

Effectiveness of Narrative Therapy in Reducing Aggression and Stubborn Preschoolers

Zahra Musavi, Masoud Hejazi*

Department of psychology, Zanjan Branch, Islamic Azad University, Zanjan, Iran.

*Corresponding author. Tel: +98 24 3342 1003; E-mail: mosavi50@yahoo.com

Citation: Musavi Z, Hejazi M, Effectiveness of Narrative Therapy in Reducing Aggression and Stubborn Preschoolers. *Electronic J Biol*, 12:2

Received: March 07, 2016; **Accepted:** April 19, 2016; **Published:** April 27, 2016

Research Article

Abstract

The main objective of this study was to evaluate effectiveness of narrative therapy in reducing aggression and stubbornness of preschool children. This is applied research and pre-test, post-test with control group. Study's population was 5 to 6 years girl and boy students in Zanjan city. This experiment with 50 preschool children was done through children's symptoms inventory (CSI-4) and Aggression in Preschool test of Vahedi et al was performed on these children. According to results of these tests, 20 children including two groups (10 children from Group controls and 10 children from Experimental Group) and aggressive group 16 children including two groups (8 children from Group controls and 8 children from experimental Group) randomized in this group. Then the therapist of 10 stories and 10 stories on the subject loggheads with issue of aggression and stories for children headstrong and after elections in 10 sessions and 10 sessions offered for aggressive children. The control group received no intervention. In the end, after post-test and analysis of covariance was significant difference between groups. Test results confirmed the hypothesis and efficiency of stories and showed its structure in solving problems of children.

Keywords: Aggressive; Headstrong; Preschoolers; Narrative therapy.

1. Introduction

Good childhood years to diagnose problems in children, early intervention and prevention of emotional problems, social and academic future. In fact, early intervention and maladaptive behaviors of children in this sensitive period increased social skills, popularity with peers, adults and child to assume responsibility for preparing future [1]. Aggressive and headstrong is one of the most common problems in children and is one of important reasons for their referral to therapists [2]. On the one hand emerged from research findings indicate that aggressive

children and stubborn and headstrong aggression tend to continue it into adulthood [3]. The study of the spread of violence and aggressive behavior is in schools [4].

Aggressive and headstrong at early age in the first years of primary school causes many problems including poor self-concept and depression [5], impulsivity and hyperactivity [6] and rejection by peers [7] which can be the cause of many problems such as expulsion from school and delinquency [8], exacerbation of problems such as aggression social adjustment - emotional low [9], poor academic performance of school [10] and they can be somewhat, keeping many problems such as expulsion from school [11], exacerbating problems such as aggression, few socio-emotional adjustment [12], poor academic performance of school [13].

In addition to this aggression on victims of negative behavioral outcomes such as depression, anxiety, loneliness, low self-esteem, suicidal thoughts, leading to formation of negative attitude toward school avoid school [14] tends to drug use [15] in their peer group members vulnerable knowing and consequently succumbing to aggressive behavior peers and repeat of tragedy victim [16]. The first reaction of child is stubborn which has been shown in the face of frustration caused by the aggression. The child is irritable and gets angry. Children with this disorder are usually larger debate, board in process are angry and irritable. They repeatedly and actively rebel against adult requests and are mainly bothering others. Blame others for your mistakes and misconduct. Usually symptoms of this disorder occur in interaction with adults and peers that children are well familiar with them. Children with no signs of stubbornness usually good progress at school and interpersonal relations are poor and mainly non-cognitive skills, social and emotional are needed to do larger demand.

Kaplan, Sadok headstrong, chronic and progressive disorder which almost always interferes in

interpersonal relationships and academic performance of children [17,18]. These children often have no friend and fellow human relations are not satisfactory for them. Defiant disorder, chronic and progressive disorder [19] interferes in interpersonal relationships and academic performance of children. These children often have no friend and fellow human relations are not satisfactory for them. They despite adequate intelligence, because disengagement and resistance to external demands and insist on solving problems to help others not progress and may fail at school. Problems mentioned above, decreased self-esteem, low tolerance for frustration, depressed mood and irritability are attacks [17].

