

Comparative study of the effects of narrative therapy and play therapy by group approach on inhibiting impulsivity, reducing aggression and increasing interpersonal relations

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Abstract

The main objective of this study was to compare the efficacy of group narrative therapy and play therapy on inhibiting impulsivity, reducing aggression and increasing interpersonal relations. The research methodology was a quasi-experimental approach. The study population consisted of primary school parentless boys in Welfare Centers in the city of Rasht. The sample in this study included 30 primary school parentless male children (7-11 years old) who had been diagnosed with aggressive behaviors disorders, lack of interpersonal relationships and inability to control impulses, by the consultants of welfare centers in Rasht. Using the available sampling method, the sampled members were randomly divided into three 10-subject groups of experimental narrative therapy group, experimental play therapy group and the control group. The research tools included overt and relational aggression questionnaire for primary school children, Hershfield impulsivity scale and children self-efficacy scale in interpersonal relationships with peers. The results showed that both treatment methods, namely group narrative therapy and play therapy are effective in inhibiting impulsivity, reducing aggression and increasing interpersonal relations at the level of ($P < 0.01$). Separately compared based on the results, we can conclude that the play therapy method is a more effective approach regarding

the variables of impulsivity and aggression in comparison with the narrative therapy, while these two treatment methods are not statistically significant on variable of interpersonal relations. The group play therapy method can be used to reduce aggression and impulsive behaviors.

Key words: Narrative therapy, Play therapy, Impulsivity, Aggression, Interpersonal relations

Introduction

Attention to children's growth and development is important in terms of different aspects. Children, as future-makers of their own society, will be useful to the society when they have grown and been fostered in a healthy, growing and safe family environment. But in the meantime, some children are deprived of the blessings of developing in the family environment and their growth is faced with challenging conditions. One of the problems of social life is addressing the issues of children that have been orphaned for some reason. Most orphaned children have lost their parents or one of them as a result of various events and accidents, or for reasons such as the parents do not have the competence necessary to foster their own children and the children have no in-laws or relatives able to take custody of them. After breaking up of families because of divorce or death of a parent, it has frequently been seen that innocent children have been entrusted to institutions for parentless children and children with irresponsible caretakers in the name of poverty or inability of one of the parents, or their remarriage and have deprived them of the luxury of having families [1].

Living in orphanages creates many challenges in the process of child development that could adversely affect various aspects of children's psychological development [2]. Due to deprivation of a natural family environment, the parentless children and children with irresponsible caretakers living in the orphanages' nursery encounter a variety of damage and deprivation. Thus, as children constitute a major and important group of our country's population, accurate and complete recognition of this class would be effective in helping to create material and spiritual grounds for their emotional and psychological growth and development [3].

Children living in welfare centers have a wide range of behavioral and emotional problems, including a higher prevalence of aggression [4]. Therefore, paying special attention to this group of children and treatment of aggressive behaviors in this particular environment seems to be much more important. Defining the term aggression is very difficult. Since, neither the aggressor's intention and purpose nor the feelings and perceptions of the victim can be observed directly. The aggressive behavior is profoundly influenced by the social judgments of the aggressor and the victim of aggression. Aggression usually refers to a behavior with the intention of harming others or destroying the property of individuals [5]. Aggression can be physical, such as kicking, pushing or biting, or it can be verbal, such as backbiting, humiliation, insulting and slander [6]. In other words, aggression arises from the objective to harm and is a tendency to participate in the traumatic physical and psychological actions to control the actions of others [7].

The other problem of these children is impulsivity. Impulsivity has been described as intense tendency to repeat a behavior, without sufficient thinking against internal and external stimuli [8].

Impulsivity has been mentioned in some texts as risky behaviors [9]. Impulsivity in these children is such that these children respond to all questions before they finish. Waiting for their turn is very difficult for them. They often intrude on the work of others, and may jump in the middle of others' talk or play. These children are very restless and impatient due to high impulsivity, and these features cause disturbance in their social and academic situations [10]. In other words, impulsivity is a behavior without thinking and realizing and acting by instinct, regardless of the consequences of a behavior, and includes a wide range of behaviors that occur with a high amount of risk and without spending the time for planning or considering various aspects and possible consequences of that behavior, which often leads to adverse consequences [11].

