that the resilience was greater for the narrative group. Additionally, a time x group interaction was observed \((F(1,62,)= 41.76, p < .001, \eta^2_p = .41)\) demonstrating that the intervention influenced resilience after groups were assigned.

To further investigate how resilience differs across the different conditions (individual, family, and control) a one-way ANOVA was conducted. The results indicated that scores of resilience across conditions differed significantly \((F_{2,60} = 20.55, p < .001)\). A Tukey post hoc test revealed that the mean score of resilience in the control condition was statistically lower compared with the mean score in the individual condition \((p < .001)\) and the family condition \((p < .001)\). Resilience for participants in the
individual condition compared with those in the family condition was nonsignificant ($p=.99$).

![Bar chart showing resilience scores for individual, family, and control conditions.](image)

**Figure 1.** The average scores for the resilience of participants in the individual, family, and control conditions. Participants in the individual and family conditions were asked to create a new narrative bound to their identified problems. The individual condition assumed their point of view whereas participants in the family condition shifted their focus to include family members. The mock data reflects that when compared with the control group, participants who received the narrative task reported higher levels of resilience. The asterisk (*) demonstrates $p<.05$.

**Narrative Writing Effect on Stress**

A 2 (Time: pretest and posttest, within-subjects) x 2 (Group: narrative, no narrative) mixed ANOVA was conducted to evaluate the null hypothesis that there is no change in participants’ level of stress. The results of the mock data indicated that there was a main effect of time, $F(1,61)= 27.36$, $p<.001$, $\eta_p^2 = .31$. Participants’ reported stress levels were lower in the posttest compared with reports in the pretest. There was also a
NARRATIVE BUILDING FOR BETTER MENTAL HEALTH OUTCOMES

...statistically significant main effect of which group participants were in on stress levels, $F(1,61)= 20.51, p<.001, \eta^2_p = .25$; the control group was not tasked with creating a new narrative so their stress was higher than those who did. These main effects are qualified by a significant time x group interaction, $F(1,61)= 9.73, p=.003, \eta^2_p = .14$; stress was influenced after participants received the intervention compared with stress levels during the pretest.

Further evaluating how stress differs across the different conditions (individual, family, and control) the results of a one-way ANOVA showed that stress significantly differs across conditions ($F_{2,60}= 5.21, p=.008$). A Tukey post hoc test revealed that stress levels were significantly lower for participants in the individual condition compared with the control condition ($p=.008$). No additional statistically significant comparisons across conditions were observed.

Figure 2. The average stress scores of participants across conditions. Perceived stress is significantly lower for participants in the individual condition compared with individuals in the
control condition: an asterisk (*) indicates that \( p < .05 \). The null hypothesis can be rejected as results indicate a positive influence on perceived stress from writing alternative narratives based on identified problems. Note that there was no significance detected between the family and control condition.

**Individual vs Family Conflict Scores**

To test the third hypothesis that after the conditions were made it affected participants’ work/family conflict (WFC) scores, the mock data were analyzed using a mixed-design ANOVA with a within-subjects factor of time (pretest and posttest) and a between-subject factor of condition (individual, family, and control).

Time and condition were statistically significant at \( p < .001 \). The main effect of time yielded an effect size of .56, indicating that 56% of the variance in the work/family conflict scores was explained by time (\( F(2,60)=76.68, \ p < .001 \)). As for the main effect of the condition it yielded an effect size of .39, indicating that 39% of the variance in the work/family conflict scores were explained by participants’ condition (\( F(2,60)=19.27, \ p < .001 \)). The observed main effects were qualified by a significant time x condition interaction \( F(2,60)=19.54, \ p < .001, \ \eta^2_p = .39 \); indicating a combined effect of time and condition on WFC scores. The effect of time depended on the conditions (and vice versa); averaged pretest conflicts scores for participants in the individual condition were higher (\( M=54.76, \ SD= 9.99 \)) than posttest reported scores (\( M=31.43, \ SD=7.50 \)). The descriptive statistics associated with participants’ conflict scores across the three conditions reported that the family condition was also related with lower conflict scores (\( M=27.43, \ SD=6.04 \)) after the conditions were made.
The difference between conflict scores at time one (pretest) and time two (posttest) was calculated to further evaluate the nature of differences between the conditions’ means. The results of a one-way ANOVA suggest that the conflict scores of the conditions differ significantly ($F_{2,60} = 19.54, p < .001$). A Tukey post hoc test only revealed a statistically significant difference of the control condition compared with the individual condition and the family condition; participants reported lower WFC scores in the individual condition ($p < .001$) and lower reports of WFC in the family condition ($p < .001$) compared with the control condition. The mock data did not support the fourth hypothesis predicting a difference between the individual and family condition ($p = .67$). (Refer to Figure 3)