Therefore, early diagnosis and treatment of these problems and need for effective interventions tailored to each child, allows researchers to determine the efficacy of different treatment methods. Narrative therapy is one of therapies that today's experts to deal with aggressive and headstrong offer. Story-based treatment approach, stimulate mind and its activities Children's Discovery gets many view available data rates to spur insight and change their behavior. This treatment can be model for overcoming the resistance of children, Lego makes learning new concepts to provide appropriate behavior [20]. Stories easily find the child within person was jammed with different stages of treatment options and show results to person. Since, narrative therapy is done as team makes child know other children also share their feelings and experiences and have more relaxed feel. So it specifically and wide can be used in children's mental health [21].

It can be said one of the best time to use in treatment stories, pre-school, because on one hand necessary training and mandatory education for pre-school and targeted indirectly to story and use of child labor book and believes that children before entering school should have opportunity to learn basic skills indirectly that's why during the school year to children in age special education and through attractive and joyful and favorite activities for children such as painting, crafts, poetry, fiction, creative displays, field trips, games and simple experiments indirectly be taught.

According to the psychological implications of the story, a growing number of psychotherapists from stories to help people solve their problems. Bruno Bettelheim is the most famous psychologist in this context that story was used as treatment for children. He educators and therapists children, was psychotic. According to Bettelheim, the most difficult work in children's education helping them understand meaning of life is to achieve psychological maturity. His book "by her charm applications" wrote: Regardless of the vital role child care, cultural

heritage in the form of myth gives meaning to their lives [22].

But when story is said to be subject takes shape becomes apparent character issues and objects with thoughts and emotions and behaviors respond story. When child listens to the story may be a character with an issue or an incident in the story replicate. As a result, replication is projected into life. His favorite thoughts allow him to share feelings and behaviors tale characters to experiences, stories, characters, ideas, thoughts and experiences emotional projection of characters themselves. Therefore be projective over their emotional distress [23].

On the other hand children in this age of great interest to the story and also the appropriate time of year to treat and diagnose problems in children, early intervention and prevention of emotional problems, social and education future of the children, so use the story health problems of children in the age profile has been seized and is necessary. Ultimately, goal of this study demonstrate importance of children's stories to help in solution of psychological issues to achieve growth and development of s personality, helping the adults mothers and fathers, coaches, and all of guardianship and in education of young those responsible for to better understand the importance of this story in this way. Also make sense back to life children, who are highly inconsistent, aggressive and headstrong, and children who need specific help from socially and mentally [22]. Narrative therapy is one of the techniques of psychotherapy and activity of human [24]. According to above, researchers aimed to investigate effectiveness of narrative therapy on reducing aggressive and headstrong in preschool children.

2. Method

The research part of applied research and pre-test, post-test and control group.

2.1 Statistical population

In this study, study population was 5 to 6 years girl and boy students in Zanjan city. The study is randomized sampling. The experiment with 50 preschool children who test children's symptoms of aggression in preschool unit and Associates CSI-4 and test was conducted on these children was done. According to the results of these tests kids in group of children headstrong as many as 20 people, including two groups (10 children from Group controls and 10 children from Experimental Group) and another group of aggressive children to 16 people, including two groups (8 children from Group controls and 8 children from experimental Group) that were randomly included in these groups.

2.2 Tools

Aggression scale preschool of vahedi and colleagues: For years, researchers of importance of early childhood aggression in predicting psychological adjustment problems have found their social future, because a lot of research done to understand factors influencing prevalence of aggressive behavior. A number of questionnaires have been developed to measure aggression in children, such as primary school children Aggression Questionnaire Shahim, Ahvaz Aggression Questionnaire and criteria of DSM- IV, but before preparation of questionnaire that covers all aspects of pre-school children's aggression was not prepared. Preschool scale aggression by the unit, Fathi, Hosseini-Nasab and Moghadam is provided to assess physical aggression, verbal and relational reactive preschool children.

Child symptom inventory CSI-4: It's common screening tools for psychiatric disorders and was designed according to Diagnostic and Statistical Manual of Mental Disorders criteria. The initial version of questionnaire as List of Asprafkin, Lanny, Yonitat, Gadow (SLUG) was provided by Asprafkin, Lanny, Yonitat, Gadow in 1984 based on statistical classification of mental disorders third edition of diagnostic manual and later to revise the second edition of Diagnostic and Statistical Manual of Mental Disorders in 1987, CSI-3 version was also made to the CSI-4 in 1994 with the publication of Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, with slight changes the previous version was revised by Gadow and Asprafkin. Last edited CSI CSI-4 as previous versions have two children, parent and teacher.

