

# Evaluating the effect of two storytelling techniques (pure storytelling and storytelling combined with discussion) in reducing aggression in boys living in orphanage

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## ABSTRACT

The objective of current research was to compare the two storytelling approaches in reducing the aggressive behavior components in 6 to 8 years old boys living in orphanages in Rasht city from the viewpoint of caretakers and educators. Methodology: this research is an experimental research with a pre-test-post-test-follow-design and with one control group, in which 6 to 8 years of old boys (n=30) living in orphanages participated. Those obtained score 1 with SD of higher than mean in Shahim's aggression questionnaire were randomly divided into three groups (two experimental and one control group). The two experimental groups received 11 sessions of pure storytelling and storytelling combined with discussion, while the control group did not receive any intervention. After completing the interventions and two months after the end of intervention, all three groups were tested to evaluate the effect of the independent variable on dependent variables, including physical aggression, reactive aggression (verbal-hyperactivity), and relational aggression. Data were analyzed using ANCOVA and ANOVA methods. Results: The results showed that the storytelling combined with discussion was more effective in reducing the aggression symptoms than the pure storytelling method. Conclusion: These results of research showed the applicability of storytelling and its structure in the education and treatment of children psychiatric problems.

**Keywords:** Storytelling, storytelling combined with discussion, reactive aggression, relational aggression, physical aggression, behavioral disorders

## Introduction

The main task of education is to bring routine growth and development for normal children and provide special care for children with emotional and behavioral disorders under special cares, and thereby, pave the way for their growth (Vahedi et al., 2006). One-day observations reveal students' life in school at each educational grade in the city, village, in the classroom, especially in the school's yard, where students interact with each other. The violence might reveal itself verbally in the form of insulting and humiliating or in the form of physical violence

(Bazargani, Sadeghi and Lavasani, 2003). Childhood is a good time for diagnosing children's problems, timely intervening and preventing their future emotional, social and educational problems (Nasirzadeh, 2009). In fact, timely intervening and correcting the child's maladaptive behaviors during this critical period enhances the social skills and popularity among peers and adults, and prepares the child to accept future responsibilities [1].

Adverse consequences of aggressive [2], verbal limitations of children [3], limitations on the use of drugs in pediatric psychiatry, and high cost of children psychotherapy for many families make it necessary to pay attention to non-drug and cost-effective treatments, desired by families. Aggression is one of the most common problems of children and one of the important reasons for referring them to psychotherapists [4]. Media reports of child violence in schools reflect that violence in schools has increased (Smith & Sharp, 1995, Blubar, 2001 and Bazarghan et al., 2003). Studies have indicated that aggressive children tend to continue aggression in their adulthood [5] Casden, 1997; Led and Bergs, 1999; Carrick, Casas and Masher, 1997).

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Moreover, results suggest that aggression and aggressive behaviors impose long-term and irreparable effects on elementary school children, such as poor self-concept and depression<sup>[2]</sup> impulsivity, hyperactivity and rejection by peers (Astro and Gualaxi, 2009), which can cause many problems, such as expulsion from school and delinquency, exaggeration of problems such as aggression, social-emotional incompatibility (Dodge, Jordan, Krat Peters 2005), and hatred of school (Vojelviks, 2005). In addition, tendency toward suicide (Krat Peters, 1995) and the tendency to use drugs increase in these children (Salivan, Farrell and Cleaver, 2006). Recognizing these problems by young children and timely intervention can prevent these behaviors and turning them into disorder (Goodwin Pacey and Grace, 2003).

Children living in orphanages or in care institutions, especially boys, are more likely to be exposed to more mental and behavioral disorders (Chegeni and Ghorban Shiroudi, 2010). Diversity of care givers (sometimes more than three care givers in different working shifts) is involved in creation and increasing the problems (Bolton and Smith, 1994). Advising children living in orphanages and care centers, and sometimes punishment, cannot be effective in reducing their aggression (Chegeni, 2010). In addition, it seems that children, and especially boys, are not interested in participating in therapy sessions, but children love the story and enjoy it (Gurian, 1997, Roshan, 2009). Due to the lack of family centers and lack of kinship relationships and sometimes the existence of defensive states in them, these children are highly resistant to change and treatment. Storytelling and telling their stories and listening to other stories of children can be very effective in shortening their mourning periods (Kazazi, 1985).