**Figure 3.** The average conflict between work and family conflict across conditions. The study adopted the scale from Carlson et al., (2000) to establish that work refers to students’ school responsibilities. Scores were assessed on a 5-point Likert scale therefore higher scores reflect participants’ perceptions of more conflict being present between the two domains. Significant comparisons are marked by an asterisk (*) at $p < .05$. Compared with the control
condition, participants that received the narrative task in the individual condition reported less work/family conflict. There’s no significant difference between participants who reframed their narrative from their perspective compared with participants who reframed from their family’s perspective.

**Table 2**

*Comparison of Work/Family Conflict Scores Between Conditions*

<table>
<thead>
<tr>
<th>(I)Condition</th>
<th>(J)Condition</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>p</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Individual</td>
<td>-23.33*</td>
<td>4.73</td>
<td>&lt;.001</td>
<td>-34.70,-11.97</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>-27.38*</td>
<td>4.73</td>
<td>&lt;.001</td>
<td>-38.75,-16.02</td>
</tr>
<tr>
<td>Individual</td>
<td>Control</td>
<td>23.33*</td>
<td>4.73</td>
<td>&lt;.001</td>
<td>11.97,34.70</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>-4.05</td>
<td>4.73</td>
<td>.67</td>
<td>-15.41,7.32</td>
</tr>
<tr>
<td>Family</td>
<td>Control</td>
<td>27.38*</td>
<td>4.73</td>
<td>&lt;.001</td>
<td>16.02,38.75</td>
</tr>
<tr>
<td></td>
<td>Individual</td>
<td>4.05</td>
<td>4.73</td>
<td>.67</td>
<td>-7.32,15.41</td>
</tr>
</tbody>
</table>

*Note.* CI=confidence interval; *LB= lower bound; UB= upper bound; N=21 for each condition; *p<.05; comparisons across conditions used the difference between participants’ work/family conflict (WFC) scores were computed by subtracting WFC pretest scores and WFC post-test scores. Positive numbers indicated conflict decreased since the pretest. Therefore, the Tukey HSD computed multiple comparisons’ positive scores reflected lower stress levels.

**Discussion**

The proposal presents a first attempt to look at the outcomes for resilience, stress, and work/family conflict post a narrative intervention for remote students. Based on the mock data, the results did support the hypotheses: 1) higher resilience will be
observed for participants that create new narrative compared to the control group, 2) lower levels of stress will be detected for participants receiving the narrative task compared with participants who do not, 3) lower reports of work/family conflict will be expected for the control condition. Yet, the data did not support the hypothesis that predicted 4) lower reports of work/family conflict for participants in the family condition compared with the individual condition.

The first set of results are consistent with the findings in the Joyce et al., (2018) study that suggested resilience is positively influenced by interventions aimed at reshaping how individuals relate to the world. From this, inferences can be made that tasking individuals to actively engage in narrative writing allows for them to consciously access resources that promote their resilience, and promote visible changes in attitude and action. Across time, the results from the mock data indicate a connection between an increase of resilience and the intervention by implying that this new framework of thinking impacted mental models individuals held. People reshaping their stories promotes a new level of thinking to enter the space so that thoughts like “my future is full of possibilities” can occur and be embodied. This has practical implications for institutions to develop programming encouraging students to partake in this approach. Needless to say, building resilience is important so that people can process and overcome adversity.

