

Evaluating the Effectiveness of Tranquillisation Tales on Children's Psychological Well-Being and Aggression

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Abstract

Background: Story therapy can be used as an effective method in cognitive-behavioral therapy for children. The main purpose of this study was to investigate the effectiveness of tranquillisation stories on children's psychological well-being and aggression.

Methods: This study was quasi-experimental (controlled pretest-posttest). The population of this study included preschool children with 6-7 years of age, who were registered in preschool centers in the 2nd and 3th districts of Eslamshahr in 2018-2019. The sample size included 30 individuals (15 in the experimental group and 15 in the control group) who were selected by random sampling method. Rutter's behavioral disturbances (teacher's form), Reef's psychological well-being questionnaire (1980) and storytelling method were used.

Results: The study included children with a mean age of 5.67, among whom 60% were girls and 40% boys. The results approved the significant effects of tranquillisation stories on psychological well-being ($F=3.7$, $p=0.031$) and aggression ($F=39.47$, $p=0.018$) of the studied children ($p < 0.005$).

Conclusion: Storytelling as a non-drug method is a good way to reduce aggression and increase psychological well-being among 6-7 preschool children in Tonekabon. Therefore, it is recommended that preschool teachers use this method to help children with aggression and mental health problems.

Key Words: Aggression, Children, Psychological well-being, Storytelling, Tranquillisation tales.

* Please cite this article as: Falahmanesh E. Evaluating the Effectiveness of Tranquillisation Tales on Children's Psychological Well-Being and Aggression. *Int J Pediatr* 2022; 10 (10):16869-16879. DOI: **10.22038/ijp.2021.55568.4374**

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Received date: Feb.07,2021; Accepted date:Apr.19,2021

1- INTRODUCTION

Elementary age is an important period in terms of examining and diagnosing children's psychiatric and behavioral problems, and proper diagnosis and treatment of these problems can be very effective in the future of children and their social, academic and professional life. One of the most common psychiatric problems of young children is aggression (1). Aggression is an intentional and annoying behavior conducted on another person; and can be done in a relatively direct or indirect manner (2). The high prevalence of aggressive behavior and especially relational aggression in preschool children, which causes some children to be excluded from their peer groups or to force others to break up with them, has effects on the adulthood of these children; and According to the studies, aggressive children tend to continue these behaviors in adulthood (3). Today, in the science of psychology, the scientific focus has changed from psychopathology to positive human experiences (2). In this scientific perspective, the focus is on the positive aspects of health and well-being, as well as explaining the nature of psychological well-being. This point of view is opposed to other psychological methods that focus on defects and diseases that have mostly medical aspects and seek to treat symptoms (3).

One of the methods of psychotherapy that is used especially in this age group is story therapy. This method not only leads to solving behavioral problems, but also creates new opportunities to change behavior and create relationships with others (4). In recent years, renewed attention has been paid to the story and the art of storytelling and the values in it. Scientists today have many uses for the art of storytelling, such as therapeutic, correctional and educational applications. Stories provide amazing solutions that are possible and positive and help to get rid of

internal conflicts. Childhood behavioral problems are one of the most important challenges of developmental psychology. Childhood is the right time to diagnose and treat behavioral problems in order to prevent emotional, social and educational problems in the future. The internalization of these behavioral problems at a young age is a factor for depression, anxiety and suicide in adolescence and adulthood, and the externalization of these behavioral problems increases the possibility of delinquency in adolescence and violence in adulthood (5).

Timely intervention and correction of inefficient behaviors in children in this critical period, by increasing social skills and popularity among peers and adults, prepare children for future responsibilities. This is despite the fact that the most common problems of young children that lead to referral to a psychologist are anxiety and aggression (6). The main action of education is to bring normal children to their normal development and to put children with behavioral and emotional disorders under special care and to smooth their growth path, in this way. One-day observations reveal the life of students in school, in each of the educational levels in the city and in the countryside, in the classroom and especially in the school yard where the students are interacting; these violences sometimes show themselves verbally, with insults and/or hypocorism, and sometimes as physical violences (7). Aggression is one of the most common problems of children and one of the important reasons for their referral to psychotherapists (11). Basically, aggressive behavior in children is a common problem that needs increasing attention all over the world, and research on effective solutions has created a great challenge for experts and theorists (8). Aggression can be defined as "the behaviors whose purpose is to offend or hurt other people" (9).