Parents form with 110 questions (8 questions Defiant Disorder-Coping) and teachers have been 77 questions and each of these four point are answered in never, sometimes, often, and often. The questionnaire for diagnosis and screening for emotional and behavioral disorders in children 5 to 12 years and for screening behavioral disorders and emotional thirteen include; Attention deficit - hyperactivity, defiance - disobedience, conduct disorder, generalized anxiety, social phobia, separation anxiety, obsessive - practical, specific phobia, major depressive disorder, depression, schizophrenia, pervasive developmental disorder, Asperger's, vocal and motor tics, post-traumatic stress, incontinence of urine and feces disposal used by clinicians and researchers in field of cognitive science. This questionnaire allows clinicians to measure and having two sources of information to parents and teachers to extensive and useful information about type and severity of behavioral symptoms, mood and cognition, children and

adolescents with behavioral issues and emotionally secure. Questions 19 to 26 which are used for measurement stubbornness and disobedience are disturbed parent form.

3. Procedure

According to coordination with authorities of Shadi, Samin day care center, researchers in this study in order to comply with ethical issues and providing secure environment for participants initially presented the subjects sufficient to parents and educators, on of term and conditions of intervention explanations stating research and evaluation and also the addition in order to avoid labeling children at school, parents and teachers were asked to observe confidentiality with school subjects and other children not to talk about real reason for their selection and announced method of choosing these children. While parents and their children participating in study were able to participate opt out at any stage of study. Then parents of children have been asked to reply questionnaire after sampling and questionnaire as pilot, according to scores of 20 children headstrong According to test symptoms among children 4 CSI- and number of 16 children aggressive with respect to Aggression Scale preschool. Researcher randomly selected headstrong children into experimental and control groups to aggressive children catcher to two experimental and control groups. Then 10 loggerheads subjects with aggression issues and stories Raps choose from selection of local culture by taking sample and rewritten, according to ages of the children.

The heroes of story rewrite with regard to behavior of aggressive behavior, experiences, problems, issues and subjects. The next step was offered in method of Green's Tales (1927) examined children. In this case, after submitting stories to children, with all the latest stories, meeting at back and no questions were asked about the story. In fact, children were allowed to leave until meeting with own thoughts, according to Green (1927) does not infringe privacy of children. Of course, in order to prevent forgotten stories of children were asked to define story for two people. In subsequent meetings storyteller summary of previous stories and summary of test tended to tell story of meeting. It should be noted that duration of each session, according to the story varied between 20 and 35 minutes. In addition to reported results all of ethical considerations regarding lack of reference to name and identity of participants were observed. By arrangement with parents of these children then again, they were asked to once again respond to questionnaire (post-test).

Analysis of covariance was used to analyze the data, the research hypotheses.

4. Findings

4.1 First hypothesis: Narrative therapy reduces aggression in preschool children (Tables 1 and 2).

Table 1. Frequency control and experimental groups aggressive children.

Group	Tags values	Number
1	Aggressive Students in the experimental group	8
1	Aggressive Students in the control group	8

Table 2. Effect between factors.

Source changes	Sum of square	Df	Mean of square	F	Sig.
group	124.71	1	124.71	2.004	0.182
Pre-test	1397.86	1	1397.86	22.463	0.000
Group * Pre-test	75.06	1	75.06	1.206	0.294
Error	746.74	12	62.22		
Total	259007	16			

In the above table, F along with interactive 1.206 and sig=0.294. Because sig>0.05 is among groups (control and testing) and independent variable, there is no meaningful interaction that it means can be concluded null hypothesis and accept alternative hypothesis is rejected and default of homogeneity observed regression slope and covariance analysis is appropriate and squared correlation coefficient (R Squared) 0.80. The table shows that share predictor (independent variable) in explaining criterion variable (post-test) is 80%. Now we can check the homogeneity of the slope of the regression analysis of covariance (Table 3). Based on above table, same underwriting of variances has been established (Table 4).

Table 3. Test Levene.

F	Df1	Df2	Sig.
3.202	1	14	0.095

Table 4. The mean and standard errors and confidence intervals aggressive children.