In this “new level of thinking” space, perceived stress drops significantly. This result is consistent with the work of Graci and Fivush (2017) which explains how the act of narrative making by acknowledging meaningful individuals in our lives when
processing stressful situations related to a decrease in distress. A meta-analysis reports that reappraisal interventions, compared with their control group counterpart, have a significant positive effect on ameliorating stress (Liu et al., 2019). This highlights people benefiting from emotional regulation that is also accessed by narratives. The results did not find a significant difference in stress between the control condition and the family condition (where participants were prompted to actively use a point of view that includes the family). This is surprising considering how family cohesion is an important measure of resilience and resilience is connected to lower stress Friborg et al., (2006). Although, finding this nonsignificant results flags an area for future studies to explore in ways that a person may more effectively elicit a perspective-taking role from their family. Yet, the results still enrich the field by connecting narrative processes to better psychological health. As already mentioned, this serves practical implications for student outreach to ameliorate stress. Students overall benefit from reducing stress for both psychological and physical health.

Better mental health was not the only factor that benefitted from writing alternative narratives, relationships were fortified. The gap between an individual’s role as a student and a member of their family was bridged with the proposed task. Results suggest that compared with the control condition, both the individual and family conditions that reimaged new narratives and identified next steps had a significant reduction of work/family conflict. Remote students balancing dual roles (such as school leadership commitments and familial commitment) are directly met with challenges. Drummond et al., (2017) point out how receiving social support from family members
related to lower strain, increased family, and job satisfaction. In the context of this study, job satisfaction is school satisfaction. Although this study did not include a follow-up on the outcome variables to see if the effects sustained over time; as discussed, in the study individuals who received the narrative task were prompted to name the steps to make the narrative achievable. Therefore, by taking this proactive approach inferences can be drawn that individuals may have acted but again this data was not collected. The practical implication here is that bridging the gap between college obligations and familial ones can galvanize students to start a dialogue with the family.

Taken together, the findings should be interpreted from a critical point of view because it derives from the results of mock data that may not unnecessarily reflect reality since confounding variables may be present. These variables can be favorable course selection impacting lower stress levels, problems being resolved by another person, or adaption from 2020’s induced remote learning. That is why future directions should look towards replicating this study across cultures with a larger sample size to deepen the understanding of how utilizing narrative writing interacts with an individual’s wellbeing.

People are storytellers. They may tell stories to teach a lesson, escape reality, or problem-solve from the safety of imagination’s bounds. The act of storytelling holds space for individuals to be proactive than reactive towards problems. This proposal aims to ameliorate students’ stress, work/family conflict, and resilience by implementing a narrative intervention that hones in on a person’s ability to reshape their point of view, yet this study is not void of limitations.
Limitations and Future Directions

Certain limitations of this study could be addressed in future research. Since a narrative approach is person-centered, the intervention may be modified to pre-assess what prominent issues are surfacing for students so that the intervention can be more intentional with its prompts and increase efficacy. This study attempts to provide students with a mental health tool without professional mental health services compared to other studies that used a narrative approach. This choice was made to make the approach accessible by directly connecting students with a resource. Although this study did not survey the population to make those modifications the presented data add to our knowledge that individuals can begin to cultivate change within themselves as they allow themselves to express what’s possible.

Another consideration is towards demographic differences. The study was limited to people with a certain level of cognitive and language abilities. The impact of these potential demographic differences was not established since the demographic questions were not asked to address planned predictions. Yet, research has shown that some differences arise for demographic factors such as gender differences in stress and work/family conflict but there is still inconsistent data that requires further exploration. Therefore, digging into the influence of how either collectivist or individualist identities surface in this multicultural country can be the next step to describe moderating effects as well as the other factors while broadening sample collection outside of Bard College. The proposal’s sample is mainly limited to students of this institution which challenges
generalizations made for students on a larger scale; increasing and diversifying the sample size does need to be considered by future studies. To add, studies have presented taking a narrative approach through the facilitation of a professional in a group setting (Clarke et al., 2004; Kamali & Yoosefi Looyeh, 2013; Hansson & Yanos, 2016) therefore another potential modification for future directions is to consider incorporating remote group meetings.

Lastly, future studies should consider incorporating reports from family members to get a more in-depth understanding of how family dynamics are changing; addressing this study’s limitation of relying on students’ self-reports. The study may receive a more robust understanding of behaviors students express by reaching out to the household to mitigate self-reports risk of social desirability bias: the tendency to answer questions explicitly (or implicitly) in a way to be viewed favorably by others.

