Effectiveness of play therapy based on cognitive-behavioral therapy on loneliness reduction of 9-11 years old children suffering from learning disorders

Afrouz Hamidi

ABSTRACT

The purpose of this study was to investigate the effectiveness of play therapy based on cognitive behavioral therapy on loneliness reduction of 9-11 years old children suffering from learning disorders studying in primary school in 2014-2015 in the city of Sanandaj. Method of the study was quasi-experimental including pretest - posttest and non-equivalent control group. The study population consisted of all elementary school children "11- 9", referring to Raheno institute of learning disorders in in 2014-2013 school year. Using convenience sampling, 20 children with learning difficulties in both experimental and control groups were selected. For data collection, Usher Loneliness Scale was used. Then 10 sessions of cognitive-behavioral therapy was performed on the experimental group, results of the study showed that play therapy caused reduction in loneliness.

KEY WORD: game, cognitive - behavioral therapy, loneliness, learning disorders.

INTRODUCTION

A major part of the world population consists of children, so that in developing countries, including Iran, the share of this population is approximately 50% (Narimani, M., et al., 2012). In every society, health of children is of special important and paying attention to their mental health helps them mentally and physically, they also conduct their social roles in a better way. Especially for students with learning disorders who constantly experience academic failures, these children with learning disorders are more likely to be rejected by their peers and also to believe the poor self-concept. And are generally rejected by their peers, which makes them to feel more lonely (Kakavand, A.R., 2006). One of the common issues in some students is learning disabilities. The term learning disability was first proposed by Kirk in 1963 (Lerner, J., 1993). Learning disabilities is a general term that refers to a heterogeneous group of disorders that occurs as significant difficulties in acquisition, listening, speaking, reading, writing, and reasoning or mathematical disability. These disorders are intrinsic, and it is assumed that they are cause by disorder of central nervous system and they are probability during life. Problems of self-regulation, social perception and social interaction may be associated with learning disabilities, but it’s not the cause. Although learning disability may be found with other disabilities (eg. sensory impairment, mental retardation and severe emotional distress), or external factors (eg cultural differences, insufficient or inappropriate instruction), but it is not a result of these conditions or factors (Hammill, D.D., et al., 2013). According to various theories, learning disorder can have varying effects for children, Including Low self-esteem (Saif Naraghi, M. and E. Naderi, 2011), emotional and social difficulties (Kakavand, A.R., 2006), and loneliness (Azadfarsani, Y.).

Loneliness can be considered as defect and weakness in interpersonal relationships which lead to the experience of dissatisfaction with social relationships. Usher & pocket (2003) describe loneliness as the person cognitive awareness of its weaknesses in his/her social relationships which leads to the feelings of sadness, emptiness and regret or sorrow (Azadfarsani, Y., et al., 2013).

People who are lonely, have low self-esteem, they feel uncertain about their own strengths and show modes such as embarrassment, shame, anxiety, lack of assertiveness, low risk, introversion and... in their interpersonal behavior. They are vulnerable and sensitive toward emotional states such as depression, anxiety and anger. They have effective interpersonal behavior even in test environments, and the mentioned desires of the people
are with internal citations and consistent with their disabilities, passivity and social failure (Hussain Chari, M and F. Kheir, 2002).

Socio-emotional problems in children with learning disorders are similar in all of them, including: distraction, incorrect self-assessment, isolation, personality problems, anxiety and lack of strong relations with others (Hamid, N., 2006). These students are rejected more than their healthy peers (Narimani, M., et al., 2006). Which would disrupt their interpersonal relationships (Hamid, N., 2006). Research shows that emotional and psychological problems in children and adolescents with loneliness can be observed. That due to its high level in children with learning disorders, some effects have been reported in children with loneliness, effects such as the experience of stress and anxiety (Martorell, A., and E. Tsakanikos, 2008), truancy from school, depression, alcoholism (Asher, S.R., and J.A. Paquette, 2003), shyness and low assertiveness (Peich, S.C., 1990), and low self-efficacy, self confidence and self-esteem (Galaneskie, N.A., et al., 1999), (Anari, A., 2008).

Several treatments were listed to reduce loneliness, but due to the low level of abstract thinking, children cannot express themselves, repression and lack of expression of negative emotions endanger mental health of children. So it is necessary to find a way in which the child can express emotions through a way rather than manner of verbal expression. Playing is a tool that will help the child to express him/herself, and for every child regardless of race, language and nationality is an optimum tool to express their emotions (Sohrabisheftegi, N., 2011). Play therapy is a dynamic and interpersonal relation, between one (or a person of any age), and the therapist who is trained in play therapy techniques, and provides the selected play equipment, and facilitate the secure communication for children (for any person at any age), to be able to express their (feelings, thoughts, experiences and behaviors) through playing (the most natural means of communication for children), and explore in them, so that the optimal development is achieved (Landres, G., 1937). In play therapy, Children can use toys, to express the unspeakable, and show feelings that if are expressed are followed by punishment (Landres, G., 1937).