Group	Mean	standard error	Confidence interval of 95%	
			Max.	Min.
Aggression in experimental group	116.16	2.95	122.59	109.73
Aggression in control group	134.17	3.34	141.46	126.88

Post-test averages presented in this table have been adjusted for effects of variables covariate two experimental conditions. The effect of independent

variable (covariate) effectively been removed from data. After test compared with control group, experimental group had gained significantly higher scores in scale aggression (Table 5).

Table 5. Variance analysis to evaluate the effectiveness of storytelling on aggression.

Source changes	Sum of square	Df	Mean of square	F	Sig.
group	1254.13	1	1254.13	19.83	0.001
Pre-test	2463.57	1	2463.57	41.81	0.000
Error	821.80	13	63.216		-
Total	259007	16			-

ANCOVA analysis indicated that by excluding effect of aggressive pre-test score as covariate, main effect of storytelling on aggression and post-test scores were significant (i.e. two groups after test of aggression, aggression scale scores were different, sig=0.001).

4.2 The second hypothesis: Narrative therapy reduces stubborn preschoolers (Tables 6 and 7).

Table 6. Frequency control and experimental groups of children headstrong.

Group	Tags values	Number
1	Headstrong of control group	10
1	Headstrong experimental group	10

Table 7. Effect between factors.

Source changes	Sum of square	Df	Mean of square	F	Sig.
group	1.88	1	1.88	1.502	0.238
Pre-test	23.14	1	23.14	18.469	0.001
Group * Pre-test	0.014	1	0.014	0.011	0.918
Error	20.050	16	1.253		
Total	523	20			

F along with interactive 0.011 and sig=0.918. Because sig>0.05 interaction between the groups and independent variable is meaningful, i.e. it can be concluded that null hypothesis and accept alternative hypothesis is rejected and default of homogeneity is observed regression slope and analysis covariance is appropriate and squared correlation coefficient (R Squared) in this table is 0.721, which indicates the share predictor (independent variable) in explaining criterion variable (post-test), is 72%. Now that we can check the homogeneity of the slope of the regression analysis of covariance could be run (Table 8).

Table 8. Test Levene.

F	df1	df2	Sig.
16.182	1	18	0.061

As above table, Equal of variances is established (Table 9).

Table 9. The mean and standard errors and confidence intervals headstrong children.

Group	Mean	standard error	Confidence interval of 95%	
			Max	Min.
Headstrong of control group	6.42	0.365	7.19	5.65
Headstrong of experimental groups	3.07	0.365	3.84	2.30

The table above show mean of test presented in this table has been adjusted for the effects of variables covariate two experimental conditions. The effect of independent variable (covariate) effectively been removed from data. After test compared with control group, experimental group had significantly higher scores in scale business stubbornness. The adjusted mean averages of unadjusted differences (Table 10).

Table 10. Variance analysis to evaluate the effectiveness of storytelling on logger heads.

Source changes	Sum of square	Df	Mean of square	F	Sig.
group	40.33	1	40.33	37.56	0.000
Pre-test	29.63	1	29.63	25.11	0.000
Error	20.06	17	1.18		
Total	523	20			

Covariance analysis shows that by removing stubborn pre-test score as covariate, main effect of storytelling on stubborn post-test scores is significant.

5. Discussion and Conclusion

These results were consistent with results of previous research which is to reduce aggression and increase positive behaviors in their stories. This finding is consistent with findings of research that storytelling is effective in reducing aggression [25-28]. The researchers' major reason for lack of aggression note that correct pattern by providing behavior model and drawing attention to characters and story right and wrong behaviors can be reduced their aggression. Although method and manner of use of form and structure of story and stories even mentioned in study are different results which generally show that stories can be an effective tool in giving direction to change the behavior of children. In fact, Stories as a form of children's literature plays an important role in facilitating change mechanism by showing the complexity and richness of life to children but children's curiosity; defensive reduce them to minimum [29].

In storytelling, tale heroine act as models and child during conditioning succession learns new behaviors

or language of psychoanalysis have children and meter identification with the protagonist of his behavior to appoint their own or rules based on message metaphors story of self that these rules will eventually be extended to real life situations and will guide children's behavior [30].