Another variable examined in this research is psychological well-being, psychological well-being is defined as a satisfactory inner experience and experiencing a good life (10). Today, in the science of psychology, the scientific focus has changed from psychopathology to positive human experiences. In this scientific perspective, the focus is on the positive aspects of health and well-being, as well as the explanation of the nature of psychological well-being (11). It focuses on treating the symptoms (3) and is known as the core of positive psychology (12) along with happiness. Well-being was first proposed by Reef who deeply examined well-being, and introduced six dimensions of self-actualization, including self-acceptance, autonomy, control over the environment, positive communication with others, personal growth, purposefulness in life. In addition, psychological well-being is not only limited to happiness and satisfaction, but includes all activities that affect human perspectives (13).

Psychological well-being is influenced by individual experiences and various physical, mental and social aspects of people. Identifying the effective causes is very important in it (14). Due to the adverse consequences of disorders such as aggression and depression in adulthood of children suffering from these disorders, appropriate treatment is absolutely necessary. Although drug therapy is considered one of the treatment solutions for these disorders, psychotherapy is also one of the effective methods of treatment at this age (15). One of the psychotherapy methods that is used especially in childhood is story therapy. This method not only leads to solving behavioral problems but also creates new opportunities to change behavior and create relationships with others. Stories offer wonderful solutions that are feasible and positive and help to get rid of internal conflicts (8). Various studies have studied the effect of storytelling in the treatment of

children's psychological disorders, especially those of preschool age. According to the results of these studies, storytelling has been effective in improving children with aggression and mental well-being (16). Considering the prevalence of these disorders and the need for appropriate and easy treatment, the present study aims to investigate the effect of soothing stories on the mental well-being and aggression of 6-7-year-old children.

2- MATERIALS AND METHODS

2-1. Study design and population

The current research is a semi-experimental (pseudo-experimental) study with controlled pretest-posttest design. The population of this study included preschool children, boys and girls (6-7 years old) enrolled in preschool centers in districts 2 and 3 of Islamshahr city, Iran, in 2019-2018. Cluster random sampling was performed in which four preschool centers and kindergartens were selected by multi-stage sampling method and one class from each center was selected randomly, then 30 people were randomly selected among those whose aggression score was high and their psychological well-being was low in the pretest stage. Based on Delavar's opinion, the minimum sample size required to conduct semi-experimental research is 15 people for each group (17); therefore, in this research, 30 people (15 people in the experimental group and 15 in the control group) were determined as the required sample. It should be noted that the questionnaires were completed by parents and teachers.

2-2. Methods

In order to determine behavioral disorders and mental well-being in the first stage of the plan, a sample consisting of 4 preschools (2 boys' and 2 girls' schools) was considered using a multi-stage cluster sampling method from areas 2 and 3 of Islamshahr, and from each school, three

classes, a total of 12 classes were selected. In the second stage of the sampling plan, the students with behavioral disorders and mental well-being were determined from the test of behavioral disorders, psychological well-being and examination of academic records. 30 people were randomly divided into two experimental (15 people) and control (15 people) groups as a research sample. In order to select the normal control group, 15 people were randomly selected from the normal students of the same classes.

2-3. Measuring tools: validity and reliability

a) Rutter's Children's behavioral disturbances (teacher's form): This questionnaire was created by Rutter (18) with the aim of preparing a reliable and valid tool to investigate the behavioral disorders of school-age children and it has 26 subscales and is in the 0-2 Likert style. According to Rutter's study, the agreement rate of this questionnaire with the diagnosis of a child psychiatrist was reported as 76.6%. This questionnaire measures five groups of behavioral disorders in children, which are hyperactivity and aggression, anxiety and depression, social incompatibility, antisocial behavior and lack of attention. The score of 13 and above is considered for differentiation (19).

b) Reef's psychological well-being questionnaire (1980): This questionnaire was designed by Reef in 1980 with 120 items (13), but in the later studies, shorter forms of 84 questions, 54 questions and 18 questions were proposed which in this study, its 84-question form was used (13). It has 6 subscales of autonomy, control over the environment, personal growth, and positive relationship with others, purposefulness in life and self-acceptance, and each subscale having 14 questions. The parents of the subjects were asked to read the questions and express their opinions on a six-point Likert scale from

completely disagree to completely agree. The total score of these 6 subscales is calculated as the overall mental well-being score. A higher score indicates better psychological well-being. The validity of the content and constructs of this test was confirmed in various research studies (20) and the validity of the 6 subscales of autonomy, mastery of the environment, personal growth, positive relationship with others, purposefulness in life and self-acceptance were confirmed by Cronbach's alpha method. 0.81, 0.79, 0.75, 0.88, 0.77 and 0.82 were calculated respectively.

