Influence of Narrative therapy on adjustment rate of mentally retarded boys and girls living Esfarayen City

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ABSTRACT: The aim of the present study is to survey effectiveness of Narrative therapy on consistency rate of mentally retarded children. Based on pilot project framework, 20 first-grade students (10 boys and 10 girls) with mental deficiency constituted the experiment and control groups. Study population included 36 individuals. The research design was pretest - posttest with control group. To measure consistency rate, children adjustment inventory was used. The participants of the experiment groups received 18 sessions (15-30min) narrative therapy within 6 weeks. Data analyses were carried out using covariance analyses. The results showed that narrative therapy improves adjustment of the subjects. It can be concluded, then, that narrative therapy reduces symptoms of inconsistency among mentally retarded children. Thus, narrative therapy can be used as an efficient technique to treat inconsistency among mentally retarded children.

Keywords: narrative therapy, social adjustment, educable mentally retarded children

INTRODUCTION

Children show interest in the story since their early years of life. The stories can help children in understanding the world around them. In light of this, narrative literature plays a key role in education (Yandell, 1990). Therefore, stories are more than mere hobbies as they can be used as effective tools for creating behavior changes, adjustment, and emotional controls in children.

Studies in recent years have demonstrated importance of narration therapy on development of discussion and adjustment skills of children (Rollins, McCabe, Bliss, 2002). Developing stories by children also facilitates cognitive growth and social processes and gives the child a new and creative viewpoint about others and interpersonal relations (Night, 2003, cited by Yusefi Loei and Matin 2006). Despite their simple, highly entertaining, and fundamental optimistic structure features, stories narrate the backstage of life's greatest mysteries such as birth, Oedipus complex, rejected death, and so on (Belmont 1999; Wolter 1940 cited by Dadsetan et al., 2010). Based on the objectives of this paper, social story can be defined as a story formed on social thoughts and values, which is based on social nature of man through which social concepts and ideals are transferred to children by a literal and imaginative medium.

Richard Garner (1971) used interactive narration for children psychotherapy (cited by Seiedi, 2003). In his method, the child is motivated to create a story with proper beginning, body, and end. Afterward, therapist chooses psychoanalytical topics pertinent to the problem of the child and regenerates them within the frame of study. The difference is that the child here is provided with more effective and healthier solution. Garner was pioneer in using story telling for psychotherapeutic purposes. Narration, in the recent years, has been adopted as a play therapy technique for children (Ard, 2004, cited by Yousefi Loie and Matin, 2006). It is notable however, narrative therapy has variety of aspects as a technique. Several studies have emphasized on effectiveness of narrative therapy for treating psychological problems (e.g. aggression of 6-8 years old boy (Shechtman, 1999; Tegalsi and Rthman, 2001); and training problem solving technique to children with behavioral disorders (Forgan, 2002)). Despite all advantages of narrative therapy in transferring social concept, its true potentials have not been realized in Iran and not only it is perceived as a hobby and fun activity but also therapists fear that narrative therapy misleads them from the therapeutic purposes. However, Williamson (2003) argued that the child’s mind is capable to perceive art in its different forms and narration in particular. So that all type of information and concepts such as historical, scientific, behavioral, and philosophical concepts
can be embedded in the story. Cognitive and verbal limitation of children on one hand, and their lack of motivation to participate in psychotherapist programs on the other hand put more emphasis on fundamental values of narrative therapy. So that, the technique is considered as one of the top counseling and psychotherapeutic methods for children (Thompson and Rodolf, translated by 2005).

Social adjustment of mentally retarded children is one of the variables of the study. Evidences show significant relationship between social adjustment problems in childhood and development of other problems during other life stages (Parker and Asher, 1987; Ladd and Borgess, 1999). Development of successful social interactions is related to the communication and cognitive skills (Kerig, 1993). Mentally retarded children might have problem in one or the both areas and this lessens the chance of developing successful social relationships with the peers group (Goralenik et al., 1995). Consequently, these children are less interested to take part in group games with their peers (Reimain, 1996 cited by Guralnick, 2006). In addition, these children show more aggression and inconsistency due to their problem in processing social information (Vonnewvon Huiozhen et al., 2005; cited by Poormavadat and Bashash, 2009). Such behaviors have long-term and irrecoverable effects on elementary school children such as poor self-perception and depression (Matsoria, Hashmimoto, & Tuki, 2009). Hyperactivity and impulsivity (Stro and Guraln kick, 2009) ostracized by group of pears (Kreig and Grat Pitter, 1995), which in turn leads to other problems such as delinquency, and school leaving (Parker and Asher 1993), intensification of aggressive behaviors (Mird et al., 2000, cited by Azgreenman, 2005), and poor social and emotional adjustment (Krick, and Gratpeter, 1995) are the issues to be concerned about. These highlight necessity for early diagnosis of such disorders and adaptation of proper intervention.