These children lack intimate relationships with their friends due to being aggressive and impulsive. For the same reason, they grapple with many problems in their interpersonal relationships [12]. Interpersonal communication is a process through which, we share information, ideas and emotions via verbal and nonverbal messages with others. These communications are often face to face communications with a limited number of participants (usually two) [13]. Due to not respecting turns and game rules, failure to follow instructions, disturbing the order and impulsive behaviors, these children are rejected by their friends, and negative consequences that they frequently get from their environment would damage their self-confidence and predispose them to depression and anxiety. Hence, one of the signs of mental health is the presence of healthy interpersonal relationships. In this case, the children's social contact goes beyond the family and involves the communication with their peers' world. Connecting with peers is of great importance even for little children since communication with peers, especially friends, plays an important role in their life and evolution. Friends are the most important source of companionship and camaraderie. [14].

One method of treatment for such children can be play therapy. Children should be seen and recognized based on a developmental approach. They are not small adults. Their world is one of objective realities, and their experiences are often expressed through playing. Therapists, who seek to facilitate the translation of children's emotional world when exploring such, need to leave their real and verbal world and step down into the cognitive-affective world of children. The usual way of communication for children is playing and activities [15]. In this type of treatment, the effective therapeutic relationship with children is well established through playing and games. Playing is a way through which conflicts can be solved and feelings can be expressed. Toys realize this process; for they are indeed ways that the children express themselves. The children's free games somehow express what they want to do. When children play freely and without guidance, they show a period of independent thought and action. They release feelings and attitudes that pressure themselves to get free [16]. Feelings and ideas that may be very threatening for children when directly expressed can be safely projected

through toys that children pick up by themselves. Instead of verbal expression of thoughts and feelings, the child can bury a doll in the sand, shoot it, or hit it, which may be representing his or her younger brother [17].

In addition to the play therapy, in recent year, storytelling approach is widespread for understanding human behavior in different fields of psychology. Because of certain circumstances of childhood in terms of their cognitive abilities, the children can further use narrative therapy method. In fact, closeness and proximity of children to major interpersonal events in everyday life and their immersion in sensory and objective aspects of experiences have given a stronger influence to these events in their stories of lives [18]. Narrative therapy, as a treatment technique, has wide dimensions and is not limited only to treating the psychological problems of children. In narrative therapy, it is assumed that the change in the language and literature of life stories would lead to alterations in the individual's life meaning, and create new opportunities for treating and relationships with others through changing the life stories [19]. Generally, children identify with the characters in the story, and with making hypotheses and providing different solutions to resolve the challenges of the story characters, they grow their problem solving skills [20]. By understanding the relationship between the story subject and their life theme, children can directly think about their issues and find solutions for them [21]. The relationship between the storyteller and the listener is an important part of the narrative therapy, which provides the children with an opportunity to tell their story both emotionally and cognitively. Narrative therapy, in addition to strengthening the parents - children relationship, shapes a more integrated self in the children [22].

Therefore, considering the importance of the educational aspect of story and storytelling as well as the play therapy as an art of communicating with children, this study aimed to assess and compare the effectiveness of narrative therapy and play therapy through a group approach on inhibiting impulsivity, reducing aggression and increasing interpersonal relationships by using the principles of playing as a valuable and effective means.

Methodology

Population, sample, sampling method

This was a quasi-experimental study with a pre-test and post-test design by a control group. The independent variable was group narrative therapy and play therapy, each applied separately and distinctly only in the experimental group and their effects on inhibiting impulsivity, reducing aggressive behaviors and improving interpersonal relationships of parentless primary school boy children in the experimental group, were compared with the control group. The study population consisted of primary school parentless boys in Welfare Centers in the city of Rasht, in the academic year of 2016-2017. The sample in this study included 30 primary school parentless male children (7-11 years old) who had been diagnosed with aggressive behaviors disorders, lack of interpersonal relationships and

inability to control impulses, by the consultants of welfare centers in Rasht, who had clinical and medical records in private clinics based on the same diagnosis. In addition, by doing semi-structured interviews with children, caregivers and educators of children in the care centers, based on the fifth edition of the Diagnostic and Statistical guidance on the criteria of Mental disorders (DSM-5), the presence of these disorders were confirmed in the children. The samples were selected by convenience sampling method from the welfare centers in Rasht. Then they were randomly divided into two experimental and control groups, and were asked to answer overt and relational aggression questionnaire for primary school children, Hershfield impulsivity scale and children self-efficacy scale in interpersonal relationships with peers. Subsequently, the samples were randomly divided into three 10-subject groups of experimental narrative therapy group, experimental play therapy group and the control group. Then the children in the experimental group separately participated in ten, one and a half hour sessions, of narrative therapy and play therapy. After the intervention sessions, the children were asked again to answer the same previous questionnaires.