In fact in story with the release of perspectives and points of view of others child shall be flexible and leave egocentricity. Therefore, it may be when child through stories and victims' suffering distress and anger to see an incentive to reduce abuse victims' object is gain. The storytelling is effective in reducing symptoms stubbornness - also effective disobedience. This finding contradicts previous research, the story is to reduce stubborn and emotional and behavioral problems and increase positive behaviors in their children's use is consistent. These studies may also apply in the manner and form different stories, but these findings are also generally indicates that story structure can be an effective tool used to change the direction of children, because in terms of treatment, do not have children admit to problems.

In the process of curing the problem outsider's story, the effect of the problem on life and how their impact on problems depicted person is clear about issue for discussion will be responsibility of individual's problem alone rewritten own story according to feedback which person receives in story of therapists and others [31]. As well as ethical principles to the children communicate their stories and their lessons to life the day. The world of stories for children is the world to repeat and browsing experience, training and lessons that are directly or indirectly faced. They are enjoying your imagination to what the story world have seen their wings and eventually broaden their cosmology [32].

Employed tales in this study is likely to have, children teach new behaviors, theoretical behaviors that improve their behavior and improve their treasury and to motivate him to act in particular manner, as well as by successful completion of a skills problem, protagonist, concerns have reduced child and encourage positive behaviors. The intervention program has been able to achieve this goal through successful and decrease symptoms in children headstrong.

Despite many attempts to control conditions in this study was low due to insufficient experimental research in community as well as information for parents and preschoolers' founders of these research projects and resulting lack of cooperation from pre-school centers and parents, researchers were forced to replace several preschool. In the end, it is recommended that parents and coaches

make the most of stories and educational programs children targeted and use it as effective approach to establish bond and develop appropriate skills including cognitive and social skills. Children can also book authors with objectives of treatment stories and especially stories with children's behavior more difficult to consider and in the field of child benefit consultants and coaches.