One of the effective methods of play therapy is cognitive behavioral approach. In this method, the therapist believes that any behavior is done with a special intention and purpose (Samadi, A., 2010). In this method as adults’ treatment, the impact of maladaptive or dysfunctional beliefs and attitudes are emphasized. The used default is that; the child's reaction to an event is influenced by the meanings and implications of the event (Zare, M. and Ahmadi, Sonia, 2007). Considering the above facts and various problems that children with learning disorder experience in terms of emotional, psychological and social experience, it is essential that more studies be conducted on this issue and the ways to decrease the effects of this disorder, so this study was to investigate whether cognitive behavioral therapy reduce loneliness in children with learning disorder.

ResearchMethodology:
Methods: The study was a semi-experimental designs that is done on both control and experimental groups including pre-test and post-test.

The layout diagram is as follows.

<table>
<thead>
<tr>
<th>Post test</th>
<th>Treatment</th>
<th>Post test</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>X</td>
<td>T1</td>
<td>Rb</td>
</tr>
<tr>
<td>T2</td>
<td></td>
<td>T1</td>
<td>Re</td>
</tr>
</tbody>
</table>

The population: The populations considered in this study were all elementary students (9-11) years old, with learning disorders referring to Raheno learning disorder center in Sanandaj in 2013 - 2014.

Convenience sampling method was used, all students (11-9) years with learning disorders in Raheno learning disorder center in Sanandaj were given the questionnaire of loneliness. From the considered population, 20 persons who got the highest score in this test were randomly divided into two groups (n = 10) and control (n = 10).

Methods: After replacement of the subjects in experimental and control groups and after applying pre-test for both groups, the experimental group received 10 sessions of play therapy based on cognitive behavioral therapy. The treatment involved 10 sessions of an hour and a half.

Method of treatment intervention was as follows:

<table>
<thead>
<tr>
<th>The content of the meetings</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiarity of child and therapist, providing safe and appropriate environment, encourage and strengthen relationships through playing and painting</td>
<td>1</td>
</tr>
<tr>
<td>Presenting and Training feelings (loneliness, sadness, anger, happiness, and fear), using play dough and musical chairs and pantomime. For the purpose of identification, separation and acceptance of feelings.</td>
<td>2</td>
</tr>
<tr>
<td>Review last session, reading the story of little rabbit; color your own world, with the aim of expressing emotions in an acceptable manner and comfortably.</td>
<td>3</td>
</tr>
<tr>
<td>Train thought and behavior, using water colors and finger paint. With the goal of distinguishing thoughts and feelings.</td>
<td>4</td>
</tr>
</tbody>
</table>
Training, identifying and understanding the relationship of thought, feeling and behavior (magic circle) by detective game, missing ring and spider trap games.

Training automatic thoughts and thinking errors (negative look, labels, or zooming), by using traffic signals and detective game. With the aim of understanding and identification automatic thoughts and thinking errors.

Relaxation training (rock jelly game), breathing relaxation training (bubbles and flowers and candles making Games), and writing letters to their families, with the goal of seeing the positive points and replacing negative thoughts with positive thoughts about themselves, self-express, gain the support of the family, and concerns. Can game in order to reduce stress and anxiety.

Teaching problem solving through news reading game, with the aim of increasing verbal skills and problem solving skills and finding and applying appropriate and new solutions, animals power game to increase self-esteem and strengthen children positive feelings toward themselves.

Play a role by using finger puppets with the objective of self-awareness, self-efficacy and skills to enhance relationships with peers. Giving the worksheet entitled I can do everything, with the aim to encourage the child to express feelings in different situations.

Reviewing past sessions and create good memories at the end of treatment.