Research Tools

Overt and relational aggression questionnaire for primary school children

This questionnaire contains 21 statements on relational and overt aggression that is completed by teachers and educators. The statements are set as such to cover varying degrees of severity of aggression and are rated based on the occurrence rate of behavior. French and Janson (2002) define aggression consisting of three dimensions of manipulating interpersonal relations, spreading malicious rumors and rejection of others. To prepare the relational aggression questionnaire, each of the above dimensions has been adapted to Iranian culture, and the questionnaire statements have been classified in these three dimensions. Respectively, 2, 4 and 2 statements have been considered for manipulating relationships, peer rejection and gossiping [23].

In the dimension of overt aggression, some statements are designed regarding physical aggression (7 statements), verbal reaction (3 statements) and proactive aggression (3 statements). Scoring is done on a Likert scale from 1 to 4. Then the scores of each statement in each factor are summed and the factor scores were obtained and compared with the mean and standard deviation of scores of girls and boys. The scores higher than one standard deviation above the normal range in each factor were seen as aggression. The Cronbach's alpha coefficient for the whole questionnaire in this study is equal to 0.91 and is highly desirable. The Cronbach's alpha coefficient for physical, relational and reactive aggression is equal to 0.86, 0.83 and 0.81, respectively [24]. According to the overt and relational aggression questionnaire for primary school children, in physical aggression, the scores higher than 8 for girls and the scores higher than 10 for boys were considered aggressive. In relational aggression, the scores higher than 18 for girls and the scores higher than 17 for boys

were considered aggressive. In verbal - proactive reactive aggression, the scores higher than 15 for girls and the scores higher than 16 for boys were considered aggressive. The reliability calculated in this study for physical, relational and reactive aggression was 0.81, 0.87 and 0.79, respectively.

Hershfield impulsivity scale

The impulsivity scale in 1965 by Hershfield for evaluation of impulsivity in primary school children was used. The tool has 19 items that are set for its implementation in the form of 'properly - improperly'. In this tool, impulsivity is defined as a desire to fidget, lawlessness and indulging in violent games. The tool is potentially made for children with control and coping problems and externalizing disorders. The reliability of this test, made by Hershfield by test-retest method, is equal to 85%. Also, in Saati's research (2016), the Cronbach's alpha coefficient was obtained as 84% for the scale [25]. The reliability calculated in this study based on the Cronbach's alpha coefficient was 0.76.

Children self-efficacy scale in interpersonal relationships with peers

The children self-efficacy scale in interpersonal relationships with peers was developed by Wheeler V. Ladd (1982) with the aim of measuring self-efficacy of children in interpersonal relationships. Any item of this scale is written as an unfinished sentence where children must choose one of the four options (Very Easy, Easy, Hard and Very Hard) about the provided sentence due to their status. The options are reversely scored, and the score of each participant occurs in a range from 22 (attainable minimum score) to 88 (attainable maximum score).

The standardization of this test in Iran was done by Hossienchari (2008), which results revealed the realization of psychometric properties of the scale used to assess self-efficacy in students. The reliability coefficients of the total scale, conflict subscale and no-conflict subscale were 0.87, 0.83 and 0.78, respectively [26]. The reliability calculated in this study was 0.89 based on the Cronbach's alpha coefficient.

Procedure

In accordance with the planned educational program, educational interventions were designed and implemented. The experimental group was trained in ten 90-minute sessions during seven weeks, while the control group received no intervention.

The summaries of play therapy training sessions are as follows:

First session

Before starting the group sessions, the children were individually led into the play therapy room in a session, which goals included reducing their sensitivity to the play therapy room, familiarity with it and familiarity and establishing a good relationship with the therapist.

Second session

The group members were introduced to each other. In this session, the children's adaptation with the environment and each other was considered. To establish friendship and safety, any game suggested by children was played. In this particular session, the therapist had the role of mediator to have better communication between children.

