

Comparison of the Effectiveness of Play Therapy and Story Therapy on Increasing Self-Efficacy and Problem Solving in Single-Parent Children in the First Course Elementary School

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ABSTRACT

The aim of the present research was to compare the effectiveness of play therapy and story therapy on increasing self-efficacy and problem solving in single-parent children in the first elementary school course. The present research was applied in terms of purpose and in terms of research method it was both semi-experimental with pre-test and post-test design with control group and comparative. The statistical population includes all first course elementary school single-parent students of the district 8 of Tehran in the academic year of 2019-2020. Among the members of the population, 21 people were selected voluntarily and purposefully in a cluster method and were assigned into three (7 people in play therapy, 7 people in story therapy, and 7 people in control) groups. The play therapy and story therapy groups underwent 8 sessions of treatment. A self-efficacy questionnaire for children and adolescents and the London Tower Scale were used for investigation. The research results showed that both play therapy and story therapy are effective in increasing problem solving and self-efficacy of single-parent children in the first elementary school course, but there is no significant difference in their effectiveness ratio. Due to the effectiveness of play therapy and story therapy, these treatments can be used in clinics and counseling centers to increase self-efficacy and problem solving.

Keywords: Story Therapy, Play Therapy, Problem Solving, Self-Efficacy, Single- Parenting

I. INTRODUCTION

Temporary or permanent absence of one of the parents for various reasons such as death, divorce, abandonment, legal violations, imprisonment, and job requirements such as military services, illegitimate birth and other reasons is called the phenomenon of being a single parent. In these conditions, the child or children live (s) with only one of the parents [1].

The absence of one of the parents can increase children's anxiety and limit their ability to cope with the world and communicate with others [2]. Living with just one of the parents probably creates a variety of problems and issues such as the feeling of loneliness, a sense of responsibility for divorce, a sense of conflict in parental loyalty, unawareness

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of how to deal with parental conflicts, and confrontation with family instability, the emergence of deviant behavior, and committing crime, depression [3], feelings of shortage, emotional withdrawal, embarrassment [4], hyperactivity, aggression and distraction, difficulty in adjusting with peers, as well as the lack of self-control and impulse inhibition disorder for the child [5].

Single-parent children suffer from a variety of problems and issues due to their circumstances. The psychological needs of single-parent children are always one of the first priorities in the psychological system of society. One of the psychological problems of these children in the field of social development is problem solving. To solve a problem, one must first be aware of the nature of the problem, and this begins with the creation of a mental representation of the problem that helps to find a solution for the presented problem [6]. These representations are thought to be based on one's understanding ratio of the problem and under the influence of his/her previous knowledge and experiences, and these mental representations depend on the experiences recorded in one's active memory [7]. Problem solving is not only considered as the best form of learning, but also involves the process by which the learner reaches new learning by combining pre-learned rules. Problem solving is not just applying the previously learned rules, techniques, skills, and concepts in a new situation, but it is a process that creates new learning. When the learner is faced with a problem, he/she tries to find a solution by recalling his/her knowledge and experience, and in his/her thinking process he/she actually examines a combination of his/her learned rules and skills, which can be adapted to the new situation, and can be the solution to his/her problem. Therefore, he/she not only solves the problem, but also learns new things [6].

When a child is able to solve a difficult problem, he/she feels competency and self-efficacy [8]. Self-efficacy refers to beliefs such as the ability to cope with life and competence [9]. A child who does not have a sense of self-efficacy does not try to combat and challenge the environment, and in certain circumstances suffers from fear and anxiety [10]. People with low levels of self-efficacy are doubtful about their abilities and competencies and find themselves unable to cope with the environment. On the other hand, people with high levels of self-efficacy have the ability to cope with challenges and problems, and every victory and success increases their self-confidence [11]. In fact, self-efficacy has an effective role in combating problems, controlling potential risks, and performing activities correctly to achieve the goals and adapting to the conditions [11, 12].

