



## Effectiveness of Play Group Therapy on Controlling the Impulsivity, Reducing the Aggression and Increasing the Interpersonal Relationships

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### Abstract

The main aim of this study is to investigate the effectiveness of the play group therapy on controlling the impulsivity, reducing the aggression and increasing the interpersonal relationships. For this reason, a quasi-experimental research method with two groups with pre- and post-test was used. The statistical population of the study included all primary school orphaned male children in welfare centers in Rasht. Research sample included 20 people (7-11 years old) who were selected based on the convenient sampling method and by considering the limitations for entering the orphan welfare centers. They were randomly divided into two groups of experimental (narrative therapy) and control, each of 10. The counselors and psychologists of welfare centers in Rasht had diagnosed that these children had some disorders such as aggression and had no interpersonal relationships. These children also had therapy and clinical records in private clinics based on this diagnosis. Relational and overt aggression questionnaire of the primary school children, Hirschfield impulsivity scale, and self-efficacy scale in interpersonal relationships with the peers used as the research tools. Results showed that play group therapy was effective on controlling the impulsivity, reducing the aggression and increasing interpersonal relationships.

**Keywords:** Play Therapy, Impulsivity, Aggression, Interpersonal Relationships



## Introduction

Orphans and unsupervised children usually face problems in their interpersonal relationships. Interpersonal relationship is a systematic, selective, unique and progressive interaction that helps people to know each other and create mutual meanings (Esmaeili et al., 2006). Interpersonal communication is a process in which information, ideas and feelings are conveyed through verbal and nonverbal messages to others. This relationship is often face to face and the number of participants are low (Wake, 2011). These children usually are rejected by their friends due to the lack of the true relationships with their peers and adults and their self-confidence is impaired due to the negative consequences that frequently receive from their surrounding world and are prone to depression and anxiety.

Impulsivity is another problem of the children. Impulsivity is described as a strong tendency to repeat a behavior without thinking enough when facing the internal and external stimuli (Ekhtiari et al., 2008). Impulsivity in some texts is called as risk behavior (Pico & Pynzans 2014). Impulsivity in children means that they respond to the questions before they finished; it is difficult to them to wait to answer the questions. They often disturb others and may interrupt others' talk or game. These children are very restless and impatient because of the high impulsivity, and these features disrupt their social and educational situations (Barton and Fletcher, 2012).

These children have no intimate relationships with their friends since they are aggressive and impulsive, and for this reason, they face many difficulties in interpersonal relationships (Kowalski and Fdyna, 2011). These children usually are rejected by their friends due to the lack of observations of the rules and game rules, disorder and impulsive behaviors and their self-confidence is impaired due to the negative consequences that frequently receive from their surrounding world and are prone to depression and anxiety. Therefore, healthy interpersonal relationships are one of the symptoms of mental health in which social contacts of the children develop beyond the family and include communicating with the peers that is of great importance since it plays a key role in their life. Friends are the main source of companionship and rejection (Heidari, 2011).

Play therapy is one of therapeutic methods; children communicate through playing. Playing helps children to learn something that nobody can teach it to them. Playing is a way for exploring and determining the direction of the real world of time and place, objects, animals, structures, and people. Children learn through play to live in our world of meanings and values and at the same time, explore it with their own way, test it, and learn new things (Frank, 1982).

Effective therapeutic relationships with children are best established through playing. This kind of relationship is necessary for the activity that is called experimental. Playing helps children to solve conflicts and express feelings. Toys are used to implement this process; because they help children to express their feelings. Free playing is to express what children like to do. Children use toys as the words they like to say and playing is their language.

Restricting experimental to verbal expression is to deny the existence of the most vivid figure of speech, the activity (Lenorth, 2009). Thus, considering the importance of the educational aspect of play therapy as an art of communicating with children, the present study aimed to evaluate the effectiveness of play group therapy on controlling the impulsivity, reducing aggression and interpersonal in order to use the principles as a valuable and efficient means.

## Methodology

a quasi-experimental research method with two groups with pre- and post-test was used. The statistical population of the study included all primary school orphaned male children in welfare centers in Rasht. Research sample included 20 people (7-11 years old) who were selected based on the convenient sampling method and by considering the limitations for entering the orphan welfare centers. They were randomly divided into two groups of experimental (narrative therapy) and control, each of 10. The counselors and psychologists of welfare centers in Rasht had diagnosed that these children had some disorders such as aggression and had no interpersonal relationships. These children also had therapy and clinical records in private clinics based on this diagnosis.