Despite these limitations, these results suggest several practical implications for program outreach aimed at centering the voices of students. The future directions described designates paths to be explored as remote learning remains an option for most.

**Conclusion**

Much work remains to be done before a full understanding of the extended narrative writing works to influence and interact with other variables to better mental health outcomes for remote learning students. Although authoring a new narrative may not be a panacea, it certainly has its benefits. A person’s belief affects their judgment,
that is why future directions should extend the current findings by examining people’s gender identities, socioeconomic status, and ethnic groups to grow our comprehension of the impact narrative writing has on one’s resilience, stress, and work/family conflict.

To conclude, the proposed study has posed an important challenge of understanding the behavioral changes brought by creating alternative storylines to reframe rooted beliefs. I hope that the current research will simulate further investigation for this tool as the future remains uncertain and remote learning will not dissipate. In April 2021 a New York Times article identified that although there is a preference for in-person learning, some families share sentiments of concern for students’ safety (Singer, 2021). I do not think that hearing vaccination rates slow down alleviates these concerns (Holder and Walker, 2021). This goes to reiterate that online learning will not completely disappear. Therefore, knowing the risks of being a remote student, the discourse should continue to look towards disseminating accessible tools. Storytelling is already embedded in people, a narrative approach can be a mending tool. Albert Einstein said, “We can not solve our problems with the same level of thinking that created them.” This goes to say that getting stuck in the same level of consciousness that only sees the problem may obscure an answer. Realities reimagined aid in shifting awareness so that people are not fighting to keep their limitations but are giving themselves agency to change them in uncertain times.
Appendices

Appendix A: Recruitment Material
Appendix B: Online Informed Consent Form
Appendix C: Check-In Questions
Appendix D: Debriefing Form
Appendix E: The Resilience Scale for Adults (RSA)
Appendix F: Perceived Stress Scale (PSS)
Appendix G: Work/Family Conflict Scale
Appendix H: Demographic Questions
Appendix I: Proposed Budget
Appendix J: Statistical Plan
Appendix A: Recruitment Material

Share your Story

How’s remote life treating you?
Join this senior project and let us know :)

All participants will be paid $50
Your writing is confidential

Contact Dayveliz Hernandez (dh9830@bard.edu) for questions
In the meantime scan the QR code for further instructions
Appendix B: Consent Form

Informed Consent Form

Thank you for your interest in the study! You are being asked to participate in a study about problems that arise for remote college students. Please read the form carefully.

**Purpose:** The study aims to understand students’ perceptions and the obstacles they face being a full-time student at home.

**What will you do:** In the first session, you will be asked to complete a questionnaire on your thoughts, feelings, and behaviors; including this form and a final question about the problems you may be facing. The second session will ask you to write about the impact of those problems you’ve identified. The third session will ask you to problem solve. In the last session, you will be asked to fill out another questionnaire and answer some basic demographic questions about yourself.

**Duration:** The entire study will take approximately 90-120 minutes to complete over 16 weeks; each session will allocate approximately 30 minutes to complete the questions.

**Risks and Benefits:** There are no health risks associated with this study. You may find that some questions may cause emotional discomfort due to their personal nature. If this is the case, resources are available through Bard’s Health Services and Counseling at counseling@bard.edu, (845)-758-7433 or Bard’s 24/7 peer counseling service BRAVE by calling Security (845)-758-7777 and requesting a BRAVE counselor. Your
participation may benefit from alleviated negative feelings and it is expected to contribute to the body of research on the obstacles remote college students face.

**Compensation:** Upon full completion of the study, you will be compensated $50.

**Your rights as a participant:** Participation is completely voluntary. You are free to withdraw from the study at any time.

**Confidentiality:** Please note that the findings of this study will be in a Senior Project that will be publicly accessible online and at the Stevenson Library of Bard College in Annandale, New York. All information will remain confidential via unique ID numbers. It will be helpful to pull quotes from the writing to note changes therefore identifiable information such as names and geographical markers will be omitted.