Third session

Firstly, to prepare children to participate in group games, mini basketball game and group golf play were used. The aim of playing these games was to create vitality and encouragement of children for later games. Also, these games were raised and selected for strengthening communication skills, anxiety reduction and public participation.

Fourth session

In this session, wild and domestic animal toys were used with the main purpose of encouraging the children to talk and explore the quality of their relationships with others and vice versa. Other objectives were as follows: Discovering the children's concerns about their relationships in the future, discovering the main sources of their depression and anxiety, the discovery of fear or withdrawal from relationships with others, and finally, discovering the factors that have distanced them from the path of normal development.

Fifth session

This session involved the review of playing with toy animals in the previous session and playing the performances that children were willing to do in the last session, to bring into this session. The purpose of doing the play chosen by children was to investigate the roots of children's problems, since the children chose plays consistent with their current psychological conditions.

Sixth Session

This session included the participation of children and consultation with them about dramatic plays of other children. The idea was to get children familiar with different stories and learn the ways to solve them so that in case of occurrence of another problem, they will experience lower levels of anxiety and depression.

Seventh session

It included playing with dough which is a valuable tool in playing with children. When playing with dough, children make important figures in their lives in their own present, past and future and interact with the characters, express feelings and re-experience.

Eighth session

It included the imaginary trip game. The most important aspect of these imaginary journeys is to encourage the children to tell their stories, take a look inside themselves and others' behaviors and find out the possible causes of some past events. In this game, the fears of children are identified, and based on their imagination, the children travel to the present, past and future and communicate with different characters of their lives.

Ninth session

In addition to review, the imaginary trip play helps them provide solutions for problems encountered in the course of an imaginary trip and also hear other children's comments, while they do not think about the worthlessness of their opinions.

Tenth session

It consisted of review and revision of previous sessions and was the end of the educational intervention.

Overall routine of therapy sessions

Narrative therapy involved giving lectures on the raised topics associated with the table below and providing examples as well as practical performing of techniques and interviews with the group members.

Exclusive content of narrative therapy sessions

Session	Content
1	<p>Welcoming, introducing the sessions' structure and basic rules, introducing participants to each other.</p> <p>Storytelling of "Blatherer (Secret telling) Heart" story: Accumulation and lack of understanding and processing of information and suffering from mental disorders in humans.</p> <p>Assignment: Find a story in which a person with mental illness acts abnormally.</p>
2	<p>Presenting the selected story: "Develop how you want it to grow."</p> <p>Story building and working on metaphors:</p> <p>Introduction: The therapist tells the children that we want to go on a voyage and write a story about the events of the trip. Choose a title for this story.</p> <p>Name three items that you want to take with yourself on the trip.</p> <p>Write a paragraph about farewell and those present at the ceremony.</p> <p>Put three confidential advices inside an envelope and give it to a trusted person.</p> <p>Assignment: If you replace the old storyteller, how would you tell the story and with what animal character? Write your story.</p>
3	<p>Presenting the selected story: "The Pursuit of Happiness"</p> <p>Story building and working on metaphors:</p> <p>Chapter One: What may we encounter on this trip? Who will we face? What will be the new climate conditions? Write a paragraph about each.</p> <p>Assignment: Write a story according to the meaning and form of "The Pursuit of Happiness" story.</p>
4	<p>Presenting the selected story: "Flight to New Horizons"</p> <p>Story building and working on metaphors:</p> <p>Chapter Two: The ship is moving, and something is in the water. Passengers are busy watching the sea and surroundings on the deck. Suddenly, someone screams that something is seen under water. The participants must write a paragraph about what they see underwater.</p> <p>Assignment: Write about an experience of your past life in the form of the story "Flight to New Horizons".</p>
5	<p>Presenting the selected story: "Good but Not Perfect"</p> <p>Story building and working on metaphors:</p> <p>Chapter Three: A mysterious box is found. The children will be asked to talk about the nature of the box and its contents, its owner, how to open its locks and whether we should open it or not, and make notes of their content in their notebook.</p> <p>Assignment: Rewrite an experience of your life in the form of the story "Good but Not Perfect".</p>
6	<p>Presenting the selected story: "Changing behavioral patterns"</p> <p>Story building and working on metaphors:</p> <p>Chapter Four: "Need for change"</p> <p>It is night and the ship is moving. It is reported to the captain that another ship is crossing their path, and it does not respond to any signals. They should act as soon as possible, otherwise the ships will collide. The children need to write a paragraph about taking appropriate measures to prevent the danger. They will write it after a group discussion.</p> <p>Assignment: Rewrite the selected story about another animal other than crow.</p> <p>Try to make friendship with animals like cats, pigeons, etc. that run away from you, and report the results.</p>