## 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) defines 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.

In the dimension of overt aggression, some statements are designed regarding physical aggression (7 statements), verbal reaction (3 statements) and proactive aggression (3 statements). Scored 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 is 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 (Shahim, 2007). 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 are considered aggressive. In relational aggression, the scores higher than 18 for girls and the scores higher than 17 for boys are considered aggressive. In verbal - proactive reactive aggression, the scores higher than 15 for girls and the scores higher than 16 for boys are considered aggressive. The reliability calculated in this study for physical, relational and reactive aggression has been as 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. The tool has 19 items that are set for its implementation in 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 research (2016), the Cronbach's alpha coefficient was obtained as 84% for the scale. The reliability calculated in this study based on the Cronbach's alpha coefficient was as 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 that 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 as 0.87, 0.83 and 0.78, respectively (Hossienchari, 2008). The reliability calculated in this study was as 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 were 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 good relationship with the therapist.

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

Third session: First, to prepare children to participate in group games, mini basketball game and group golf play were used. The aim of doing 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 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 in the last session to bring into this session. The purpose of doing the play intended by children was to investigate the roots of children's problems, since the children choose 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 that is a valuable tool in playing with children. 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' 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 educational intervention.

### Findings

Since this study is based on the pre-test and post-test design (with control group), MANCOVA is the most appropriate method for data analysis.

**Table 1:** Mean and SD of the pre-test of the experimental and control groups

Groups	Statistical index	Impulsivity	Interpersonal relationships	Aggression
Play therapy	Mean	5.04	69.39	23.66
	SD	0.66	2.68	3.23
Control	Mean	10.59	53.16	48.43
	SD	0.56	2.28	2.75



**First hypothesis: play group therapy reduces the children's aggression.**

**Table 2:** results of the play group therapy effect test on reducing the aggression

Source of changes	SS	df	MS	F	p	$\eta^2$
Aggression	2126.93	1	2126.93	31.94	0.01	0.65
Error	1132.11	17	66.59			

As shown in Table 2, based on the adjusted Bonferroni alpha (0.017), narrative play therapy was effective on decreasing the aggression ( $F: 31.94$ ) ( $P < 0.01$ ). Partial Eta square shows severity of the effect (0.65). Significance of the effect of play group therapy on enhancing interpersonal relationships indicates that the mean of the dependent variables in the experimental and control groups is different. Therefore, the first hypothesis is confirmed with 99% confidence.

**Second hypothesis: play group therapy increases the interpersonal relationships of the children.**

**Table 3:** Results of play group therapy on increasing the interpersonal relationships

Source of changes	SS	df	MS	F	p	$\eta^2$
Interpersonal relationships	1140.22	1	1140.22	20.78	0.01	0.55
Error	932.91	17	45.88			

As shown in Table 3, based on the adjusted Bonferroni alpha (0.017), play group therapy was effective on increasing the interpersonal relationships ( $F: 20.78$ ) ( $P < 0.01$ ). Partial Eta square shows severity of the effect (0.55). Significance of the effect of play group therapy on enhancing interpersonal relationships indicates that the mean of the dependent variables in the experimental and control groups is different. Therefore, the second hypothesis is confirmed with 99% confidence.

**Third hypothesis: play group therapy increases the impulsivity of the children.**

**Table 4:** Results of play group therapy on increasing the impulsivity control

Source of changes	SS	df	MS	F	p	$\eta^2$
impulsivity control	128.59	1	128.59	40.55	0.01	0.71
Error	53.91	17	3.17			

As shown in Table 4, based on the adjusted Bonferroni alpha (0.017), play group therapy was effective on increasing the impulsivity control ( $F: 40.55$ ) ( $P < 0.01$ ). Partial Eta square shows severity of the effect (0.71). Significance of the effect of play group therapy on enhancing impulsivity control indicates that the mean of the dependent variables in the experimental and control groups is different. Therefore, the third hypothesis is confirmed with 99% confidence.