References

- [1] Frodl T, Skokauskas N. (2012). Meta-analysis of structural MRI studies in children and adults with attention deficit hyperactivity disorder indicates treatment effects. *Acta Psychiatrica Scandinavica*. **125**: 114-130.
- [2] Wildeman C. (2010). Paternal incarceration and children's physically aggressive behaviors: Evidence from the Fragile Families and Child Wellbeing Study. *Social Forces*. **89**: 285-309.
- [3] Dehghanpour S, Barmas H, Kiamanesh A. (2013). Effect of self-focused parenting on aggressive and stubborn behaviors in six-year-old children in Yazd. *European Journal of Experimental Biology*. **3**: 306-309.
- [4] Chrysant SG. (2011). Current status of aggressive blood pressure control. *World J Cardiol*. **3**: 65-71.
- [5] Erkman F, Caner A, Sart ZH, et al. (2010). Influence of perceived teacher acceptance, self-concept, and school attitude on the academic achievement of school-age children in Turkey. *Cross-Cultural Research*. **44**: 295-309.
- [6] Wood RI, Armstrong A, Fridkin V, et al. (2013). Roid rage in rats? Testosterone effects on aggressive motivation, impulsivity and tyrosine hydroxylase. *Physiology & behavior*. **110**: 6-12.
- [7] Friedlander LJ, Connolly JA, Pepler DJ, et al. (2013). Extensiveness and persistence of aggressive media exposure as longitudinal risk factors for teen dating violence. *Psychology of violence* **3**: 310.
- [8] Lambert BA, Dubois S, Weaver B, et al. (2012). Aggressive driving behaviour in young drivers (aged 16 through 25) involved in fatal crashes. *Journal of safety research*. **43**: 333-338.
- [9] Schwartzman LASAE, Ledingham DSMJE. (2013). Aggressive, withdrawn and aggressive/withdrawn children in adolescence: Into the next generation. *The development and treatment of childhood aggression*. **55**.
- [10] Ringrose J. (2011). Are you sexy, flirty, or a slut? Exploring 'sexualization' and how teen girls perform/negotiate digital sexual identity on social networking sites. In *New Femininities*. Palgrave Macmillan UK.
- [11] Catanzaro MF. (2011). Indirect aggression, bullying and female teen victimization: A literature review. *Pastoral Care in Education* **29**: 83-101.
- [12] Draucker CB, Martsof D, Stephenson P, et al. (2010). Aggressive events in adolescent dating violence. *Issues in mental health nursing*. **31**: 599-610.
- [13] Livingstone S, Smith PK. (2014). Annual research review: Harms experienced by child users of online and mobile technologies: The nature, prevalence and management of sexual and aggressive risks in the digital age. *Journal of child psychology and psychiatry*. **55**: 635-654.
- [14] Delaney-Black V, Chiodo LM, Hannigan JH, et al. (2011). Prenatal and postnatal cocaine exposure predict teen cocaine use. *Neurotoxicology and teratology*. **33**: 110-119.
- [15] Grüsser SM, Thalemann R, Griffiths MD. (2006). Excessive computer game playing: evidence for addiction and aggression?. *Cyber Psychology & Behavior*. **10**: 290-292.
- [16] Graham K, Osgood DW, Zibrowski E, et al. (2004). The effect of the Safer Bars programme on physical aggression in bars: results of a randomized controlled trial. *Drug and alcohol review*. **23**: 31-41.
- [17] Kaplan B, Sadok V. (2007). *.khlash psychiatry (behavioral science, clinical psychiatry)*. Translation by Farzin Rezai (1392), 5th edition, Tehran: Rajmand Publication
- [18] Silva NT, Schestatsky P, Winckler PB, et al. (2014). Oppositionality and sympathetic skin response in adolescents: Specific associations with the headstrong/hurtful dimension. *Biological psychology*. **103**: 242-247.
- [19] Connor DF, Steeber J, McBurnett K. (2010). A review of attention-deficit/hyperactivity disorder complicated by symptoms of oppositional defiant disorder or conduct disorder. *Journal of Developmental & Behavioral Pediatrics*. **31**: 427-440.
- [20] Beauchaine TP, Hong J, Marsh P. (2008). Sex differences in autonomic correlates of conduct problems and aggression. *Journal of the American Academy of Child & Adolescent Psychiatry*. **47**: 788-796.
- [21] Jordan CE, Campbell R, Follingstad D. (2010). Violence and women's mental health: the impact of physical, sexual, and psychological aggression. *Annual review of clinical psychology*. **6**: 607-628.
- [22] Maguire J, Ryan D. (2007). Aggression and violence in mental health services: categorizing the experiences of Irish nurses. *Journal of psychiatric and mental health nursing*. **14**: 120-127.
- [23] Kerrison SA, Chapman R. (2007). What general emergency nurses want to know about mental health patients presenting to their emergency department. *Accident and emergency nursing*. **15**: 48-55.
- [24] El-Sheikh M, Cummings EM, Kouros CD, et al. (2008). Marital psychological and physical aggression and children's mental and physical health: direct, mediated, and moderated effects. *Journal of consulting and clinical psychology*. **76**: 138.
- [25] Nasirzadeh R, Roshan R. (2010). The effect of storytelling on aggression in six to eight-year old boys. *Iranian Journal of Psychiatry and Clinical Psychology*. **16**: 118-126.

- [26] DeCicco TL, Higgins H. (2009). Dreams of recovering alcoholics: mood, dream content, discovery, and the storytelling method of dream interpretation. *International Journal of Dream Research*. **2**: 45-51.
- [27] Hosseini S, Naziri G, Rozdar E. (2014). Effectiveness of Storytelling Therapy on the Reduction of Aggression and Stubbornness in Children with Oppositional Defiant Disorder. *Zahedan Journal of Research in Medical Sciences*. **16**: 83-85.
- [28] Wright C, Diener ML, Kemp JL. (2013). Storytelling dramas as a community building activity in an early childhood classroom. *Early Childhood Education Journal*. **41**: 197-210.
- [29] Young H, Lambe L. (2011). Multi-sensory storytelling for people with profound and multiple learning disabilities. *PMLD Link*. **23**: 29-31.
- [30] Heffner RS, Koay G, Heffner HE. (2007). Sound-localization acuity and its relation to vision in large and small fruit-eating bats: I. Echolocating species, *Phyllostomus hastatus* and *Carollia perspicillata*. *Hearing research*. **234**: 1-9.
- [31] Sylvers PD, Brennan PA, Lilienfeld SO. (2011). Psychopathic traits and preattentive threat processing in children a novel test of the fearlessness hypothesis. *Psychological Science*. **22**: 1280-1287.
- [32] Couldry N. (2008). Mediatization or mediation? Alternative understandings of the emergent space of digital storytelling. *New Media & Society*. **10**: 373-391.