**Questions or Concerns:** If you have any questions about the study please contact Dayveliz Hernandez, at dh9830@bard.edu. If you have any concerns about your rights as a participant, please contact the Chair of the Bard College Institutional Review Board, at IRB@bard.edu.

Please print or save this screen if you want to access the information later.

You must be at least 18 years old to participate.

To continue, please press: “Yes, I consent to participate.” If you do not wish to participate, please press: “No, I do not consent.”
Appendix C: Check-In Questions

Assignment Check-Ins

1. Have you written in your journal?
   - Yes
   - For [insert number of days] up until this session
   - No

2. Have you sought mental health services for support?
   Such as reaching out to Bard’s Health and Counseling Services or calling BRAVE
   - Yes
   - I’ve been in contact with a support service [insert number] times
   - No
Appendix D: Debriefing Form

Thank you for your participation! Please read the material on this form carefully to learn important information about your experience in this study, and ask me any questions that you have. After this debriefing, you may choose to have the information I collected about you removed from this research study.

The goal of this study was to use a narrative approach to positively impact remote student’s well-being. This study examined the effects creating an alternative narrative had on students’ resilience, stress, and work/family conflict levels.

What is a Narrative Approach?

Reauthoring narratives is a tool used to help people gain awareness and agency in their lives by reframing the stories a person may internalize to separate the individual from the problem. This tool has been used in therapy to reduce mental health risks, improve quality of life, and reframe negative internalized beliefs (Lange, 2020; Hansson and Yanos, 2016; Busch, 2007). This study randomly placed students in either a control condition, they were not tasked to write an alternative narrative, or the individual condition, where students processed events from their perspective, or the family condition, in which the family’s perspective was considered. Therefore, I predicted that students who received the narrative task will access resources that promote resilience, will feel less stress, and will build family cohesiveness by bridging the gap between responsibilities for school and responsibilities for the family.
Right to withdraw data

You may choose to withdraw the data you provided before debriefing, without penalty or loss of benefits to which you are otherwise entitled. Please insert your unique ID number that you received at the beginning of the study to indicate below if you do, or do not, give permission to have your data included in the study:

_____ I give permission for the data collected from or about me to be included in the study.

_____ I DO NOT give permission for the data collected from or about me to be included in the study.

If you have questions

The main researcher conducting this study is Dayveliz Hernandez Muztafa. For questions please email Dayveliz: dh9830@bard.edu. If you have any questions about your rights as a participant, contact the Chair of the Institutional Review Board, Bard College at irb@bard.edu. Once again thank you for participating in this study!
### Appendix E: The Resilience Scale for Adults