Recently, several studies have been carried out on social adjustment and aggression of mentally retarded children and as recommended by the result, these children suffer from social inconsistency (Gamz and Hazeldin, 1996; cited by Poormavadat and Bashash, 2009). On the other hand, problems of upbringing a mentally retard children, in most of the cases, tackle the patience of family members so that adjustment capability of the family members with themselves and the society is jeopardized. This situation might lead to destruction of family system and ostracism of the children. However, taken proper measure at the right time can prevent all these negative consequences.

According to Oklander (1981), different stories and methods can be employed. In some cases, the child can be motivated to write a story of their life and even the therapist can act as narrator (Doavidi, 1997; cited by Seiedi, 2003). Given the problems of mentally retarded children to create stories or giving solutions in critical scenarios, the therapist can act as narrator and also bring in the solution. Therefore, the children's role is to take models out of the solution and implementing them in their daily life.

Ever increase of narrative approaches to psychotherapy and especially for children on one hand, the extent of mental pressures on these children (Goarlnick et al., 1995), and paucity of similar studies in this field on the other hand are the main motivations for doing the preset study. In light of these, the purpose of the study is to evaluate narrative therapy techniques on attenuation of mentally retarded children's inconsistency.

**METHODOLOGY**

The present study was performed within the framework of experimental method with pretest/posttest design and control and experiment groups. Study population was comprised of all boy and girl preschool and 1st grader students diagnosed with mental retardation problems in Shahid Dastgheib School, Esfarayen City (n = 35; 15 boys and 21 girls).

The participants were selected through convenience sampling; so that 28 students (14 boys and 14 girls) who were, as reported by their teachers, had poorest adjustment performance were selected. To recheck judgments of the teachers, the parents were invited to the school to answer the questionnaire (only 26 families attended). One of the boy participant left the school during the study. Parents of two other participants did not attend the school to fill out the posttest questionnaire. In addition three participants were removed from the study as their mothers had high school diploma or higher degree. Therefore, only the children whose mothers had lower degrees were allowed in the study. The remaining 20 students were divided into two equal groups of control (n =10) and experiment (n = 10) groups. The participants were also equally distributed based on gender. It is notable that the participants were checked regarding the IQ. According to school documents all the participants had IQ score of 50 to 70 points.

**Data gathering tools**

To harmonize the participants’ groups regarding IQ score, Wechsler test was used and to measure adjustment score of the student under stressful situations, children adjustment inventory was used. The questionnaire was designed by Dokhanchi for a study titled “measuring children’s adjustment” (Hosseini et al., 2008). The questionnaire is comprised of 37 four-alternative questions (never, barely, sometimes, most of the
time). The questionnaire has been designed based on logical-content method so that it first defines adjustment as ability of an individual to adjust with themselves, family members, and peers (i.e. cooperating and accepting responsibilities at home and school, controlling anger and creating proper relationships with others). The abilities in each field are measured by few questions. The alternatives are pointed from 0 to 3 (depending on the fact that the question measures adjustment ability or inconsistency). The subjects are scored based on their adjustment capabilities. In other words, questions No. 1, 3, 7, 15, 16, 20, 21, 22, 32, 35, 36, and 37 deal with adjustment capability and the scoring is 0 for “never”, 1 for “barely”, 2 for “sometimes” and 3 for “most of the times.” On the other hand, the questions that deal with inconsistency are scored as 3 for “never”, 2 for “barely”, 1 for “sometimes” and 0 for “most of the times.” In this way, maximum and minimum possible points are 111 and 0.

The questionnaire was administered through a pre-study on a small group of participants and the results were used to check reliability by Cronbach's test ($\alpha = 0.75$). In addition, validity based on the Pearson Correlation was obtained 0.81.

Another tool in the study was the narrations. Totally 6 researcher-designed stories were developed. The stories were designed having in mind the specific mental situation of the children and their social and cultural conditions. The stories illustrated daily stressful situations in social, familial, and educational situations and how the characters handle such situations. The stories, actually, were the treatment tools and administration method is discussed in the following parts.

