



The Effect of Narrative Therapy on Aggressive and Offensive Behaviors of Street and Working Children (Seven- to Ten-Year-Old) in Karaj City in Iran

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Abstract

The purpose of the present study is to investigate effects of Narrative Therapy on decreasing aggressive and offensive behaviors among “street and working Children” in Karaj. Using a quasi-experimental pre-test and post-test design with control group, participants thirty aged 7 to 10-year-old street and working Children in Karaj, who were identified with the symptoms of aggressive and offensive behaviors through the checklist of Achenbach and Rescorla (2001) Teacher’s Report Form (TRF), were randomly categorized into two experiment and control groups of fifteen participants. The experiment group participated in fifteen sixty-minute group sessions based on White and Epston approach, while the control group did not receive any kind of therapy. The impact of the intervention was assessed through pre- and post-test and three and six-month delayed post-test. Data was analyzed using Variance Analysis with Repeated Measures. The result indicated that Narrative Therapy was effective in decreasing offensive behaviors of street and working Children without any impact on decreasing aggressive behaviors. To reduce and eliminate aggressive and offensive behaviors among street and working Children, an inclusive therapy plan that contains family problems as well is needed. Narrative Therapy in the framework of family therapy and regarding socio-cultural context of street and working Children can be effective in the improvement of their problematic behaviors.

Keywords: Street and working children, narrative therapy, aggressive and offensive behaviors.

Introduction

All children under age 18 working in the street to make money having a daily relationship with their families several times annually and possess the sense of belonging to the family are called street and working Children¹.

More than 1600000 ten to eighteen years old children, which is 12.8% of Iran’s population in this age group are working that regarding those who have home, nearly 20% of Iranian children, are working Children². Labor in early ages causes lots of physical and mental damages³ such as damages to physical, motor, emotional, psychological, social and mental development, so that 82% of working and street children have skin problems, 86% have weight loss problems, 80% have reduced height problems, 64% have environment understanding problems, 61% have speech disorders, 54% have problems in communication with others and 32% have memory problems. Also, they resort to aggressive and offensive behaviors to solve their problems. Nearly 80% of street and working Children have aggressive behaviors and 85% vandalize public property, 50% commit larceny and 55% have tendency toward delinquency. 41% of them exchange drugs⁴.

Among the methods to reduce aggressive and offensive behaviors are training parents and controlling some emotions

and inconsistent feelings children aggression⁵, using support and reward system⁶, children socialization training and realistic correct deduction from vague behavioral motivations and how to think about conditions⁷, creating open conditions for solving the conflicts⁶, storytelling^{4,8-10}, and narrative therapy¹¹⁻¹⁴.

Narrative therapy is based on constructivism and solution-oriented approach. The kind of interpretation taken by individuals from their life happenings is important in narrative theory. It is based on the process of re-storing where clients make new meanings for their past and present life events^{15,16}. Narrative therapists consider the problem away from clients. Selecting a name for the problem is among the most important techniques¹⁷⁻¹⁹. They help clients to include new meanings in their lives and make the stories based on clients’ life more confident and content²⁰⁻²³.

Since 62% of street and working Children do not have the experience of listening to a story and the more training given to gain more skills leads to less aggression, aggressive and offensive behaviors⁴, the researcher used narrative therapy in this study. Such a method in which children are story tellers and they are actively participated in the process of improvement. The purpose of the present study is to investigate the effect of narrative therapy on reduction of aggressive and offensive behaviors among 7-10 years old street and working Children.

Methodology

The research hypotheses were tested in a quasi-experimental pre-test, post-test design with control and experiment groups. Participants were all 7-10 years old street and working Children of Karaj in 2012 identified as children with aggressive or offensive behaviors. The independent variable was narrative therapy performed by researchers and the dependent variable was the rate of aggressive and offensive behavior of street and working Children. In primary sampling, behavior checklist of Achenbach and Rescorla, teacher report form was distributed among teachers of first to third grade of Khane Mehr-e-Karaj School (association of street and working Children) and 50 questionnaires of aggressive and offensive behavior were filled. The selected children were considered based on the criteria including having parents, family life, family status, physical disease experience, probable disorders like trauma, hypothyroidism, hyperthyroidism, epilepsy, anesthesia, post-traumatic stress disorder (PTSD), stuttering, nail biting, physical paralysis, past or present enuresis in three last months, intelligence, having past or present drug use, growth, left-handedness and right handedness to be homogenized. Among homogenized children, 30 ones were selected and randomly distributed to experimental and control groups (every group 15 children). For experiment group, one pre-therapy session and 15 one-hour therapy (twice a week) using narrative therapy technique. At the end of the intervention, the checklist was filled again for both groups by teachers followed by three-month and six-month delayed post-tests. The location of the study was Khane Mehr-e-Karaj School (AQ Tappeh branch) and the time of the study was 2011. Repeated measures of ANOVA through SPSS 20 were used for data analysis.