#### Original Resilience Scale for Adults

<table>
<thead>
<tr>
<th><strong>Personal strength/Perception of self</strong></th>
<th><strong>I always find a solution</strong></th>
<th><strong>I often feel bewildered</strong></th>
<th><strong>I strongly believe in</strong></th>
<th><strong>I know how to solve</strong></th>
<th><strong>I trust completely</strong></th>
<th><strong>I find something good that helps me thrive</strong></th>
<th><strong>view everything gloomy</strong></th>
<th><strong>are a constant source of worry/concern</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>When something unforeseen happens</td>
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<tr>
<td>My personal problems</td>
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<tr>
<td>My abilities</td>
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<tr>
<td>My judgements and decisions</td>
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<tr>
<td>In difficult periods I have a tendency to</td>
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<tr>
<td>Events in my life that I cannot influence</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Personal strength/Perception of future</strong></th>
<th><strong>I know how to accomplish</strong></th>
<th><strong>I do not accomplish everything</strong></th>
<th><strong>very promising</strong></th>
<th><strong>uncertain</strong></th>
<th><strong>possible to accomplish</strong></th>
<th><strong>I am unsure how to accomplish</strong></th>
<th><strong>clear</strong></th>
<th><strong>well thought through</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>My plans for the future are</td>
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<tr>
<td>My future goals</td>
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<tr>
<td>I feel that my future looks</td>
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<tr>
<td>My goals for the future are</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Structured style</strong></th>
<th><strong>I am at my best when I</strong></th>
<th><strong>I rarely plan ahead, just get on with it</strong></th>
<th><strong>I prefer to have a thorough plan</strong></th>
<th><strong>I am efficient</strong></th>
<th><strong>I am wasteful</strong></th>
<th><strong>I simplify my everyday life</strong></th>
<th><strong>are absent in my everyday life</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I am at my best when I</td>
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<tr>
<td>When I start on new things/projects</td>
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<tr>
<td>I am good at</td>
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<tr>
<td>Rules and regular routines</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social competence</strong></th>
<th><strong>I enjoy being</strong></th>
<th><strong>I am not important to me</strong></th>
<th><strong>I make easily</strong></th>
<th><strong>I have difficulty making something I am good at</strong></th>
<th><strong>I prefer to have a thorough plan</strong></th>
<th><strong>I simplify my everyday life</strong></th>
<th><strong>I am important to me</strong></th>
<th><strong>I simplify my everyday life</strong></th>
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</thead>
<tbody>
<tr>
<td>I enjoy being</td>
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<tr>
<td>To be flexible in social settings</td>
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<td>New friendships are something</td>
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<tr>
<td>Meeting new people is</td>
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<td>When I am with others</td>
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<td>For me, thinking of good topics for conversation is</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Family cohesion</strong></th>
<th><strong>My family's understanding of what is important in life is</strong></th>
<th><strong>very different than mine</strong></th>
<th><strong>very happy with my family</strong></th>
<th><strong>very similar to mine</strong></th>
<th><strong>I feel</strong></th>
<th><strong>very unhappy with my family</strong></th>
<th><strong>I have difficulty making something I am good at</strong></th>
<th><strong>I simplify my everyday life</strong></th>
<th><strong>I am important to me</strong></th>
<th><strong>I simplify my everyday life</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>My family's understanding of what is important in life is</td>
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<tr>
<td>I feel</td>
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<td>My family is characterized by</td>
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<tr>
<td>In difficult periods my family</td>
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<tr>
<td>Facing other people, our family acts</td>
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<tr>
<td>In my family we like to</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social resources</strong></th>
<th><strong>I can discuss personal issues with</strong></th>
<th><strong>no one</strong></th>
<th><strong>friends/family members</strong></th>
<th><strong>wherever</strong></th>
<th><strong>strong</strong></th>
<th><strong>it takes quite a while before I am told</strong></th>
<th><strong>No one</strong></th>
<th><strong>always someone who can help me</strong></th>
<th><strong>dislike my qualities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I can discuss personal issues with</td>
<td></td>
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<tr>
<td>Those who are good at encouraging me are</td>
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<tr>
<td>The bonds among my friends is</td>
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<tr>
<td>When a family member experiences a crisis/emergency</td>
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<tr>
<td>I get support from</td>
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<td>When needed, I have</td>
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<tr>
<td>My close friends/family members</td>
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</tbody>
</table>
### Appendix F: Perceived Stress Scale

<table>
<thead>
<tr>
<th></th>
<th>0 = Never</th>
<th>1 = Almost Never</th>
<th>2 = Sometimes</th>
<th>3 = Fairly Often</th>
<th>4 = Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the last month, how often have you been upset because of something that happened unexpectedly?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In the last month, how often have you felt nervous and “stressed”?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. In the last month, how often have you felt that things were going your way?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the last month, how often have you found that you could not cope with all the things that you had to do?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In the last month, how often have you been able to control irritations in your life?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. In the last month, how often have you felt that you were on top of things?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. In the last month, how often have you been angered because of things that were outside of your control?</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix G: Work/Family Conflict Scale

Note: that “work” here refers to the role and responsibilities as a student.

*Carlson et al. Work/Family Conflict Scale*

---

*Time-based work interference with family*

1. My work keeps me from my family activities more than I would like.
2. The time I must devote to my job keeps me from participating equally in household responsibilities and activities.
3. I have to miss family activities due to the amount of time I must spend on work responsibilities.

*Time-based family interference with work*

4. The time I spend on family responsibilities often interferes with my work responsibilities.
5. The time I spend with my family often causes me not to spend time in activities at work that could be helpful to my career.
6. I have to miss work activities due to the amount of time I must spend on family responsibilities.

*Strain-based work interference with family*

7. When I get home from work I am often too frazzled to participate in family activities/responsibilities.
8. I am often so emotionally drained when I get home from work that it prevents me from contributing to my family.
9. Due to all the pressures at work, sometimes when I come home I am too stressed to do the things I enjoy.