One's self-efficacy plays a critical role in inhibiting or sustaining behavior in a variety of situations [13]. Low-efficient people have pessimistic thoughts about their abilities, so they avoid any situation that according to their opinion is beyond their capabilities. In contrast, people with high self-efficacy consider assignments as challenges that can overcome. They choose challenging assignments and their sense of self-efficacy improves faster, and if there are problems, their efforts are maintained [8]. Self-efficacy helps people to act against the surrounding problems and issues in a desirable way by using their skills and the individual success feeling is created or increased in them [14].

Cognitive intervention is among the methods that can be effective in promoting self-efficacy and problem solving according to the age and characteristics of children. Regarding the age of children and the age crisis in which they are located, and most importantly the population under investigation, which are the single-parent children, two types of cognitive intervention of play therapy and story therapy are important.

The story can speed up the establishment of relationship and attraction, help to understand the child's mental framework better, increase client's participation and activity, reduce resistance and negativity, stimulate accuracy and increase attention span, provide a framework for interview, provide a model for assimilation and gaining experience, create a situation to teach parents and provide facilities to provide homework to the child and family [15]. Erickson (2003) considers the story to be a healing indoctrination that reduces the child's anxiety in a way that by matching with the

characters or situations of a story helps him/her to discover his/her own and others' emotions [16], and the child in the safe space of the story, far from anxiety, blame and punishment, by comparing the situations existing in the story with his/her real life, achieves insight and self-awareness [17]. Storytelling is considered as a useful and effective tool for correcting behavior, adaptation, controlling emotions and increasing social skills in children, which should be promoted from the early ages [16]. Bandura (1992) believes that children, by seeing those who have admirable behavior and listening to their talks through feedback, realize the value of their actions and behavior and seek to increase their adaptability and efficiency in the environment [18]. In recent years, story therapy has been proposed as one of the methods of children's play therapy [19, 20]. Play therapy has also found its place in diagnosing children's psychological and therapeutic problems and issues, and experts with the help of techniques and preparation have considered the necessary devices and deal with the roots of children's problems and their treatment [21].

Play therapy is one of the most significant and widely used methods [22]. Play is the child's natural world and allows the child to use his/her creativity while the child develops his/her imagination, skill, agility and emotional, physical and cognitive power. Children learn things about themselves and others through play and in this way interact with the world around themselves at the early ages. Play therapy is also an advanced and evolved intervention for children. Play and play therapy are among the methods that bring useful and considerable results and positively balance emotional and impulsive behaviors [23, 24, 25, and 26].

Play therapy is based on the fact that play is a natural mechanism and tool for expressing yourself [27]. In play therapy, children's needs for physical activities are considered [28]. Play therapy has been proposed as a therapeutic method because play allows the child to express emotions and in this way regains his mental-nervous balance. Children express their feelings, failures and anxieties through play.

The investigation of theories, researches and clinical experiences also confirms the special applications of story and play in treatment [18, 29, 30, 31, 32, and 33]. Cook, Taylor, and Silverman [34] using story therapy techniques for children state that numerous clinical findings indicate that story therapy like cognitive-behavioral treatments and along with them can be used for children and be useful. Stories in play therapy can be considered as an important source to change and improve children's problems and disorders by providing opportunities, creating a context for emotional discharge, and assimilating and raising the child's understanding [19, 35].

II. Method

The present research was applied in terms of purpose and in terms of research method it was both semi-experimental with pre-test and post-test design with control group and comparative. The statistical population includes all first course elementary school single-parent students of the district 8 of Tehran in the academic year of 2019-2020. Among the members of the population, 21 people were selected voluntarily and purposefully in a cluster manner and were assigned into three (7 people in play therapy, 7 people in story therapy and 7 people in control) groups. The play therapy and story therapy groups underwent 8 sessions of treatment. A self-efficacy questionnaire for children and adolescents and the London Tower Scale were used for investigation. It should be mentioned that in order to observe ethical principles, after the completion of the research, the control group was treated.