To observe ethical issues, the agreement of Association of Street and Working Children was gained and research purposes and intervention method was explained and information of children was kept secret. The researcher committed to present free

psychological services in the school for one year. The procedure was explained to participants in the pre - therapy session and taking their verbal permission, the principle of confidentiality was observed. To collect data and interpret dependent variables at different times (pre-test, post-test, first delayed and second delayed post-test), behavior checklist of Achenbach and Rescorla, teacher report form was used.

Achenbach System of Empirically Based Assessment (ASEBA) includes a set of forms for measuring capabilities, actions of adaptive functioning and emotional-behavioral problems. ASEBA forms include Child Behavior Checklist (CBCL), Youth Self Report (YSR) and Teacher's Report Form (TRF). They were normalized by Minaei (2012) on 900 (CBCL and TRF) and 1438 children (YSR) in Tehran. TRF has been normalized for children of 6-18 years old which is completed by teachers. This form includes demographic information, capability measures and adaptive functioning, experience-based measures (aggressive behaviors, offensive behavior and other problems), DSM-based problems (emotional, coping behavior, Conduct and other problems).

Cronbach alpha reliability of TRF on 6-11 years children came 0.85²⁴. In this form, 18 questions measures aggressive behaviors and 17 questions measure offensive behaviors. After scoring, recognition and distribution to control and experiment group, narrative therapy was given to experiment group in a room where the researcher and participants circularly sat on a carpet on the ground to create a more informal and friendly environment which is the typical form of narrative therapy arrangement⁸. The techniques were added to narrative therapy session by session to enable the participants going forward step by step with researcher and learn the techniques in a progressive way. Table-1 shows a summary of the sessions and the sessions and the applied techniques.

Table-1
Narrative therapy sessions and the applied techniques

| Activities | Therapy sessions |
|---|-----------------------------|
| Introducing the rules and representing the general plan of sessions | Pre-session |
| Specifying the beginning, middle and end of the story, externalizing the problem technique, interactive story telling technique | First session |
| Repetition of the previous session techniques + magic thinking technique | Second session |
| Repetition of the previous session techniques + finishing magic thinking technique | Third session |
| Repetition of the previous session techniques + the technique of resisting harmful cultural narrative | Fourth session |
| Repetition of the previous session techniques + the technique of finding sparkling outcomes | Fifth session |
| Repetition of the previous session techniques | Sixth to fifteenth sessions |

Adapted from White and Epston's narrative-therapy techniques¹⁵.

Results and Discussion

Findings: All subjects were boys. The mean of the experimental group was 8 years with 0.96 standard deviation and the mean of the control group was 7 years and 7 months with 0.81 standard deviation. In the first grade class, 60% was experiment and 53% control group, in second grade, 26% were experimental group and 33% was a control group and in third grade class, 13% were in both groups.

For the first hypothesis, Levin test was used to consider the homogeneity of variances for repetitive measures.

Table-2 shows that there is a meaningful difference between control and experiment groups in terms of pre-test, post-test and delayed post-tests. Also the tests in different times regarding Fyla trace amount and Wils'Lambda showed a meaningful

relationship between offensive behaviors but not in aggressive behaviors.

Mvchelly test was used to evaluate sphericity showing that for offensive behaviors $p < 0.06$ presupposition works but not for aggressive behaviors.

Table-3 shows analysis of variance to investigate between-test effect in pre-test, post-test, first delayed post-test and second delayed post-test for control and experimental groups in terms of offensive and aggressive behaviors. The highest effect is related to offensive behaviors. There was not a meaningful difference in both variables in control group. Bonferroni post-hoc test was used investigate the effects of different times separately (table-4).

Table-2
 The mean score of variables for both groups in pre-test, post-test and two delayed post-tests

| Second delayed post-test | | First delayed post-test | | Post test | | Pre-test | | Variables |
|--------------------------|-----------------|-------------------------|-----------------|-----------------|-----------------|------------------|-----------------|---------------------|
| Control | Experiment | Control | Experiment | Control | Experiment | Control | Experiment | |
| Mean SD | Mean SD | Mean SD | Mean SD | Mean SD | Mean SD | Mean SD | Mean SD | |
| 57.93 (7.38) | 52.60 (3.96) | 57.93 (7.38) | 50.80 (4.05) | 56.93 (8.90) | 48.80 (7.75) | 55.87 (90.60) | 57.13 (7.41) | Aggressive behavior |
| 65.87 (3.02) | 58.87 (4.01) | 65.87 (3.02) | 56.33 (5.1) | 65.87 (3.02) | 53.40 (6.19) | 64.87 (2.8) | 64.87 (5.55) | Offensive behavior |