2-4. Intervention

The story-telling method took place in 13 sessions (60 minutes), in each session, a story was told by the first author, according to the intended purpose, which includes the use of emotions, problem solving, and negative results of maladaptive behavior, responsibility, and familiarization of the child with his emotions (**Table 1**). The first measurement was performed with a pretest before storytelling and the second measurement was performed with a posttest. After establishing a warm and sincere relationship with the subjects in the first session and explaining the way of doing the work and the optionality of participation in the study and the confidentiality of the children's information, in each treatment session, the examiner told a story and then he had a semi-organized discussion with the subjects about the story. At the end of each session, to ensure that the points of the story were learned, the subjects were asked to retell the story, and this process continued in all therapy sessions. The control group was subjected to an unrelated program under the same conditions as the test group, such as reading poetry, etc., so that the effect of the examiner's presence and companionship with the test group was controlled as an effective factor. The day

after the last treatment session, the list of behavioral disorders was completed again through an interview with the mothers of the subjects of both experimental and control groups. At the end, the post-test was performed and the results of the two groups were compared.

2.5-Ethical considerations

This article is extracted from the master's thesis of the first author approved by the vice president of research of North Tehran Azad University, with the code 43325, and parental consent was obtained for participation in the study.

2-6. Inclusion and exclusion criteria

The inclusion criteria consisted of being in the age group of 6-7 years old, having the diagnosis of aggression and anxiety by a psychologist, not having any acute physical illness, being diagnosed with at least one of the disorders of attention deficit and hyperactivity disorder, confrontational disobedience, aggression,

and having Normal IQ (examined by a psychologist). The exclusion criteria were failure to register in the preschool center and absence of more than one of the treatment sessions.

2-7. Data Analyses

In this research, Spss 21 software was used to analyze the data at descriptive and inferential levels. After coding and entering the data into the mentioned program, the data were described in terms of average, frequency, percentage of frequency, standard deviation, and mode. Analysis of covariance (ANCOVA) was used to examine the difference between the control and experimental groups. To test the normality of the distribution and to check the assumption of homogeneity of the variance-covariance matrix of aggression and psychological well-being in the research groups, Kolmogorov-Smirnov Tests, Shapiro-Wilk test, Levene's test, and Wilks' Lambda test were used.

Table-1: Summary of the sessions and description of the main topic of the stories used in each session taken from Falahnejad et al. (21)

meeting	Title	Training content (goal)
First	The members of the group get to know each other	Familiarizing group members with each other and the course methods
Second	Emotions and factors causing them	The applications of feelings and factors that create them
Third	Confronting the child with feelings	Confronting the child with the feelings that the confrontational behavior creates in the people around him
Fourth	Familiarity with new methods of confrontation	Getting to know the four stages of problem solving (procrastinating and finding a problem, thinking about different solutions, finding a solution and evaluating it).
Fifth	Negative consequences of maladaptive behaviors	Getting to know the negative results of incompatible behaviors such as stubbornness, thinking about different solutions
Sixth	Continuing to learn about the negative results of incompatible behaviors such as stubbornness	The method of telling stories together, in which a story is started by the trainer children can make its continuation according to their thoughts

Seventh	responsibility	Teaching the social skill of responsibility and clarifying the hero's responsibilities along with its reasons and results
Eighth and Ninth	Familiarity with different emotions with an emphasis on anger	understanding the emotional point of view of others with an emphasis on recognizing their unintentional behaviors
Tenth	Teaching coping skills	How to deal with insults, get guidance as well as emotional and intellectual support from others, find a more effective solution
Eleventh	Helping to understand the others' emotional and intellectual points of view	Acquaintance with negative results of incompatible behaviors such as stubbornness and resistance, helping to understand the others' emotional and intellectual points of view
Twelfth	Acquaintance of the child with his feelings, emphasizing the feelings of anger and sadness	Emphasis on lingering during anger and the problem-solving process, examining the consequences of maladaptive behaviors
Thirteenth	A review of some pleasant events and their positive aspects related to the subjects	Teaching problem solving skills with an emphasis on the positive results of reflection and using creativity

Instructor: first author of the article. Meeting place: School. Meeting time: Sports hour

3- RESULTS

Children with an average age of 5.67 participated in this study, among whom 60% were girls and 40% were boys.

