



# The Impact of Group Narrative Therapy on the Depression of Children Suffering from Grief

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**Abstract:** *This study aimed to investigate the effect of narrative therapy on reducing depression in children conducted with grief. This is a semi-experimental study with pre-test and post-test with control group. The study population consisted of all children aged 11-7 in Tehran in 2013 who due to the loss of a loved one, have had a bereavement. And statistical sample included 20 cases of children who experience the loss of a loved one, or more than one person and according to the criteria of the study, patients were diagnosed according to mourn Byrlsvn Depression Scale depression. In the present case, a multistage randomly assigned to experimental and control groups (10 patients in the control group and 10 patients in the experimental group). The data collection tools were Grief children Byrlsvn Depression Scale for Children and the narrative therapy training package. Narrative therapy sessions during the 1-hour sessions were conducted separately for the experimental group. The results of the comparison of the mean and standard deviation of the data showed that narrative therapy can be used as a strategy to reduce depression in bereaved children. The effect of such interference terms can vary depending on the duration and the difference in children over 1 year of suffering bereavement of loved ones were dramatic.*

**Keywords:** *narrative therapy, depression, children with bereavement.*

## INTRODUCTION

Mourning for the death of loved ones is a natural and essential process that many people experience. However, some people do not have the necessary ability and skills for solving this problem which can be the origin of many psychological problems. Death of those close to us, especially our parents, is a grief followed by mourning; this can significantly affect the peace of family members, sometimes leading to pathological reactions. In case of a young family, the death of one of the parents can have significant and long-term impacts. Children may lose their parents due to various reasons such as natural death, accidents, diseases, war and natural disasters (Black et al., 2002). Any kind of loss can have a specific impact being different from the impact of other losses. Mourning is a set of feelings, thoughts and behaviors that are evoked inside of a person when they deal with losses or when they feel threatened to lose someone (Dyregrov, 2008). Recently, not only it has been proved that children and adolescents become depressed, but it is now believed that childhood depression can cause serious problems associated with general health (Lamarine, 1995). Studies have shown that diagnosis of childhood and adolescence depression can reduce the likelihood of other mental diseases, severe sadness, maladaptive behaviors and even death in children and adolescents (Reeve, 2000). Since, the consequences of losing parents to death may be children's depression, reviewing this issue and

attempting to overcome it, is considered to be an important step towards preventing diagnosis with other disorders and predicting mental health.

Recent studies have shown that despite the similarities between adulthood and childhood depression, childhood depression includes a different spectrum of signs and symptoms relative to adulthood depression. In addition, childhood and adolescence depression overlap with many other mental disorders (Carlson, 2000). Some children show classic signs of depression such as sadness, anxiety, restlessness and difficulty in eating and sleeping; while others show physical pains and problems and do not respond to common and conventional therapies. Because of the different types of childhood and adolescence depression, major depressive disorder in children is considered to be one of the most important problems children might face and just like major depressive disorder in adults, it can be disabling (Ryan, 2003); in such a way that the functions of an individual are harmed for a short or long period of time (Mirza, Michael, 1996).

There are various effective methods for treating depression, one of which is the storytelling technique. Storytelling can play an effective role as an indirect method for children to express their anxieties, worries and what goes on in their world. Children adjust their functions and interactions with others based on a series of narratives. Narratives include reflections of self and the world and various origins of individuals' interactions with others. Within narratives, many manners, meanings and events are discussed (Dimmagio et al., 2003). Finally, by understanding the connection between the subject of the narrative and their own lives, children can directly think about their own personal matters and try to find solutions for their problems (Goldard & Goldard, translated by Arjomandi, 2010).

Storytelling is a basic psychological strategy. All of us have our experiences as a narrative to make sense of occurrences and to direct our activities in association with the situations that will happen (Salvatore, Dimmagio & Semerari, 2004). Since the work of Richard Gardner in 1971, therapists have been interested in using storytelling as a treatment strategy. He used mutual storytelling technique in child psychological therapy. In this technique, the therapist asks the child to tell a story with a beginning, a middle and an end. Then the therapist selects mentally-analyzing subjects associated with the child's problems and uses them in a story similar to the one the child has told and tells the story to the child. In this new story, the therapist offers the child healthier and more mature strategies for solving their problems (Arad, 2004).

Narrative approaches to psychology are derived from the post-modern philosophy that puts emphasis on the importance of a mutual language in social structures of reality. In this perspective, it is assumed that our feelings and thoughts are formed based on occurrences and interpersonal relationships (Naziri et al., 2010; Fazel, 2010). In this perspective, behaviors, relations, enthusiasms and expectations of an individual are resulted from the social structures of that individual which are formed through a mutual language. In fact, people's views of themselves and of reality are often a representation of choices; regarding that people do not include all of their lives in the stories they tell, they pay attention to some of these experiences and interpret them and ignore others. People pay attention to special occurrences based on their beliefs about themselves as well as what others think of them, then combine them in a story of their lives (their stories). Laner (cited by Aghamohammadian Sherbaf, 2013) also believes that children's stories provide us with an understanding of their family problems and psychological implications for therapeutic conversations with the children. A combination of narratives and group therapy increases self-concept, self-confidence, finding purpose,

entertainment, problem-solving skills and reduction of the sense of loneliness in children (Malka, 2010; Bristol-Myers Squibb Company, 2008); it can be used as an effective strategy to solve problems of children who are on the verge of being frustrated. Accordingly, given the importance of children's mental health, the present study aimed at reviewing the impact of storytelling approach based on the depression level of children suffering from grief and mourning.