Children and Adolescents' Self-Efficacy Questionnaire (SEQ-C): This questionnaire driven from the self-efficacy questionnaire of Bandura, Barbaranli, Capara and Pasteurli has been made by Muris [36]. The Children and Adolescent Self-Efficacy Questionnaire consists of 23 articles that has been composed of the three subtests of social self-

efficacy, academic self-efficacy, and emotional self-efficacy, and measures the subject's ability in a variety of situations. Muris [36] showed the three-factor structure of the scale in the three social, educational, and emotional areas. The reliability of the scale is also reported desirable and its internal stability has been calculated 0.80. In the study of Muris [35], in addition to the investigation of convergent and divergent validity of the scale, the reliability of the whole scale has been reported 0.70; social self-efficacy has been reported 0.78; emotional self-efficacy has been reported 0.80; academic self-efficacy has been reported 0.87. In the research of Tahmasian [37], the internal consistency of the whole scale was reported 0.73, social self-efficacy was reported 0.66, emotional self-efficacy was reported 0.84, and academic self-efficacy was reported 0.74. The reliability of retesting for the whole scale has also been reported 0.89, for social self-efficacy has been reported 0.81, for emotional self-efficacy has been reported 0.88, and for academic self-efficacy has been reported 0.87.

London Tower Test: The London Tower Test was designed by Shallice in 1982. It is one of the most widely used neurophysiological tests to determine the ability of problem-solving and planning. This test is used quickly and efficiently to optimally measure problem-solving performance and problem-solving features and problem-solving with the least required movements. In other words, in this computer-based test, there are a series of loops and bars that the subject's task is shown to him/her in the shortest possible time like a model to place the rings inside the bars. According to Shallice, the ability to solve a problem was determined by the number of extra movements (error) of the subject compared to the minimum number of movements required to match the model. The validity of this test has been accepted and has been reported 0.79. This test has also been used in various studies in Iran [38]. This test has a good structural validity in measuring people's planning. The reliability of this test has also been accepted and has been reported 0.73[39, 40].

The scoring method in this test is on this basis that to the extent that the person tries to solve the problem, the score is given to him. Thus, when a problem is solved in the first attempt, 3 points, when it is solved in the second attempt, 2 points, when it is solved in the third attempt, 1 score, and if it leads to failure, the zero score is given. The maximum score in this test is 36.

Table 1. Description of Play Therapy Sessions

| Session | Objective | Explanation |
|---------|--|---|
| First | Establishing effective communication with children and maintaining rules during the sessions | Familiarizing the therapist and the children with each other and the activities of the group sessions, presenting the rules and duties of each member and identifying the types of emotions in children and creating the necessary conditions for the outburst of their emotions. |
| Second | Focusing on the issue | Throwing the ball in the ring and bowling |
| Third | Problem solving training | FAST Play: Stop and think what the problem is. Find solutions, choose the proper solution, try to implement the best solution |
| Fourth | Self-awareness and | Forming a magic circle and describing people's feelings about their inability to learn and then describing various emotions by |

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| | recognizing abilities and weaknesses | completing unfinished sentences such as: "I feel good that ..."; "I feel bad that...." "I am nervous that..."; "I'm relieved that...". |
| | | Performing various physical and facial gestures |
| Fifth | Teaching how to make problem verbal, self-observation and self-control | The therapist asks the child to draw the dreams that come to him/her during sleep on a paper; this method easily reduces the anxiety in the child, because it creates a feeling of control and mastery in him/her. |
| Sixth | Focusing on the present and self-control | Calm children: Teaching meditation techniques to children and teaching how to use the five senses in various situations |
| Seventh | Overcoming emotions and self-efficacy | The game "I Invulnerable , I Mirror": Playing the game "I Invulnerable" with paper swords and safe emotions, discussing about bad and good feelings and performing the game " I Mirror" by the participants and observing the colorlessness of the mirror from the images, discussing about the ineffectiveness of "I Transcendent" through "I Invulnerable , I Mirror" |
| Eighth | Teaching brainstorming and problem solving | Demonstration dolls. In this game, a problem is raised by the dolls and then they solve the problem by the method of brainstorming. Summary |