According to **Table 2**, the average score of the control group in the pretest stage in the

psychological well-being was 115.6 with a standard deviation of 22.20, and the average score of this group in the posttest was 119.5 with a standard deviation of 25.29.

Table-2: Descriptive statistics of the groups in Psychological well-being and Aggression

Group	Statistical indicators	Average	Standard Deviation
Control	Psychological well-being	pretest	115.6
		posttest	119.5
	Aggression	pretest	43.40
		posttest	43.26
Experiment	Psychological well-being	pretest	120.23
		posttest	146.68
	Aggression	pretest	39.73
		posttest	47.80

According to **Table 3**, the mean square effect of the pretest variable of mental well-being and aggression was equal to

1547.78, the f-test value obtained was equal to 146.07, and the amount of this effect (eta) was 0.844. Since the

significance level obtained for the f test is less than 0.05, it can be said that the teaching of soothing stories has a

significant effect on children's mental well-being and aggression.

Table-3: The results of covariance analysis regarding the effect of telling soothing stories on children's mental well-being and aggression

Variables	MS	F	P	Eta
Psychological well-being and aggression pretest	154.78	146.07	0.00	0.844
Group	163.37	15.41	0.01	0.363

According to **Table 4**, the mean square effect of the pre-test of mental well-being was equal to 430.43, the f-test value obtained was equal to 7.9, and the ETA of this effect was 0.317. Since the level of significance obtained for the f-test is less

than 0.05, it is significant at the 95% confidence level; so it can be said that telling soothing stories has a significant effect on mental well-being of 6 to 7-year-old children.

Table-4: The results of covariance analysis regarding telling soothing stories on the mental well-being of 6 to 7-year-old children

Variables	MS	F	P	ETA
Psychological well-being pre-test	430.43	7.9	0.012	0.317
Group	201.60	3.7	0.031	0.179

According to **Table 5**, the results of covariance analysis showed that the mean aggression scores of the control and experimental groups were different before and after the intervention. The findings show that the aggression score in the

experimental group decreased after the training ($P < 0.005$). The average squared effect of the pre-test aggression was equal to 4.627 and the f-test value obtained was equal to 0.804. The amount of this effect (eta) was 0.45.

Table-5: The results of covariance analysis regarding the effect of telling soothing stories on the aggression of 6-7-year-old children

Variables	MS	F	P	ETA
Aggression Pretest	4.627	0.804	0.038	0.45
Group	39.47	0.604	0.018	0.287

4- DISCUSSION

The main goal of this research was to investigate the effectiveness of soothing stories on the mental well-being and aggression of children. The results indicated that telling soothing stories is

effective on the mental well-being and aggression of 6-7-year-old children. This finding was consistent with the results of the studies by Chegeni and Chegeni (22), Ruf et al. (11), and Kangaslam et al. (23). In the explanation of this finding, it can be

said that psychological well-being is one of the important structures in mental health and normal development in childhood, which is influential in developing the ability to compromise or otherwise the occurrence of psychological, behavioral, social and emotional injuries in childhood and later stages. On the other hand, it can be said that the child forms the story in his mind according to himself, and this story suddenly turns into the story of the child's life, draws his life and guides the child's behavior (24). This self-awareness can be a lever for self-regulation and self-control in children. In addition, the repetition of these stories in their lives may provide the basis for the adjustment of the child (24). Based on the views and opinions of others, the child becomes freed from his self-control and gets flexibility with the story. Therefore, when the child watches the helplessness and suffering of the victims of aggression through the story, it is possible to reduce his aggressive behavior. Considering the adverse consequences of aggression, the limitations related to the use of drugs in pediatric psychiatry, the exorbitant costs of child psychotherapy for many families, story therapy can be an effective method for preventing and reducing children's aggression.