Sheldon Cop (1992) discovered the value of parable in psychotherapy. In the Guru's book, the parable of a psychotherapist writes: Understanding the world metaphorically, that is, we rely on intuitions of situations in which our minds are prepared to receive the symbolic dimensions of experience and several meanings of the problem, which all meanings exist together and different meanings is inferred of them when they are each other.

He has classified the methods through which human begins to learn: rational, experimental, and metaphorical. He believes that metaphors have the power to expand and even substitute the experimental and rational processes. The most well-known writer in this area is perhaps Bruno Bettelheim (1983). In his famous book entitled "Charming Applications", he deeply discusses on the myths. Bettelheim was an educator and therapist for psychotic children. Using story and telling and listening it, children learn skill in real relationships, building real relationships, and guiding these relationships (Kudack, 2002). Children living in orphanages, and especially boys, can find more security in discussions about storytelling and their challenging and aggressive behaviors can be reduced over time (Peru, 2008). In addition, we can refer to the role of storytelling in nurture children, especially in boys. We can help

them to acquire necessary skills to determine their own destiny with their own hands (Zaypes, 2009).

It seems that the use of personal stories and narratives can help reduce the aggressive behaviors of children (Zaypes, 2009; Shestman & Nashul, 1992; Ercat, 2001; Teglasly & Rutman, 2002; Fergan, 2002). Parker (1990) introduces three stages in the process of child treatment through stories: the *similaration* stage: in which the child similarates with characters and story events, whether real or fictitious, emotional externalization stage, in which the child is emotionally involved in the story and seeks to release the dormant emotions, and the insight, in which the child and other important characters of his or her life recognize his life in the story, and achieves the insight into the importance of identifications.

By reducing the feeling of loneliness and isolation and increasing the level of self-consciousness and self-conception, the child will be more courageous to cope with his own problems (Premier, 2004) (quoted by Nasirzadeh, 2007). Thus, story can be used to reduce the maladaptive behaviors of children<sup>[6]</sup>. In fact, looking at events from far distance can help him or her reduce the complexity of the situation with low defense. The usefulness of using the discussion after the presentation of the story in reducing the challenging behaviors of children has also been reported (Peru, 2008). It seems that storytelling to be very effective in future enjoyable games of children (Zaypes, 2009). A few studies have been also conducted in Iran in this regard. Hushmand Ebrahimi et al. (2009) in a research trained the children's life skills to resolve their behavioral problems, followed by exercise and showing skill and child to child training.

Kavoos Hasanli et al (2006) concluded that using native myths in childish stories allows child select his powerful creature among his heroes. In this research, the researcher first examines powerful characteristics from the perspective of aggression. Then, due to the limited use of the myths of Iranian epic stories, it refers to ways of teaching the skills and overcoming the problems of children. In another study, Nasirzadeh and Roshan (2007) used stories to reduce aggression of elementary school children in Shiraz and they achieved similar results in reducing aggression. Roshan et al. (2006) observed the behavior of 600 subjects (aged between 8 and 13 years) in a 4-year period and found that those who were aggressive at age of 8 would be more aggressive in the future.

## Research Methodology and Design

In the current research, the "experimental" method was used in a pre-test-post-test-follow-up design with a control group. The experiment and control groups were pretested (educators report form and parental report) and the two experimental groups received independent variable of pure storytelling and storytelling combined with discussion. The control group did not receive any intervention. After 11 sessions of storytelling and completing the sessions, all three groups were post-tested to determine the effect of independent variable on dependent

variables of physical aggression, reactive aggression (verbal-hyperactivity), and relational aggression. They were re-tested two months later.

## Research population and sample

The research population included all 6 to 8-year-old boys in Rasht city. The sample size was 45 people selected in this way:

### Sampling:

#### The sampling method was as follows:

The Shahin Aggression Questionnaire and *AchenBach* Teacher Report Form (TRF) were presented to first-grade, second-grade, and third-grade elementary schools in three orphanages of Rasht. Total number of them was 153 children. If a student met the aggressive criterion based on the mentioned questionnaire from the teacher's point of view, Shahim's Aggression Questionnaire (2006) and CBCL (*Achen Bach child behavior checklist*) were completed by the caretaker of that student in the orphanage. If a child obtained score 1 standard deviation higher than the mean (based Shahim's report) and did not have severe problems in other sub-scales of Achen-bach and did not receive any drug and psychotherapy during the research period, he could enter the research center with consent of orphanage and psychiatrist.