Table 2. Summary of Story Therapy Sessions

| Session | Objective | Explanation |
|---------|--|---|
| First | Establishing effective communication with children and maintaining rules during the sessions | Familiarizing the therapist and the children with each other and the activities of the group sessions, presenting the rules and duties of each member and identifying the types of emotions in children and creating the necessary conditions for the outburst of their emotions. |
| Second | Self-control training | The story of "a mother's criticism of her child" about not knowing the social etiquette and the criticism of teacher of the carelessness and distraction of a student |

| | | |
|---------|---|---|
| Third | Overcoming the emotions and excitements | Helping children to recognize the positive and negative feeling of the need to express emotional experiences in the right way and recording various emotions, increasing the skill of dealing with negative emotions in the form of the story of "three baby rabbits" |
| Fourth | Problem solving training | Designing two stories about common interpersonal conflicts and analysis by the method of problem solving, emphasizing the exact recognition of the problem and not acting impulsively (disagreement with a friend, not being invited to a friend's birthday party) |
| Fifth | Strengthening self-efficacy | Designing a story for automatic relation between thoughts and feelings, recognizing self-expressions and negative thoughts when conflicts emerge and substituting positive thoughts and positive self-talking |
| Sixth | Problem solving training | The story of "crossing the river with animals" |
| Seventh | Problem solving training | Teaching problem-solving skills in the form of the "Rolling Pumpkin" story |
| Eighth | Promoting self-efficacy and problem solving | Children are asked to perform a story as a show in a way that all the stories are interconnected. At the end, it is explained to the children that when we get tired, anxious, unrest and worried, what is important is that these inner feelings and moods should not take us away from our goals. At the end: summary |

III. Findings

Table 3. Mean, Standard Deviation for Research Variables Scores in the Pre-Test and Post-Test

| | Group | Pre-Test | | Post-Test | |
|-----------------|---------------------|----------|--------------------|-----------|--------------------|
| | | Mean | Standard Deviation | Mean | Standard Deviation |
| Problem Solving | Play Therapy Group | 16.42 | 3.59 | 27.42 | 3.10 |
| | Story Therapy Group | 17.28 | 3.35 | 29.28 | 2.69 |

| | | | | | |
|---------------|---------------------|-------|------|-------|------|
| | Control Group | 15.00 | 2.44 | 15.57 | 1.98 |
| | Play Therapy Group | 59.28 | 5.12 | 68.14 | 2.85 |
| Self-Efficacy | Story Therapy Group | 59.14 | 3.07 | 70.14 | 3.07 |
| | Control Group | 55.85 | 4.94 | 57.00 | 2.16 |

According to the information obtained from the table, problem solving and self-efficacy scores have increased in both the play therapy group and the story therapy group in the post-test compared to the pre-test.

Table 4. Levene's Test Results to Examine the Assumption of Variance Equality

| | F Statistic | Degree of Freedom 1 | Degree of Freedom 2 | Significance Level |
|-----------|-------------|---------------------|---------------------|--------------------|
| Pre-Test | 1.024 | 2 | 18 | 0.379 |
| Post-Test | 0.582 | 2 | 18 | 0.569 |

According to the table above, the obtained F is not significant. Therefore, the equivalence of variances is established and the implementation of covariance is possible.

Table 5. Summary of the Analysis of Covariance in Control and Play Therapy Groups

| | Sum of Squares | Degree of Freedom | Mean of Square | F | Significance Level |
|-----------------|----------------|-------------------|----------------|--------|--------------------|
| Self- Efficacy | 493.179 | 1 | 493.179 | 73.947 | 0.000 |
| Problem Solving | 379.170 | 1 | 379.170 | 54.319 | 0.000 |

As it can be observed in the table, there is a difference between the two groups. In other words, there is a significant difference between the post-test of the experimental and control groups in the play therapy. In other words, play therapy is effective in increasing problem solving and self-efficacy.

Table 6. Summary of the Analysis of Covariance in Control and Story Therapy Groups

| | Sum of Squares | Degree of Freedom | Mean of Square | F | Significance Level |
|-----------------|----------------|-------------------|----------------|--------|--------------------|
| Self- Efficacy | 576.77 | 1 | 576.777 | 95.756 | 0.000 |
| Problem Solving | 525.291 | 1 | 525.291 | 68.679 | 0.000 |

As it can be observed in the table, there is a difference between the two groups. In other words, there is a significant difference between the post-test of the experimental group in story therapy and control. In other words, story therapy is effective in increasing problem solving and self-efficacy.