Table-3
 Between-test effects in repeated measures

| Eta square | Sig | F | df | Epsilon | | |
|------------|-------|-------|------|------------------|------------------------------------|----------------------|
| 0.20 | 0.002 | 6.99 | 2.13 | Greenhouse-Gy sr | Time | Aggressive behaviors |
| 0.32 | 0.001 | 13.34 | 2.13 | Greenhouse-Gysr | Interaction between time and group | |
| 0.48 | 0.001 | 26.52 | 3 | Sphericity | Time | Offensive behavior |
| 0.57 | 0.001 | 38.20 | 3 | Sphericity | Interaction between time and group | |

Table-4
 Between-test effects in repeated measures

| Sig. | SD | Mean difference | Time | Variable |
|-------|------|-----------------|---|---------------------|
| 0.002 | 0.90 | 3.63 | Post test | Aggressive behavior |
| 0.15 | 0.91 | 2.13 | First delayed post test | |
| 0.80 | 0.79 | 1.23 | Second delayed post test | |
| 0.001 | 0.66 | 5.23 | | Offensive behavior |
| 0.001 | 0.71 | 3.76 | Post test | |
| 0.007 | 0.68 | 2.50 | First delayed post test Second delayed post test | |

The results of this test showed that there is not a meaningful difference in aggressive behavior except for the effect of pre-test time with post-test time of experiment group, but there is a meaningful difference in offensive behavior except for first delayed post-test time. In other words, narrative therapy was more effective on offensive behaviors.

Discussion: Offensive behavior scores of experiment group before and after therapy showed a meaningful difference, but the difference lacked stability. In other words, with lapse of time, there was not a meaningful reduction in children's aggressive behavior. Regarding offensive behaviors of experiment group, the scores had meaningful difference and therapy intervention, not only in therapeutic period (intervention time) but also in lapse of time, the reduction was observed meaningfully. However, in this variable the scores are moving toward is more than the therapeutic intervention; this movement is not meaningful after six months of therapeutic period. In other words, the presented therapy possesses stability. The findings are in line with Bradfield¹², White¹⁴, Hassanzadehgan Rudsari⁴, Mirdamadi et al¹⁰, Qaderi et al²⁵ and Pourashrafi et al²⁶.

Among the reasons for not supporting the first research hypotheses and the movement of delayed post-test to pre-test can be a stepwise presentation of techniques in every session, the lack of enough time for practice and learning of all techniques due to shortness of therapy periods, so that one technique was added to the techniques of the previous session. So, presentation of all techniques lasted to sixth session and children had only 9 sessions (twice a month, about one month) to repeat all techniques. Longer periods of narrative therapy can be effective in improving the results¹⁶

Among other reasons, wrong cultural beliefs about working and street children and their aggressiveness and the lack of therapy intervention for families and insertion of violence on behalf of society, especially for those children working in the streets can be mentioned which are proved by the increase of aggressive behaviors in control groups. In fact, all children (experimental and control) can be influenced by these factors. This part of the present study is in line with Dallos and Anger and McLeode.

Inadequacy of scientific references and the lack of exact statistical resources about street and working Children in Iran are among the study limitations. Since the population of the study was 7-10 years old children, generalization of results to other age groups and groups should be conducted cautiously.

Conclusion

Most of the working and street children tend to indicate aggressive and offensive behaviors such as vandalizing the public property, larceny, delinquency and exchanging drugs. As these children did not have the experience of listening to the stories, in this research, narrative therapy applied to reduce or

eliminate aggressive and offensive behaviors among street and working children. Moreover, this technique invited these children in a therapeutic as well as a training process. The training process was essential for these children as they did not have the experience of being involved in a training process as well. Narrative therapy, as a constructive approach, is based on problem solving methods uses various techniques such as *Externalizing the Problem, Interactive Storytelling, Magic Thinking, Resisting Harmful Cultural Narrative and Finding Sparkling Outcomes* to reduce or eliminate aggressive and offensive behavior.

The results of this study with seven to ten year old children in Karaj indicated that Narrative Therapy was effective in decreasing aggressive behavior in pre and post-test, but this therapy was not sustainable among this group. It means that by passing the time, a meaningful reduction was not seen in the aggressive behavior of these children.

Regarding the offensive behavior, narrative therapy showed a permanent effect in decreasing this behavior. It means that the result was approved in the delayed test and the impact of the therapy was sustainable by passing the time.

The main reason for the unsustainable reduction of aggressive behavior could be the lack of enough time to practice and learn all techniques due to the shortness of the intervention period. Thus, a long-term narrative intervention could be more effective in reducing the aggressive behavior in street and working children.

The other reason could be the wrong cultural beliefs among working and street children's families about the aggression of their children and the lack of therapeutic intervention for families. On the other hand, violence against the working children in their community and the bigger society can be mentioned as the other reason for the unsustainable reduction of aggressive behavior among the experimental group.

Therefore, for sustainable reduction and elimination of aggressive and offensive behaviors among street and working children, an inclusive therapy plan that contains family and community work is needed. Narrative therapy in the framework of family therapy regarding the socio-cultural context of street and working children can be effective in the improvement of their problematic behaviors.

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