**Discussion and Conclusion**

This study focused on the effectiveness of narrative therapy and play group therapy in reducing aggression and enhancing the interpersonal relationships. The results of the first hypothesis showed that the mean of the scores of the experimental group in aggressive behaviors is significantly lower than the mean of the control group. The findings are consistent with results from previous studies, including Barzgar et al. (2012) who showed that the effectiveness of play in reducing externalizing problems, aggression, and ignoring the rules of preschoolers with behavior problems was significant and results showed that play therapy is an effective method in reducing externalizing behavior in preschool children. In addition, Khshdivizand and Asgharinekah (2011) conducted a study and



investigated the effect of group play therapy on physical aggression of preschool children. They concluded that play therapy is effective in reducing aggressive behaviors. Kandibehr et al (2013) studied the effectiveness of play therapy on reducing aggression in children; Kahrizi et al (2014) also dealt with the effectiveness of sand play therapy in reducing aggression in preschool children, and showed that the sand play therapy effectively reduces aggressive behavior in children. Mahmoudi and Aghashahi (2013) carried out a study to evaluate the effect of group play therapy on aggression in preschool children of Shiraz and concluded that play therapy was effective in reducing symptoms of aggressive behavior. Akbari and Rahmati (2015) also investigated the effect of cognitive behavior approach-based group play therapy on reducing the aggression of the preschool children with attention deficit disorder that showed cognitive behavior approach-based group play therapy was effective on reducing the aggression.

The results of the second hypothesis showed that there was a significant difference between the scores of two experimental and control groups in terms of the variable of interpersonal relationships and the average score of the experimental group was significantly higher than the mean of the control group in terms of the variable of interpersonal relationships. The results of the fifth hypothesis are consistent with those of previous studies including Asgharinekah (2011) who showed doll play therapy was effective on the communicative skills of the autistic children and increased their interpersonal relationships. Moreover, Mousavi (2015) carried out a study to investigate the improvement of the communication skills of the autistic children by doll play therapy intervention. He showed that doll play therapy has been effective on children's communication skills, their social interactions and behavioral requests. Chinkesh et al. (2014) conducted a study on effectiveness of play group therapy on social and emotional skills of preschool children and showed that play therapy was effective in improving problem-solving skills in social situations and improvement of children's interpersonal relationships. Arghabaei et al. (2011) carried out a study on the effectiveness of child-centered play therapy on improving communication skills of autistic children. The results showed improvement of children's interactive and interpersonal skills. Babaei et al. (2014) dealt with effectiveness of play therapy on improving social skills in children and showed that play therapy is an effective and efficient method on improving repressed feelings and emotional discharging and improving social interactions and interpersonal relationships. Moreover, Moleli et al. (2015) investigated the effectiveness of play group therapy on social skills in preschool children with hearing impairment. The results showed that this method is effective for communication skills (communicating with parents and peers, etc.), self-management skills, problem-solving, decision-making and assertiveness.

The results of the third hypothesis showed that in the experimental group, the mean of impulsivity control is significantly lower than the control group. The results of the sixth hypothesis are consistent with those of previous studies. The results of this study are also consistent with those of Pargirly and Baraton (2012) who evaluated the effectiveness of play therapy in reducing the symptoms of attention deficit / hyperactivity disorder and showed that play therapy reduces anxiety, impulsivity, isolation, and instability, emotional and learning problems in children with attention deficit hyperactivity disorder. Hanser et al. (2000) showed play therapy reduces impulsivity and problematic behaviors and increases the social skills. Panksip (2007) showed diagnosis and early intervention and use of the play therapy –based treatments can be effective in treating the attention deficit and impulsivity and the results of this study are consistent with those of Mc Giv (2000) who discussed the effectiveness of play group therapy on reducing behavior problems, increasing emotional adjustment, improving the concept and increasing self-controlling and controlling the impulses, as and those of of Richards et al. (2012) who found that sand play therapy is an effective therapeutic method in reducing children's emotional and behavioral problems (e.g., aggression, impulsivity, anxiety and self-esteem). Jan et al. (2012) noted that play therapy reduces the symptoms of attention deficit disorder/ interferon and impulsivity.

Briefly, the results reveal that play group therapy increases the impulse control in children because of providing opportunities for success and creating a sense of self satisfaction, enhancing the problem-solving skills and thus increasing self- confidence and insight about the behavioral consequences.





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