Out of these children, 45 children had aggressive criteria. Then, these children were randomly divided into three groups (each group contained 15 subjects) of pure storytelling group, storytelling combined with sculpture and control group). In the current research, due to difficulty of controlling aggressive children in the group, the subjects of the two experimental groups were divided into (each group contained 5 subjects). The researcher was responsible for implementation of the independent variable and the management of each of the six groups and the authorities of the orphanage were not involved. At the end of the sessions, 4 subjects from each group (12 subjects in total) were not tested for reasons such as absence in sessions. Thus, the post-test stage was conducted in this study with 33 subjects (each group contained 11 subjects).

After confirming the validity of storytelling program and randomly placement of subjects in the groups, a room was selected from the orphanage with coordination of authorities' coordination in order to prevent the sample drop and the feasibility of generalizing the results to real situations and the story was presented for children of the first experimental position (storytelling) using the Greene method. Accordingly, after presenting the story to the children, the sessions ended when the story ended. No question was asked about the story and no idea was asked. In fact, the children were allowed to leave the session with their own thoughts based on the Greene saying (1991). However, in order to prevent forgetting in the subsequent sessions, a summary of the previous stories was told by storyteller and a summary of the previous session story was told by one of the subjects. The stories used in the treatment included the stories of Kiumars and Ahriman, Shahzadeh and

Chupan (Prince and Shepherd), Simorgh and Zal, Rostam Pahlavan, Jahan Pahlavan Sam, Birth of Rostam from Roodab.

In the second experimental position (storytelling combined with sculpture), in addition to presenting the stories of the first group, they were discussed about the story and some questions were asked about it. The children's responses were discussed in group. In addition, children were given a task. Additionally, some tasks were assigned to children, including sculpture dough game, and constructing concepts discussed in the story, such as anger, grief, hatred, sadness and happiness as a statue, the sculpture might be conceptual and abstract or in the form of a particular person. Then, each of the subjects discussed on their work with other children and explained their concept.

### Data analysis

Descriptive statistics were used to describe, collect and classify the information obtained from the sample. Multivariate covariance analysis (MANCOVA) was also used to examine the research hypotheses. MANCOVA allows the researcher to judge whether the observed changes are due to changes in the group (independent variable effect) or due to chance and random sampling, while controlling the initial differences of groups in the pre-test. The experimental and control groups were matched in terms of age distribution ( $F = 0.138$ ,  $p = 0.87$ ), class ( $p = 0.96$  and  $X^2 = 0.66$ ), age distribution of caretakers ( $p = 0.184$  and  $F=1.74$ ), and education level of caretakers ( $p = 0.34$  and  $F=1.09$ ), teachers' age distribution ( $p = 0.34$  and  $F = 1.1$ ) and teacher education ( $p=0.34$  and  $F = 0.42$ ) and their difference was not significant. Table 1 shows the mean and standard deviation of pretest and posttest scores, the minimum and the maximum value of participants in the experimental and control groups in each of the sub-scales of reactive aggression, relational aggression, and physical aggression in Shahim's questionnaire (2006).

**Table 1: Mean and standard deviation of caretakers' assessment of children aggression in the three groups (two experimental groups and one control group) at two different times**

group	n	SD	Minimum	Maximum	
Storytelling (pre-test)	11	42.9091	4.08545	35	48
	Post-test	11	56.0909	11.07659	46
Storytelling with discussion (pre-test)	11	44.8182	3.12468	41	50
	11	57.7273	11.0099	36	78
Control group (pre-test)	11	59	5.4221	52	68
	Post-test	11	59.3636	6.97526	50

In the experimental group, pure storytelling and storytelling combined with sculpture showed significant difference in the pre-test and post-test and in comparison with the control group in terms of reducing the aggression.

**Table 2: results of variance analysis with repeated measurement for care givers' assessment of child aggression**

Source of assessment	Source of variation	F	p-value
Caregivers	Total effect	35/33	< /0001
	Interaction of group membership and aggression	12/77	< /0001
	Group membership	5/06	< /0001

**Table 3: results of analysis of variance with repeated measurements for teachers' assessment of child aggression**

Aggressive behavior components	Source of variation	F	p-value
Reactive aggression of children	Total effect	126/48	< /0001
	Interaction of group membership and aggression	42/31	< /0001
	Group membership	4/73	< /01

Comparison of means showed that aggression reduction was in favor of experimental group.