7	Presenting the selected story: "Making friends and keeping the friendship" Story building and working on metaphors: Chapter Six: A dream: Sea is calm and the ship is moving and the passengers are asleep. One of them is dreaming. Guess the dream and write a paragraph about it. Assignment: Write a paragraph about the initial contact with your closest friend. Make an interview with him/her and write his/her opinions about yourself.
8	Presenting the selected story: "Do not drop the handle" Story building and working on metaphors: Chapter Seven: Reaching a mysterious island: The passengers are notified that because of the past events, much time has been lost and food and fresh water to continue the journey are over. They are forced to get off on the mysterious island near them. The children should write a paragraph about this mysterious island. Assignment: Find an ant and follow it until its nest. Summarize the statements that the ant repeats by itself when working in a paragraph
9	Presenting the selected story: "Let Joe do it" Story building and working on metaphors: Last chapter: Reaching the destination: Finally, the ship arrives to its destination and docks at the pier. The travelers had a lot of work to do. Everyone gets busy to quickly prepare themselves for returning home. The children should write a paragraph about their feelings and actions. Assignment: Write a paragraph about a skill that you think you can do better than others. How were you at the beginning? And, how have you gained such a skill? Write another paragraph.
10	Review of the program: Helping participants to review and rewrite their story Follow-up and evaluation of the treatment: Obtaining feedback from participants about the program and evaluation

Findings

To test the main hypothesis, the analysis of covariance (MANCOVA) by K Matrix method was used. This test is a statistical method that allows you to examine the effect of the independent variable on the dependent variable, while eliminating or removing the effect of the other variables. Also, using the K Matrix method, it is shown which method of treatment (independent variable) has had a greater effect on the dependent variables.

The test assumptions, including the homogeneity of regression, linear relationship, homogeneity of variance - covariance matrices and variances equality were tested and all were confirmed.

Descriptive findings (descriptive indicators of dependent variables)

Table 1: Mean and standard deviation of the pre-test of experimental and control groups

Groups	Statistical indicator	Impulsivity	Interpersonal relationships	Aggression
Play Therapy	Mean	5.04	69.39	23.66
	SD	0.66	2.68	3.23
Narrative therapy	Mean	7.97	63.05	41.21
	SD	0.68	2.8	3.38
Control	Mean	10.59	53.16	48.43
	SD	0.56	2.28	2.75

As can be seen in [Table 1], after adjusting, the scores of experimental and control groups in the post-test of impulsivity, interpersonal relations and aggression are different from each other. To examine whether this difference is statistically significant or not, and if it is caused by the effect of education, the MANCOVA analysis with "Bonferroni" correction was performed by K Matrix method.

Inferential results

Table 2: Testing the combined effect size based on Wilks Lambda

Wilks Lambda	Value	F	df1	df2	sig	η^2
	0.154	11.34	4	44	0.01	0.61

According to the above table and based on adjusted Bonferroni alpha (0.017), training of group narrative therapy and play therapy has had a significant effect on impulsivity, aggression and interpersonal relationships in a composite variable with η^2 Partial = 0.53, Wilk's Lambda = 0.154 and $F(44.4) = 11.34$ ($P < 0.01$). The Eta squares values seen in the above table are a parabola of the variance related to the new composite variable. The general rule implies that if this amount is greater than 0.14, the size effect is high. The Eta parabola square shows the severity of this effect (0.61), which indicates a very high size effect. The significant effect of training group narrative therapy and play therapy on impulsivity, aggression and interpersonal relationships indicates that the means of dependent variables are different in these groups.