Table 7. T-Test of the Comparison of Play Therapy and Story Therapy

| Group | t | Degree of Freedom | Significance Level | Standard Error of Differences |
|-----------------|------------|-------------------|--------------------|-------------------------------|
| Self- Efficacy | - 1.261 | 11.932 | 0.231 | 1.586 |
| Problem Solving | - 1.197 | 11.765 | 0.255 | 1.551 |

According to the results of the table, there is a significant difference in the effectiveness ratio of the two groups of play therapy and story therapy. As a result, it can be said that play therapy and story therapy are both effective in increasing problem solving and self-efficacy, and there is no significant difference in their effectiveness ratio.

IV. Discussion

The results of this research showed that both play therapy and story therapy are effective in increasing problem solving and self-efficacy and there is no significant difference in their effectiveness ratio. These results are consistent with the results of researches [18, 29, 30, 31, 32, and 33].

Play therapy can create a pleasant atmosphere for students to indirectly improve the ratio of their self-efficacy beliefs. In fact, group play therapy provided opportunities for elementary students to evaluate themselves realistically and positively through interaction with others. Each of the games used in the present research was designed in such a way that other members of the group several times encouraged and praised the students' play and efforts. As a result, students who had some self-inferiority and other psychological problems due to learning disabilities and problems were able to feel proud and be happy in the group several times. This point put them in a more positive position in terms of mental well-being, and they were able to acquire a more positive assessment of themselves and their abilities, and to promote self-

confidence and belief. Play therapy has high emphasis on the impact of irrational attitude and beliefs on increasing children's psychological distresses and emotional turmoil. Play therapy provides an opportunity for children to play games and activities in which their irrational thoughts and beliefs are expressed at any time. The play therapist constructively modifies these irrational beliefs and replaces them with more logical thoughts. As a result, adaptive and positive behaviors also improve. All of these factors can provide the situation that students suffer less from irrational and inferiority beliefs. They even gain confidence and believe in themselves and their abilities, and as a result, their self-efficacy beliefs increase, and by the promotion of self-efficacy beliefs and self-belief, their ability to solve problem increases.

Regarding the explanation of the effectiveness of story therapy, it can also be said that since story is children's favorite, it helps to make simulation to be made in them better. Of course, this point requires choosing the proper story, and the story protagonist's behavior must be designed for the intended purpose so that children try to imitate him/her. The story facilitates the child's emotional and cognitive development processes and provides him/her a new and creative view of others and relationships between individuals [41]. Through it, children become acquainted with a large number of words and vocabularies, and gain the opportunity to experience living language and familiarizing with the losses, fears, and anxieties, and indirectly their thoughts and feelings are changed. Accordingly, the use of indirect methods such as game and story in trainings seems to be a necessity. Since the teachings and advices during the story are well understood and become meaningful for the child, the possibility of using and generalizing them by the child in similar field's increases [42]. By story, children can be helped to discover their abilities to make real connections and to recognize their thoughts and feelings, and to guide them in solving problems. Therefore, the story can be effective in respect of teaching self-efficacy and problem solving and transfer many rules and strategies to the child. Storytelling as a teaching tool can increase their ability to make real connection between thoughts and feelings [43]. Based on stories, people adjust their performance in the world and their relationships with others. Stories include representations of themselves, the world, and various characters in interactions with others. Within the stories, various characters discuss the meanings of events [44]. In the process of storytelling, everyday life events are presented in the form of a story with a meaning that helps the client gain a better understanding of him/herself and others. A change in the language and literature of one's stories leads to a change in the meaning of one's life, and a change in one's life story creates new opportunities for behavior [45].

According to the findings of this research indicating the effect of play therapy and story therapy, as well as the results of numerous studies indicating the effectiveness of these therapies in increasing self-efficacy and problem solving, psychologists, psychiatrists and other specialists related to psychology in the field of children can be suggested to use these therapeutic approaches in child counseling to promote self-efficacy and problem solving.

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