*Strain-based family interference with work*

10. Due to stress at home, I am often preoccupied with family matters at work.
11. Because I am often stressed from family responsibilities, I have a hard time concentrating on my work.
12. Tension and anxiety from my family life often weakens my ability to do my job.

*Behavior-based work interference with family*

13. The problem-solving behaviors I use in my job are not effective in resolving problems at home.
14. Behavior that is effective and necessary for me at work would be counterproductive at home.
15. The behaviors I perform that make me effective at work do not help me to be a better parent or spouse.

*Behavior-based family interference with work*

16. The behaviors that work for me at home do not seem to be effective at work.
17. Behavior that is effective and necessary for me at home would be counterproductive at work.
18. The problem-solving behaviors that work for me at home do not seem to be as useful at my work.
Appendix H: Demographic Questionnaire

1. Participant ID Number:_______
2. Age: ______
3. Ethnicity:_____
4. Gender: ______
5. College Year: ______
   Mark one circle
   ○ First Year (1st semester)
   ○ First Year (2nd semester)
   ○ Sophomore (1st semester)
   ○ Sophomore (2nd semester)
   ○ Junior (1st semester)
   ○ Junior (2nd semester)
   ○ Senior (1st semester)
   ○ Senior (2nd semester)
   ○ Other
6. How many people live in your household (including yourself)?
   ____________________
7. What is your family’s total income?
   ○ Less than $10,000
   ○ $10,000 to $19,999
   ○ $20,000 to $29,999
   ○ $30,000 to $39,999
   ○ $40,000 to $49,999
   ○ $50,000 to $59,999
   ○ $60,000 to $69,999
   ○ $70,000 to $79,999
   ○ $80,000 to $89,999
   ○ $90,000 to $99,999
   ○ $100,000 to $149,999
   ○ $150,000 or more
Appendix I: Estimated Budget

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Compensation</td>
<td>156</td>
<td>50</td>
<td>7,800</td>
<td>Calculations reflect New York State's minimum wage and the 4 hours participants will overall spend in the study</td>
</tr>
</tbody>
</table>

*Note.* The currency used is in the United States dollar.
Appendix J: Statistical Plan

Due to unforeseeable disruptions, it’s important to consider the tools that institutions make available to college students. The disruption from COVID-19 shifted norms and left students vulnerable in a remote learning environment where they had to balance the responsibilities as a scholar and family member.

**Aims:** 1) Utilize an online narrative approach as an intervention to attenuate stress, work/family conflict levels, and barriers that obstruct resilience; 2) Understand the perceptions students hold and the obstacles they face being a full-time student at home.

**Hypotheses**

H1: Participants creating new narratives will have higher levels of resilience compared to the control group

H2: Participants in the narrative conditions will report lower levels of stress compared with the control group

H3: Participants in the narrative conditions will report lower levels of conflict between work and family than the control group

H3: Participants in the family condition will report lower work/family conflict than the individual condition

**Study Design**

This proposal did not expect a difference between the individual and family conditions on resilience and stress so a 2 (Time: pretest and posttest, within-subjects) x 2 (Group: narrative, no narrative) mixed Analysis of Variance (ANOVA) will be used to assess
significant main effects and interactions. Whereas a mixed-design ANOVA with a within-subjects factor of time (pretest and posttest) and a between-subject factor of condition (individual, family, and control) will be conducted to evaluate the statistical difference of work/family conflict across conditions.

To test for differences across conditions a one-way ANOVA and a Tukey HSD post hoc analysis will follow to analyze group means for each dependent variable (i.e., resilience, stress, and work/family conflict). All statistical analyses will use a significance level of 0.05 and be analyzed using SPSS. The planned sample of 156 will provide 80% power to detect significant differences between groups. Literature suggests that medium effects sizes are detectable on resilience for interventions aimed at reshaping perspectives (Joyce et al., 2018).

**Data Collection**

Eligible participants are undergraduate students (ages 18-25) who are full-time students, completing a remote academic semester from their family’s household, and who are not receiving continuous professional mental health services. All data will be collected online.
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