**ADMINISTRATION METHOD**

At first, an introductory meeting was held for the parents and they were provided with required information. Afterward, the children adjustment inventory was handed over to the parents to be filled out by spending enough time and based on behavioral condition of their children. The narrative therapy intervention was started after designing control and experimental groups with identical characteristics regarding IQ, inconsistency rate, and literacy of their parents. Totally 18 sessions were held during 6 weeks and the open ended stories were represented verbally using images. The participants were engaged in the story by posing questions about the stories. After starting discussion regarding possible options of first character of the story and discussing these options, the rest of the story would be told. At the end of each session, the main points of the story would be reviewed once more. It is notable that 6 stories were used and given that the materials were not easy to remember for the students, each story would be repeated in three sessions with different forms. In the first session, the story would be represented with images and the points of the story would be mentioned at the end the session. In the 2nd session, the story would be told with participation of the subjects through role playing. Finally, the story would be represented as open ended story and the participants would be asked to think about a solution and discuss it. Eventually the parents would be asked to discuss the story at home with their children. Each story was representative of a complex situation where the hero was needed to deal with probable outcome of these complex situations and find the best solution. Children adjustment inventory was administered for both groups after the interventions. It is notable that the control groups only attended open discussion classes with the narrator of which the topic were irrelevant. This enabled us to control the variable narrator’s presence and experience of the subjects. Given that the subjects were of the two genders, each group was comprised of equal boys and girls subjects (5 boys and 5 girls). Each session took 15 to 30 min so that the subjects had the opportunity to discuss the matter with the narrators and their classmates. The pretest was carried out after the intervention on all subjects.
The collected data were analyzed using covariance analysis. The assumptions of this statistical model are as follows:

**Findings**

The participants’ scores are illustrated in the diagram below. As pictured, scores of the experiment group show clear increase comparing with the control group after the intervention, while score of the control groups is remained almost unchanged and no trend is evident.

**Normal distribution of the variable**

Table 1. Kolmogrov-Smirnov normal distribution test

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>KS (Z)</th>
<th>Sig. level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s adjustment</td>
<td>20</td>
<td>60/40</td>
<td>10/76</td>
<td>1/73</td>
<td>0/128</td>
</tr>
</tbody>
</table>

As listed in the table above, the Z coefficient is between –1.86 and +1.96; thus the distribution is normal.

**Homogeneity of variances of research variables**

Homogeneity was checked using Lon test; and as the results showed variance homogeneity regarding children’s adjustment is confirmed (F = 0.680, P = 0.42).

**Regression Homogeneity of the variables**

To check regression homogeneity, f-value was used. For significant f-value, the regression homogeneity is not supported and otherwise. The results are listed in Table 2.

Table 2. Regression homogeneity test

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cause of variation</th>
<th>Df</th>
<th>Mean squares</th>
<th>F</th>
<th>Sig. level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s adjustment</td>
<td>Group</td>
<td>1</td>
<td>49/026</td>
<td>2/183</td>
<td>0/159</td>
</tr>
<tr>
<td></td>
<td>Pretest point</td>
<td>1</td>
<td>1531/815</td>
<td>68/214</td>
<td>0/000</td>
</tr>
<tr>
<td></td>
<td>Pretest point * group</td>
<td>1</td>
<td>18/586</td>
<td>0/028</td>
<td>0/376</td>
</tr>
</tbody>
</table>

In brief, the tests showed that all presumptions for covariance analysis are met. The table below lists the mean and standard deviation for all the subjects based on gender. As indicated, the experiment group showed increase of mean point after the intervention, while no similar change is observed in the control group.

Table 3. Mean and standard deviation or pretest and posttest results

<table>
<thead>
<tr>
<th></th>
<th>Posttest</th>
<th>Pretest</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experiment group</td>
<td>Control group</td>
<td>mean</td>
<td>mean</td>
</tr>
<tr>
<td>SD</td>
<td>8/766</td>
<td>63/80</td>
<td>117/36</td>
<td>57/20</td>
</tr>
<tr>
<td></td>
<td>9/813</td>
<td>63/40</td>
<td>14/203</td>
<td>57/40</td>
</tr>
<tr>
<td></td>
<td>8/729</td>
<td>64/20</td>
<td>10/271</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Social adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results of Covariance analysis of the hypothesis one is listed in Table 4.