Furthermore, the results showed that telling soothing stories is effective on the mental well-being of 6-7-year-old children. This finding was also consistent with the results of previous studies (4-7). In explaining this finding, it can be said that according to the child's capacities and special needs, the psychotherapist uses the child's daily activities such as playing and drawing to establish communication and effective intervention. In the story, usually, the child identifies with the character of the story and develops his problem-solving skills by hypothesizing and presenting different solutions to solve the challenge of the hero. Finally, by understanding the relationship between the subject of the

story and the subject of his life, the child can directly think about his problems and find a solution for them (5). The relationship between the storyteller and the story listener is an important part of story therapy (7), which gives the child an opportunity to internalize his story both emotionally and cognitively (8). Psychological well-being includes a positive feeling and a general feeling of satisfaction with life, which includes one's self and others in various areas of the family, job, and the like. Feeling of well-being has both emotional and cognitive components. People with a high sense of well-being mainly experience positive emotions and have a positive evaluation of the events around them, while people with a low sense of well-being evaluate the events and their life situation as unfavorable and mostly experience negative emotions such as anxiety. They experience depression and anger. Psychological well-being requires understanding the existential challenges of life. The psychological well-being approach examines the growth and transformation observed against the existential challenges of life and strongly emphasizes on human development, for example, pursuing meaningful goals, having transformation and progress as a person, and establishing quality relationships with others.

According to the results, the aggression of 6 to 7-year-old children has decreased by telling soothing stories. This finding was consistent with the results of the study (1-5). In explaining this finding, it can be said that since the story is the favorite of children, it helps them to identify better. Of course, this issue requires choosing the right story and the behavior of the hero of the story should be designed for the intended purpose so that children try to identify with him and imitate his behaviors. Stories give children an opportunity to express their imaginations

and examine conflicting situations and enable them to deal with important issues and feelings. By changing stories and anecdotes, children recognize how much they can change and feel about their narratives and accept responsibility for their stories. It can also be said that the hero of the story acted as a role model and the child imitated his behaviors due to liking the hero of the story and the existence of observational learning (observational reinforcement) (4).

5- LIMITATIONS AND SUGGESTIONS

The limitations of this study include the lack of follow-up measurement in the study design due to the lack of easy access to the participants of the group due to their high workload and lack of time. It is suggested that the skills of story therapy and storytelling be taught to families and teachers. Necessary training should also be provided to teachers and families about aggression and social skills. Aggression and mental well-being should be studied in other age groups; for instance, the effectiveness of story therapy in reducing behavioral problems and increasing psychological adaptation of children and adolescents should be investigated. Moreover, it is suggested that longer treatment courses be held to obtain more accurate results. Considering the cultural differences, research studies should be carried out in other cities and the results should be examined and compared.

6- CONCLUSION

The results of this study revealed that the storytelling method is effective in reducing aggression and increasing psychological well-being in 6-7-year-old children. Thus, storytelling is an efficient, practical and effective way to reduce aggression and increase psychological health. Therefore, it is recommended that preschool teachers use this method to

decrease aggression problems among children and improve their mental health.

7- REFERENCES

1. Beaudoin MN, Moersch M, Evare BS. The effectiveness of narrative therapy with children's social and emotional skill development: an empirical study of 813 problem-solving stories. *Journal of Systemic Therapies*. 2016 Sep; 35(3):42-59.
2. Bobowik M, Basabe N, Páez D. The bright side of migration: Hedonic, psychological, and social well-being in immigrants in Spain. *Social science research*. 2015 May 1; 51:189-204.
3. Dawood R. Positive Psychology and Child Mental Health; a Premature Application in School-Based Psychological Intervention? *Procedia-Social and Behavioral Sciences*. 2014 Feb 7; 113:44-53.
4. Goodwin T, Pacey K, Grace M. Childreach: Violence prevention in preschool settings. *Journal of Child and Adolescent Psychiatric Nursing*. 2003 Jun; 16(2):52-60.
5. Liu J, Cheng H, Leung PW. The application of the preschool Child Behavior Checklist and the Caregiver-Teacher Report Form to mainland Chinese children: Syndrome structure, gender differences, country effects, and inter-informant agreement. *Journal of abnormal child psychology*. 2011 Feb; 39(2):251-64.
6. Wright KD, Finley GA, Lee DJ, Raazi M, Sharpe D. Practices of anesthesiologists to alleviate anxiety in children and adolescents in Canada. *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*. 2013 Nov 1; 60(11):1161-2.
7. Bahmani P B. The effectiveness of story therapy on reducing aggression and increasing social skills in preschool children. *Journal of Psychological*

Methods and Models. 2018 Feb 20; 8 (30): 205-18.