## Results

The results of this research showed that children aggression was reduced after 11 sessions of storytelling. In addition, significant difference was found between the two groups of subjects in terms of symptoms and the level of aggression compared to treatment sessions. This result can be discussed from different perspectives. In one method, the hero of the story might act as a model and the child might imitate his behaviors due to loving the hero of the story and the presence of observational (Gurban, 2002). In another method, the child forms the story in his mind and this story suddenly turns into a story of the life of the child and draws his life and directs the child's behavior (Greene, 2003). This self-consciousness can be leverage for self-regulation and self-control in the child. In addition, the repetition of these stories in their lives provides the condition for child adjustment (Greene, 2003). Based on the views and ideas of others, the child is released from self-directions and autonomy and becomes flexible. Thus, the child can reduce his aggressive behaviors when he observes the distress and suffering of the victims of aggression through story.

Newman (1997) argues that if aggression is followed by negative outcomes, it continuous, since children learn aggression through imitation. Thus, that behavior can be reduced or strengthened easily by showing aggressive behavior and the consequences of aggressive behavior in the form of characters transformed for children (Newman, 2004). Another result of the current research is the existence of a significant difference in the two ways of storytelling in reducing the level of aggression in children. Various studies showed that the storytelling combined with discussion is more effective in reducing aggression (Chegeni, 2010). With regard to this

result, we should refer to the ambiguous nature of stories and imaginations. Every child can take specific points from the story at his level of perception, that is, each person's perception of the story can be completely personal, and the information transmitted to the reader or listener of the story may not be properly understood or misinterpreted or even distorted, or presented based on the reader's personal experiences (Gordon, 1999). When these stories are used for a high-risk clinical population such as children, the therapist helps the child understand the story. In addition, discussing on story provides a direct training for him (Jermy, 1997).

Another important feature of storytelling combined with discussion compared to pure storytelling was the type and diversity of activities considered b. The activities such as playing with game cards, in addition to providing a space for children externalization, provide a space for learning of children in different issues. Performing these activities by children and the energy spent by them physically and mentally are very effective in reducing the child's aggression <sup>[7]</sup> (Block, 1986, Ghaderi, 2004). It has been proved as new perspective, while interventional therapy led to reduced aggressive behavior of children in both experimental groups and it was stable in follow-up.

In this regard, it can be stated that the effect of social and economic factors and other influencing factors such as living in orphanages and living with peers and sometimes the occurrence of inappropriate and aggressive behaviors in the orphanage can accelerate and aggravate the aggression. Moreover, follow-up studies assessed the aggression of children living in orphanages showed the effectiveness of storytelling combined with the discussion in reducing the relational and physical aggression by teachers. However, when aggression was assessed by orphanage caretakers, aggression was more reactive.

## Discussion and Conclusion

It seems that the presence of a large number of aggressive models in the living place (orphanage) to cause more aggressive behaviors than school (learning environment). The current research was conducted given the necessity of intervention to reduce and control the children aggression to bring the child back to the social setting, interaction with peers, storytelling and preventing their interring to anti-social groups and reducing violence and aggression. The aggressive behavior of the subjects in the storytelling group was significantly different from that of the control group and there was a significant difference between storytelling combined with discussion group and pure storytelling group. Based on the results of the research, pure storytelling and storytelling combined with discussion were effective in reducing aggression. Given the interest and tendency of children to tell the stories and the effect of these stories on children as well as educational and attractive nature of story, it seems that storytelling program can be used as a primary prevention program and education in our schools. Inclusion of key concepts such as efficiency and responsibility in

the school environment can increase the social adequacy at home and the family and increase social adaptability and cooperation with peers and parents. In addition, it can facilitate social and economic natural developments. It is recommended that along with the use of storytelling groups for children, parents and caretakers and teachers to be also trained and treated. It seems that storytelling not only is used for reducing aggression but also to reduce anxiety, and depressive behavior components. The use of other therapeutic techniques combined with storytelling can be effective in reducing aggression. The use of other methods combined with stories to train teachers and parents (caretakers) is another subject, which can be investigated by researchers in this regard. In addition, it seems that this method is more interesting and enjoyable for children due to their high interest in stories, compared to direct working with children. It increases and improves the child attention. Moreover, comparison of storytelling with other aggression-related therapies such as behavioral therapy, drug therapy and comparing these two approaches in other disorders in pediatric psychiatry area can provide challenging issues for future researchers.

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