Various studies have been conducted regarding the subject of this research. In the following section, we refer to some of these studies:

(Tajabadi et al. 2013) have conducted a research called "the effect of storytelling and narrative therapy on the reduction of children's depression" and showed that changing the style of children affects their depression; they also found that the educational model encouraging the storytelling technique has reduced the level of children's depression, making its impact last after 6 months. Therefore, using this storytelling model can have a relatively permanent impact on the reduction of the level of children's depression.

(Arjmandirad et al. 2013) have conducted a research called "reviewing the effectiveness of group storytelling on the level of separation anxiety and depression in children of divorce" and showed that narrative therapy reduces the signs of separation anxiety and depression in children of divorce.

The results of another study titled "the effect of narrative therapy on the reduction of anxiety of children with cancer" conducted by Aghamohammadian Sherbaf et al. in 2013, indicated that narrative therapy affects the reduction of the level of anxiety felt by children diagnosed with cancer. Since these children find out through these stories that others have also problems, they try to solve their own problems by thinking and selecting the right path and doing the right thing. (Sheybani et al. 2007) conducted a study titled "the effect of narrative therapy on the reduction of symptoms of depression in depressed children". They showed that the level of depression of all of the subjects has been reduced at the end of the narrative therapy program. Moreover, they have stated that narrative therapy has affected the treatment of comorbid disorders including anxiety disorders, stubbornness and disobedience.

Furthermore, in a research, (Yusefi Looyeh et al. 2007) attempted to review the effect of narrative therapy on coping strategies of children with learning problems and found out that narrative therapy improves the coping strategies of children with learning problems.

### **Research method**

The present study is a semi-experimental research in terms of its method with a pretest – posttest design and a control group. The statistical population of this research includes all the children between 7 to 11 years old in the city of Tehran, in 2013 who were mourning and grieving because of the loss of a loved one. 20 children, who had lost one or some of their loved ones, were selected as the statistical sample of the research; the criteria for entering the study demanded the children who were mourning. Based on the Birlson Depression Self-Rating Scale, it was confirmed that they were depressed. These children were selected as the research sample through a stepwise sampling method and were randomly divided into two groups (an experimental group and a control group) (in addition, in order to compensate for the possible loss of research sample, substitute samples were predicted for the members of the experimental group).

Criteria for entering the research were as follows: 1) age range of 7 to 11, 2) experience of losing one of the family members or loved ones within at least three months, 3) having been clinically diagnosed with depression resulted from losing someone and being given the opinion of a clinical psychologist based on the Birlleson Depression Self-Rating Scale, and 4) not having a special and obvious physical disease.

The exiting criteria for the present research were also as follows:

- 1) Being diagnosed with a special and obvious physical disease over the course of the intervention; 2) being exposed to stressful incidents over the course of intervention that would impact the results. In addition, the parents of the participants were asked to sign a consent for the children to participate in the intervention program.
- 2) Traumatic Grief inventory for Children (TGIF): this tool has been designed by Children and War: the work of the Children and Work Foundation for measuring the signs and symptoms of grief. This inventory has 23 questions each of which is scored using the Likert scale ranging from 1 to 5 from hardly ever to always, respectively. Through using Cronbach's alpha, the reliability coefficient of this inventory was calculated to be 0.91. By summing the scores given to these 23 questions, the total score of the inventory was obtained as the general criterion for the signs and symptoms of grief in children and adolescents. The sum of the number of questions was multiplied by the scores given to each question by each individual and it was calculated as the cut-off point of the inventory. Individuals with scores higher than 23 were identified as children who were grieving and mourning.
- 3) Birlleson Depression Self-Rating Scale: this is a self-reporting scale which has been designed for measuring the level of depression of children between 7 to 13 years old (from average to severe) (Birlleson, 1981). The Depression Self-Rating Scale has 18 three-option questions and the answers given to this scale, based on the severity of depression, are ranked on a 3-score scale (0, 1 and 2). In this type of scoring, the score zero is given to the option "never", the score one is given to "sometimes" and the score two is given to the option "most times". The scoring is diverse for items 2, 1, 3, 7, 8, 9, 11, 12, 13 and 16. The cut-off point of the test is the score 13 and higher. Using the retest and the split-half test, the reliability coefficient of the scale is equal to 0.8 and 0.86, respectively (Birlleson, 1981). In Iran, the Depression self-rating scale was normalized by (Taghavi, 2005) and using the retest method and Cronbach's alpha the reliability coefficient of this test was 0.75 and 0.81, respectively.
- 4) The narrative therapy package: after the diagnosis of depression in children, the children participated in 10 one-hour sessions. The content and techniques of the intervention sessions have been adopted from clinical experiences and studies of researches in association with the narrative therapy (Asghari Nekah, Afrooz, Bazargan and Shokoohi, 2011 and Asghari Nekah, 2003). The mutual subject of all the stories is the overcoming of frustration and ways for reducing depression.