Research Tools:
1. Usher Children Loneliness Scale: Children Loneliness Scale was made by Usher, Haimel and Renshav in 1984. This scale has no small scale, and assesses child feeling of his loneliness and social discontent. 1. Usher Loneliness Scale has 24 articles and is scored based on Likert scale and each phrase is from 1 to 5 (1 = not at all about me, 2 = a little true about me, 3 = sometimes true about me, 4 = often true about me, 5 = completely true about me), phrases 3-6-9-12-14-17-18-20-21-4 should be scored reverse. Reliability coefficient of this test was evaluated by split-half method. In reliability of (HussainChari, M and F. Kheir, 2002), it was found out that the discussed scale had suitable internal consistency. Cronbach's alpha coefficient equal was 0.81, and internal consistency according to the correlation 0.66 using the bisection method is at an acceptable level, this value after Spearman-Brown correction method for calculating the reliability coefficient of the scale, is 0.79. Gutman's reliability coefficient is 0.79, which is acceptable in all levels and shows good reliability. To determine the validity of loneliness scale, factor analysis using principal components and varimax rotation was performed. KMO index value was 0.80 and the numerical value of test Bartlett test was 1742/1 which is significant at 0/00001 level. Then, based on the numerical values of Eigen diagram (Scree diagram), and using Michael method, a major factor was gained, according to its covering terms (16 phrases related to loneliness) is considered as cause of loneliness.

Data analysis: In addition to descriptive data in the present study, to test the research hypothesis, statistical inference methods, including analysis of covariance ANCOVA was used. It should be noted that all statistical data were analyzed using SPSS software version 21.

Findings:

Table 1: Descriptive statistics of the research participants according to Loneliness Scale

<table>
<thead>
<tr>
<th>SD</th>
<th>Mean</th>
<th>Stages</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/71220</td>
<td>41/6000</td>
<td>Pre test</td>
<td>Experimental group</td>
</tr>
<tr>
<td>13/42510</td>
<td>55/3000</td>
<td>Post test</td>
<td>Control group</td>
</tr>
<tr>
<td>824891</td>
<td>53/4000</td>
<td>Pre test</td>
<td></td>
</tr>
<tr>
<td>757261</td>
<td>54/7000</td>
<td>Post test</td>
<td></td>
</tr>
</tbody>
</table>

In Table 1 it is observed that the mean scores of the experimental group in Loneliness Scale increased from (41/6000) in pre-test to (55/3000) in post-test. But there is not much increase in the control group.

For the analysis of statistical data related to this hypothesis, the analysis of covariance (ANCOVA) was used, in the mean analysis, post-test of experimental group was compared with the control group. Pre-test and post-test scores were used as a covariate. It is necessary to respect the equality of variance, the results of which are reported in Table 2.

Table 2: Results of Leuven

<table>
<thead>
<tr>
<th>Sig. level</th>
<th>Degree of freedom 2</th>
<th>Degree of freedom 1</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.224</td>
<td>18</td>
<td>1</td>
<td>5851</td>
</tr>
</tbody>
</table>

The information in Table 2 indicate that the hypothesis of equality of frequency error is achieved for stress variable and the obtained F-value is at a high level of 0/05, so pre-test of ANCOVA is achieved for stress variable.

The results of covariance analysis to examine significant differences between experimental and control groups for Loneliness variable.
### Discussion and Conclusion:

The results show that play therapy has been effective on reducing loneliness in children with learning disorders. Which is consistent with the studies done by Anari (2008), Sefatnegar (2011), Jafari et al (2011), Safdari (2013), Borna and Savari (2011). To explain this finding, it can be said that play therapy provides a safe environment for expressing emotions and problem solving through game, drawing, acting, and storybooks like “Loneliness”. And as the result achieving self-awareness, self-efficacy, identification and change of mind about the relationships between friends and society and replacing them with positive and efficient thoughts “green thoughts” and increasing communication with peers, has caused reduction in the loneliness of the children in experimental group. From a cognitive point of view, loneliness is there because people face failure in available and expected interpersonal opportunities. Playing lead children to communication with the outside world, then their social world will be expanded, and will improve collaboration; cooperation and participation in child and in this way child learn social rules and replication (Qeisari, Z., 2010). These children often have difficulty in starting and sustaining friendship and these problems may cause loneliness (Latifi, Z., et al., 2009). They are away from others. Consecutive failures is also effective in child’s formation of behaviors associated with introversion and isolation (Kirk, S.A., 1963). According to the cognitive perspective, malfunction attitudes such as fear of rejection in interpersonal relationships, lack of self-confidence are influential in loneliness (Hammill, D.D., et al., 2013). The Social goals and perceptions of these children in social problem solving situations “the most important of which is Community objective and problem solving” is in a way that leads to aggressive behavior or resignation followed by loneliness and emotional disorders (Ranjbar, F., et al., 2011).

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### REFERENCES


Qeisari, Z., 2010. The effectiveness of Cognitive behavioral play therapy in modifying the performance of reading in dyslexic male students, in second and third grades of elementary school.