Table 4. Covariance analysis of the effect of narrative therapy on mentally retarded children’s adjustment

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Sig. level</th>
<th>DF</th>
<th>Sum of squares</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/824</td>
<td>0/000</td>
<td>2</td>
<td>1771/118</td>
</tr>
<tr>
<td>0/377</td>
<td>0/005</td>
<td>1</td>
<td>228/831</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17</td>
<td>377/852</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
<td>75364/000</td>
</tr>
</tbody>
</table>

As indicated in Table 4, there is a significant effect of the intervention evident after adjusting the points. That is the adjusted points show that mean point of the experiment group has significantly increased after the intervention (P <0.05); thus, H0 is not supported at 0.05 level with confidence level of 95%. One may conclude that narrative therapy is significantly and positively effective on mentally retarded children’s adjustment.
Furthermore, as listed in Table 5, effect of narrative therapy was significant at 0.038 on the boys. Thus, H0 is not supported and narrative therapy is effective in reducing inconsistency of mentally retarded boys. Moreover, effect of narrative therapy was significant at 0.119 on the girls. Thus, H0 is not supported and narrative therapy is effective in reducing inconsistency of mentally retarded girls.

**DISCUSSION AND CONCLUSION**

Inconsistency is one of the main behavioral disorders among children and juveniles and mentally retarded individuals in particular. This disorder may develop into other forms of disorders or delinquency (Crick and Grotpeter, 1995; Boltun and Smith, 1994). The disorder is usually observed with other mental disorders and attenuation of mental health of the family; which may result in serious problem such as weak self-image and depression (Matsuura, Hashimoto, and Tuki, 2009). Impulsiveness and hyperactivity (Stro and Godalski, 2009), ostracism by the peer group (Crick and Grotpeter, 1995), and even the parents legal/emotional divorce are of the consequence of inconsistency. This indicates necessity of reviewing the literature of children's inconsistency to find the best ways of intervention. It was tried to measure effectiveness of one of the treatment (i.e. narrative therapy) on treating and attenuating mentally retarded children's inconsistency symptoms.

According to the cognitive theories, the present study was based on the idea that learning is possible through observing. What happens in narrative therapy is that the daily life events are represented within the framework of meaningful stories. The first character represents the preferred moral model. Proper images, music, appealing costumes also draw more attention. The subject copy the first character; while repeating the story in two consecutive sessions helps memorizing the story. Practicing and repeating the concepts at home also helps better memorization of the stories. Therapist in this study tired to represent the story by role playing in the third session and convert the verbal or figurative codes memorized by the subjects into evident performance. To this end, proper incentives were used. Based on the theories, narrative therapy helps the patient to achieve better perception of themselves and the others (Angos, Light, Hardek, 1999; cited by Yusefi Loie and Matin, 2006); as the stories are strong combination for organizing and transferring the information and giving meaning to life. In fact, characters of the story are set to challenge critical situations and find solutions. Training such skills to children and mentally retarded children in particular is not easy, and narrative therapy facilitates this (Malani, 2004; cited from Yusefi Loie and Matin, 2006). This holds not only for normal children but especially for the children with adjustment problems who lack the required strategies and methods to solve their problem.

The results indicated that social adjustment of the mentally retarded children was improved and rebuilt through narrative therapy. These results are consistent with many other studies on using narrative therapy for treating behavioral problems. For instance, Store and Store (1994) on hard to teach children; Laube and Threfz (1994) and Shiban, Yusefi Loie, and Delavar (2006) on depression treatment; and Yusefi Loie et al. (2008) on anxiety disorder treatment.

The results also showed that boys enjoyed more improvement comparing with the girls; which is inconsistent with Birni (2000), Aisan, Thompson, and Hamart (2001), Kampas (1998), Yusefi Loie and Matin (2006) who concluded vice versa. One explanation for this is that the girls’ parents were less cooperative throughout the study regarding repeating the stories at home so that cooperative rate of the boys’ parents was 28% and that of the girls’ parents was 19%. It is notable that the stories encompassed 3 girl first characters and 3 boy first characters.

There was limited time available to hold group therapy. What was used as narrative therapy technique was based on only one technique (the therapist as the narrator and role playing). In addition, given the specific condition of the subjects, only emotional terms in role playing (Kaduson, Schaefer, 2003) and pause, conciseness, and punctuation (Rowshahan, 2006) were used.

The employed narrative techniques improved social adjustment of the educable mentally retarded children. The findings emphasized necessity of using stories and tales for educational and therapeutic purposes for improvement and optimization of psychological change treatment and improvement of mental health of mentally retarded children and families.

**REFERENCES**


Parker J, Asher SR. 1987. Peer acceptance and later personal adjustment: Are low-accepted