Table 3: Testing the effectiveness of group narrative therapy and play therapy on inhibiting impulsivity, reducing aggression and increasing interpersonal relations

Sources of changes	Sum of Squares Ss	Degrees of freedom Df	Squares Mean MS	Significance level	Size effect η^2
Impulsivity	133.74	2	66.69	0.01	0.65
Error	71.26	24	2.97		
Aggression	1224.77	2	612.39	0.01	0.51
Error	1193.82	24	49.74		
Interpersonal Relations	2559.65	2	1279.82	0.01	0.60
Error	1739.27	24	72.47		

According to the results in [Table 3] and based on adjusted Bonferroni alpha (0.017), the effectiveness of group narrative therapy and play therapy to inhibit impulsivity with $F(2.24) = 22.52$, the effectiveness of group narrative therapy and play therapy in reducing aggression with $F(2.24) = 12.31$ and the effectiveness of group narrative therapy and play therapy on increasing the interpersonal relations with $F(2.24) = 17.66$ have been effective ($P < 0.01$). To accurately examine these mean differences, the results of multiple comparison test (K Matrix) are reported.

The post hoc test of comparing the mean effect of group narrative therapy and play therapy on impulsivity also shows that the mean difference (-2.93) is statistically significant ($P \leq 0.01$). Therefore, one can conclude that the effectiveness of group play therapy training on impulsivity is different from narrative therapy effect, and group play therapy has more affected impulsivity than group narrative therapy.

The post hoc test to compare the mean effect of group narrative therapy and play therapy on aggression also shows that the mean difference (-17.55) is statistically significant ($P \leq 0.01$). Therefore, one can conclude that the effectiveness of group play therapy training on aggression is different from narrative therapy effect, and group play therapy has more affected aggression than group narrative therapy.

The post hoc test to compare the mean effect of group narrative therapy and play therapy on interpersonal relations also shows that the mean difference (6.35) is not statistically significant ($P \geq 0.17$). Therefore, one can conclude that the effectiveness of group play therapy training on interpersonal relations is not significantly different from narrative therapy effect.

Table 4: Examining the differences of effects of group narrative therapy and play therapy on impulsivity, aggression, interpersonal relations

Groups	Variables	Means difference	Standard error	Significance level
(Play Therapy – Narrative Therapy)	Impulsivity	-2.93	1.09	0.01
	Aggression	-17.55	5.38	0.01
	Interpersonal relationships	6.35	4.46	0.17
(Play Therapy - Control)	Impulsivity	5.55-	0.84	0.01
	Aggression	-24.77	4.17	0.01
	Interpersonal relationships	16.23	3.46	0.01
(Narrative Therapy - Control)	Impulsivity	-2.62	0.91	0.01
	Aggression	-7.23	4.5	0.01
	Interpersonal relationships	9.88	3.73	0.01

Discussion and Conclusion

This study aimed to evaluate and compare the effectiveness of group narrative therapy and play therapy on inhibiting impulsivity, reducing aggression and increasing interpersonal relations. The main hypothesis was to investigate whether the effectiveness of narrative therapy on inhibiting impulsivity, reducing aggression and increasing interpersonal relations is different from group play therapy or not. Based on the results, we can conclude that the play therapy method has been more effective on variables of impulsivity and aggression in comparison with narrative therapy method. In the case of interpersonal relationships variable, these two treatment methods are not significantly different, and their mean differences are not statistically significant. Thus, to reduce symptoms of aggressive behaviors and control and inhibition of impulsive behaviors, play therapy interventions are more efficient than narrative therapy approach. However, in the case of interpersonal relations variable, none of the therapies have no advantage relative to each other, and the therapist chooses the desired treatment method based on the diagnosis provided by the references.

The results of this study are consistent with the findings of the following research: Baggerly and Parker studies (2005) based on the effectiveness of child-centered play therapy to treat the problems of boys in primary schools [27], Baggerly research (2012) based on the effectiveness of group child-centered play therapy on self-esteem, depression and anxiety of parentless children [28], Lindau

et al. studies (2012) based on the effectiveness of group child-centered play therapy on attitudes, knowledge and skills of students [29], Ray Blanco et al. study (2009) on the effectiveness of play therapy in reducing aggression in aggressive children [30], Kristin and Mini Whalen et al. research (2016) based on the effect of Adler play therapy in reducing externalizing behaviors and weak social skills [31], Rahmani study (2011) based on the effectiveness of storytelling on reducing children's reading disorders [32], Hassani, Farahbakhsh, & Shafiabadi (2015) based on the effectiveness of narrative therapy on reducing behavioral disorders in adolescents [33], Onyut et al. studies (2015) based on the reduction of PTSD symptoms due to war with play therapy [34], finally, Farzadfarz, Abdekhodae & Ghenaeechaman Abadi research (2015) based on the effectiveness of narrative therapy and play therapy on increasing attention and focus of children [35].