### **Research findings**

Mean and standard deviation of the depression criterion of both groups (experimental and control) before and after the intervention, showed that there is no significant difference between the two groups before the intervention, in terms of the mean of the level of depression. After the intervention, the mean and the level of depression in the experimental group were reduced (Table 1).

Table 1: mean and standard deviation of the results of the questionnaire in terms of the level of depression while separating the type of test and research groups

Variable	Group	Type of Experiment	Mean	Standard Deviation	Statistical Test
Level of Depression	Experimental	Pretest	18.15	4.80	t = 3.18 P = 0.03
		Posttest	15.30	3.16	
	Control	Pretest	17.74	4.38	
		Posttest	17.11	4.29	

By comparing the mean and standard deviation, it became clear that the level of depression has reduced after the narrative therapy sessions and this difference has been statistically significant ( $P < 0.05$ ).

The analysis of covariance was used to review the significance of the mean of the level of depression in the two research groups, after the intervention (Table 2).

Table 2: analysis of covariance for comparing the level of depression in the experimental and the control group

Source of Change	Mean Squared	F	Significance Level (sig)
The effect of intervention	11.73	29.46	0.001 *
The effect of duration of mourning	6.95	16.13	0.001 *
The effect of intervention and duration of mourning	0.41	1.10	0.21

\* significance level of 0.05

In addition, the simple effects test was used (Table 3) to review the impact of the duration of suffering from grief on explaining the differences of results, more accurately,

Table 3: the simple effects test for comparing the level of depression of the samples in the control group and the experimental group in the pretest and posttest taken by the members of the experimental groups with the separation of the duration of grief

Duration of Mourning	The average difference between pretest and posttest	Standard Error	Significance
3 to 6 months	0.02	0.094	0.734
6 to 12 months	-0.16	0.113	0.104
Over a year	-0.71	0.2	0.001 *

\* significance level of 0.05

According to Table 3, a difference was seen between the level of depression of mourning children who participated in the narrative therapy sessions; in the sense that the intervention was effective for children who had been mourning for more than a year and the level of depression of these children was reduced more than others.

### Discussion and conclusion

Storytelling is a basic psychological function. All of us arrange our experiences as a narrative to make sense of occurrences and to direct our activities in association with the situations that will happen (Salvatore, Dimmagio et al., 2004). Stories and narratives are considered as fundamental tools for making sense of things; they are natural patterns of thought that we learn through fairytales, children stories and our own family history, before going to school (Shang & Abelson, cited by Yusefi, 2007). In the narrative therapy process, the everyday incidents of our lives are mentioned in the frame of a meaningful narrative that helps the participants have a better understanding of themselves and others. In this process, the therapist and the participants discover and interpret the problem-solving process; that is how the children are to be enabled to solve their problems. In fact, throughout this story, the characters might face some crisis attempting to overcome them. Directly presenting this technique to individuals, especially children dealing with grief, is not always easy, but through storytelling, we might be able to do so (Melanie, 2004). Since one of the consequences of losing parents to death can be children's depression, reviewing this issue and taking steps in the direction of overcoming it, is considered to be an important step towards preventing diagnosis with other disorders and predicting mental health.

Thus, the present study aimed to review the impact of group narrative therapy on the level of depression of children dealing with grief. According to the results, the level of depression of children who had lost one of their love ones was reduced after the end of the narrative therapy sessions. This result complies with the results obtained by many other therapists such as Lob and (Terfez, 1994), (Sheybani et al. 2007), (Arjmandirad et al. 2013) and (Tajabadi et al. 2013) who had used narratives and stories for treating depression.

Moreover, the results of the simple effects test in comparing the level of depression of the samples in the control group and the experimental group in the pretest and posttest taken by the members of the experimental groups with the separation of the duration of grief show that the narrative therapy sessions have been the most effective for children who had experienced grief for more than a year. Thus, it is suggested to use other therapeutic methods and techniques, such as cognitive techniques and problem-solving strategies, along with this one for those who have been grieving and mourning for less than a year. In this regard, Arad (2004) has stated that in child psychology, given the flexibility and richness of the cognitive therapeutic techniques, combining storytelling techniques and a cognitive method can increase the effectiveness of therapy.

It is also noteworthy to mention that the narrative therapy cannot be carried by just anyone and just like any other therapy, it must be carried out by experts in various field of psychology and therapeutic branches. The expert carries out the treatment by taking into consideration the level of depression and various methods of treatment. In addition, it is of significant importance for the expert to become familiar with narrative psychology and the narrative therapy processes.

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