8. DeSocio JE. Accessing self-development through narrative approaches in child and adolescent psychotherapy. *Journal of child and adolescent psychiatric nursing*. 2005 Apr; 18(2):53-61.

9. Crimmens P. Drama therapy and storymaking in special education. Jessica Kingsley Publishers; 2006 Feb 17.

10. Ryan RM, Patrick H, Deci EL, Williams GC. Facilitating health behavior change and its maintenance: Interventions based on self-determination theory. *The European health psychologist*. 2008 Mar 1; 10(1):2-5.

11. Ruf M, Schauer M, Neuner F, Catani C, Schauer E, Elbert T. Narrative exposure therapy for 7-to 16-year-olds: A randomized controlled trial with traumatized refugee children. *Journal of traumatic stress*. 2010 Aug; 23(4):437-45.

12. Embregts PJ, Didden R, Schreuder N, Huitink C, Van Nieuwenhuijzen M. Aggressive behavior in individuals with moderate to borderline intellectual disabilities who live in a residential facility: An evaluation of functional variables. *Research in Developmental Disabilities*. 2009 Jul 1; 30(4):682-8.

13. Ryff CD. Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*. 2014; 83(1):10-28.

14. Farhadi V, Sabzi A, Sabzi R. Effectiveness of child-centered play therapy with approach Axline on loneliness and hopelessness in children with hearing impairment. *Journal of Counseling Research*. 2017 Mar 10; 16(61):150-65.

15. Hanney L, Kozłowska K. Healing traumatized children: Creating illustrated

storybooks in family therapy. *Family process*. 2002 Mar; 41(1):37-65.

16. Teglassi H, Rothman L. Stories a classroom-based program to reduce aggressive behavior. *Journal of school psychology*. 2001 Jan 1; 39(1):71-94.

17. Hosseinpoor AR, Van Doorslaer E, Speybroeck N, Naghavi M, Mohammad K, Majdzadeh R, Delavar B, Jamshidi H, Vega J. Decomposing socioeconomic inequality in infant mortality in Iran. *International journal of epidemiology*. 2006 Oct 1; 35(5):1211-9.

18. Rutter M. A children's behavior questionnaire for completion by teachers: preliminary findings. *Journal of child psychology and psychiatry*. 1967 May; 8(1):1-1.

19. Yousefi F. Standardization of Rutter's Questionnaire to Study the Behavioral and Emotional Problems of Elementary School Students in Shiraz. *Journal of Social Sciences and Human Sciences of Shiraz University*. 1998; 13(2):171-94.

20. Shayeghian Z, Amiri P, Vahedi-Notash G, Karimi M, Azizi F. Validity and Reliability of the Iranian Version of the Short Form Social Well Being Scale in a General Urban Population. *Iranian journal of public health*. 2019 Aug; 48(8):1478.

21. fallahnejad M, kazemi F, pezesk S. Effectiveness of Visual Storytelling on the Reduction of Externalizing and Internalizing Behaviors in Children with Oppositional Defiant Disorder. *JOEC*. 2018; 17 (3): 5-18 URL: <http://joec.ir/article-1-468-fa.html>

22. Chegeni G, Chegeni M. Effectiveness of Storytelling on decrease of Aggression and Test Anxiety in Boys orphanage in Rasht. *Educational Development of Jundishapur*. 2016 Mar 1; 7 (Special Issue 95): 26-35.

23. Kangaslampi S, Garoff F, Peltonen K. Narrative exposure therapy for immigrant

children traumatized by war: study protocol for a randomized controlled trial of effectiveness and mechanisms of change. BMC psychiatry. 2015 Dec; 15(1):1-4.

24. Green A. art of storytelling, translation pour Friday. T. Thran, Abjd. 1927:148-9.