In general, play therapy and storytelling have been effective in reducing the symptoms of aggression, impulsivity and increasing skills in interpersonal relationships. Stories and plays provide time for excitement release and refinement and adjustment of thrill. These variables have been effective in reducing aggression and impulse control power in children. Also, narrative and play therapies improve communication skills and interpersonal and intrapersonal relations, and affect the individual behaviors covertly and overtly. In storytelling, children's become sympathetic with the tale characters. These characters are suitable models for children, which lead to increased self-confidence and externalizing positive and negative emotions.

Regarding the difference between group storytelling and play therapy, one can say that the participation of children in the process of playing was more than storytelling, the play therapist has well performed practices such as dough playing and playing with small animals fitted to the children's interests, and the diversity and participation rate have been effective in these interactions. Based on the results, it is suggested to use group play therapy approaches in the treatment of aggressive and impulsive children. In addition, the counselors and psychotherapists are recommended to use both narrative therapy and play therapy techniques for increasing self-confidence and improving and increasing interpersonal relationships. It is suggested to conduct this study on male and female subjects and compare them with each other. The results can be also used in treatment of children with psychological disorders such as conduct disorder and oppositional defiance disorder.

References

- 1- Asghari Nekah, M., & Barook, M. (2016). Examining the effectiveness of intervention based on linguistic games on the development of phonological awareness of parentless children and children with irresponsible caretakers residing in nursery. *Research in clinical psychology and counseling*, 5 (1), 86-100.
- 2- Aslipoor A., Kafie, M., & Khosro javid, M. (2013). Applying appearance test to comparing, Psychological characteristics of foster student abnormal in families. *Journal Fasname Mehrschool Psychology*, 2 (5) 6-22.
- 3- Hesarsorkhi, R, Tabibi, Z, Asghari-Nekah, S, Bagheri, N. Effectiveness of Emotional Competence Training on Improving Emotional Knowledge, Emotional Regulation and Decreasing Aggression in Orphans and Abandoned Children. *Journal of Clinical Psychology*,3. 2016; 8 (3):37-48
- 4- Khazaie H, Asadi M, Mohammadi H. Influence of reinforcement behavioral therapy and Ellis cognitive therapy on derelict children's aggression. *Journal of Kermanshah University of Medical Sciences (J Kermanshah Univ Med Sci)*. 2012 Mar 2;15(6).
- 5- Longa, C. (2011) Social aggression in children and adolescents; A meta-analytic review (doctoral dissertation). Open access dissertation.625.
- 6- Kennedy-behr, A., Rodger, S., & Mickan, S. (2013). Aggressive interaction during free-play at preschool of children with and without developmental coordination disorder. *British Journal of Occupational therapy*, 74 (7) .348-354.
- 7- Bas, A.U., & Kabasakal, Z.T. (2010). Teachers view and knowledge about reactive and proactive aggression. *Procedia social and Behavioral science*, 2, 1564-1580.
- 8- Ekhtiari, M., Rezvanfard, M., & Mokri, A. (2009). Impulsivity and its various assessment tools: Review of views and studies. *Journal of Psychiatry and Psychology*, 14(3), 247-257.
- 9- Pico, B. P. (2014). Impulsivity depression and aggression among adolescent. *Personality and Individual Differences*. *Am J Psychiatry*,69.33-37.
- 10- Burton, C. L., & Fletcher, P. J. (2012). Age and sex difference in impulsive action in rats: the role of dopamine and glutamate. *Behavioral Brain Research*, 230, 21-30.
- 11- Carlotta, D., Borroni, S., Maffei, C., & Fossati, A. (2011). The role of impulsivity, sensation seeking and aggression in the relationship between childhood AD/HD symptom and antisocial behavior in adolescence. *Neurology, Psychiatry and brain research*, 17(4), 89-98.
- 12- Kowalski, R. M., & Fedina, C. (2011). Cyber bullying in ADHD and Asperger Syndrome population. *Research in Autism Spectrum Disorders*.5, 1201-1208.
- 13- Wike, T. L. (2011). The Effectiveness of a Social Skills Intervention for Preventing Aggression in Children: An Evaluation of the Making Choices Intervention.
- 14- Heydari, M. (2012). The effectiveness of early childhood education on social skills of primary school children; MA Thesis of Education Sciences, Payam Noor University, Faculty of Humanities.
- 15- Glover NM. Play therapy and art therapy for substance abuse clients who have a history of incest victimization. *Journal of Substance Abuse Treatment*. 1999 Jun 30;16(4):281-7.
- 16- Axline VM. Play therapy. Ballantine Books; 2012 Feb 8.
- 17- Landreth, G .L. (2002). Play therapy: The art of the relationship. New York: Brunner Routledge.
- 18- Nasirzadeh, R., & Roshan, R., (2011); Effectiveness of storytelling on reducing aggression in 6 to 8 years old boys. *Iranian Journal of Psychiatry and Clinical Psychology*,6(2), 118-126.
- 19- Desocio. J. E. (2005). Assessing self-development through Narrative approaches in child and adolescent Psycho Therapy. *Journal of Child and Adolescent Psychiatric Nursing*, 18, 53-61.
- 20- Asghari Nekah, M., & Barook, M. (2016). Examining the effectiveness of intervention based on linguistic games on the development of phonological awareness of parentless children and children with irresponsible caretakers residing in nursery. *Research in clinical psychology and counseling*, 5 (1), 86-100.
- 21- Galdard, K., & Galdard, K. (2003). A practical guide in consultation with children; Translation: Parniani, Mino (2004), Tehran, Roshd Publication
- 22- Landreth GL. Innovations in play therapy. Routledge; 2013 Jun 17.
- 23- French DC, Jansen EA, Pidada S. United States and Indonesian children's and adolescents' reports of relational aggression by disliked peers. *Child development*. 2002 Jul 1;73(4):1143-50.
- 24- Shahim S, Yosefi F. The questionnaire of preschool children behavioral difficulties parental form. *J Human and Social Sciences* 2000; 15 (1): 1-14.
- 25- Saati, S., (2016). Validation of Gestalt Bandar in the components of aggression, impulsivity and anxiety in schoolchildren. Master's thesis in clinical psychology. Rasht Islamic Azad University, Faculty of Humanities
- 26- Hossienchari, M. (2008). Compare perceived self-efficacy in social interaction with peers in a group of and girl and boys students. *Psychological Studies*, 3, 4, 87-103
- 27- Baggerly, J., & Parker, M. (2005). Child-centered group play therapy with African American boys of the elementary school level. *Journal of Counseling Developmental*, 83, 387-396.

- 28- Baggerly, J. (2012). The effects of child- center group play therapy on self-concept, Depression and Anxiety of Children who are homeless. *International Journal of Play Therapy*, 13 (2): 31-51.
- 29- Lindo, N. A., Chung, C. F., Carlson, S., Sullivan, J. M., Akay, S., & Meany-Walen, K. K. (2012). The impact of child-centered play therapy training on attitude, knowledge, and skills. *International Journal of Play Therapy*, 21(3), 149.
- 30- Ray, D. C., Blanco, P. J., Sullivan, J. M., & Holliman, R. (2009). An exploratory study of child-centered play therapy with aggressive children. *International Journal of Play Therapy*, 18(3), 162.
- 31- Meany-Walen KK, Teeling S. Adlerian play therapy with students with externalizing behaviors and poor social skills. *International Journal of Play Therapy*. 2016 Apr;25(2):64.
- 32- Rahmani, P. (2011). The efficacy of narrative therapy and storytelling in reducing reading errors of dyslexic children. *Procedia-Social and Behavioral Sciences*, 29, 780-785.
- 33- Hassani, A. Frhbkhsh, K. Shafiabadi, AS. (2015). To evaluate the effectiveness of cognitive-behavioral story and narrative therapy on reducing behavioral disorders in adolescents. *Research in Clinical Psychology and Counseling*, 4 (1), 94-71.
- 34- Onyut LP, Neuner F, Schauer E, Ertl V, Odenwald M, Schauer M, Elbert T, (2005). Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study I an African refugee settlement. *BMC Psychiatry*, 5: 7.
- 35- Farzadfard, S. A., Abdekhodae, M. S., & Ghenaeechaman Abadi, A. (2015). Effectiveness Of Combined Purposeful Play therapy and narrative therapy on Pre-school children's attention and concentration. *Journal of Fundamentals of Mental Health*.17 (5), 22-28.