

Comparison of laughter therapy and play therapy effects on reduction of depression symptoms in primary school girls

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ABSTRACT

This study was conducted to compare the effects of laughter therapy and play therapy on reduction of depression symptoms in primary school girls. The study sample included Tehran's all primary school girls in the academic year 2014/15 that 36 of them were selected by purposive sampling and randomly were assigned in three groups Play therapy, laughter therapy and the control group. Research tool was CSI-4 questionnaire. Eight therapy sessions were considered for every experimental group. Then the post-test was administered. The results of one-way ANOVA indicated laughter therapy and play therapy reduced depressive symptoms. However, comparison of play therapy and group therapy effects on depressive symptoms among members of those showed no significant difference. According to findings, laughter therapy and play therapy techniques, recommended to psychotherapists in order to reduce the symptoms of depression in children.

KEYWORDS: laughter therapy, play therapy, depression symptoms

INTRODUCTION

In every society, the health of children and adolescents is particularly important and regarding on their mental health, helps their mental and physical health to play better the social roles. In this regard, proper understanding of their physical and mental dimensions to providing materials and spiritual conditions for physical and emotional growth, is more clearly than it needs to be emphasized (Kodam, Madanlou, Ziayi, Keshtkar 2011). In cases the group encounters certain psychological disorders, the need for care and treatment is felt. Clinician psychologists often regard on behavioral characteristics, divided children mental disorders in two groups. First one is externalizing disorders that are conducted out of the children existence, such as aggression, hyperactivity, disobedient, impulsivity (Harland, Rignold, Brogman and werlour, 2002). The second one is internalized disorders that children behaviors conducted inside of them. Such as depression, anxiety and active endeavor to isolation and avoid of social activities. If behaviors not carefully considered, disorders may never be discovered. Internal disorders were formed of the problems which have been created on the symptoms were controlled too much. The problems arise when people want to control their internal emotions and cognitive status inappropriately or maladaptively. Also, the internalization term indicates that these problems, largely, occur within the individuals and remain there. So, internal disorders also called the invisible disease. That is, it is very difficult to discover them through external observation (The fifth edition of Diagnostic and Statistical Manual of Mental Disorders, 2013). Among these, childhood depression is the most common psychiatric disorders in this age group. In the past decade with the growth of the disorder at a younger age, a lot of attentions have focused on diagnosis and treatment of depression in children (Academy of Child and Adolescent America, 2009). However, due to children low level of abstract thinking, they aren't able to express their emotions and feelings. Therefore, laughter therapy and play therapy help children to express their emotions and inner feelings (Ray, Scate, Crap and Tisay 2013). Asli et al (2013) play therapy on primary school children proved that was effective on symptoms of depression and anxiety reduction. Moshtagheshgh and et al (2012) in a study to evaluate the effect of laughter therapy on MS patient's depressive symptoms reduction showed, this approach has a significant effect on that.(Raafat and Shadkam, 2013) In study of effects of play therapy by child-centered approach showed, this method can reduce symptoms of aggression in primary school children. Study of laughter therapy effect on the reduction and treatment of depression symptoms in elderly by Katarya (2012) this approach effectiveness and functionality to achieve the group's depression reduction was proved. Rif and Guse, Porter, Herandas (2012) by using of play therapy on children showed, that can reduce emotional stress in children with emotional disorders. Using of play therapy on children with behavioral problems

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represented the efficiency of that in reducing the behavioral problems of students (Dike et al, 2011). In a study by Using of laughter therapy on nurses shoed that reduces the stress level between them.

RESEARCH METHOD

Present study is an experimental study by pretest - posttest and a control group. Statistical population were included all primary school girls in Tehran, in academic year 2014/15.regard to aim of study that was comparison of two laughter therapy and play therapy approaches among depressed girls, 36 people were selected and randomly divided into 3 groups. Groups consist of, 12 cases in the control group, 12 cases in laughter therapy and 12 in play therapy. Depressive disorder was diagnosed by children's psychiatrist or psychologist and questionnaire of child symptoms inventory 4 (CSI-4). Eight group therapy sessions were considered for therapeutic interventions. Interventional objectives intended for play therapy group were development of problem-solving skills and decision-making, social skills expansion, development of communication skills, the ability to express emotions, the ability to naming different emotions, and the ability to differentiate between thoughts and feelings, practice relaxation training and use of play in order to improve coping skills. To achieve these objectives, techniques such as role playing, storytelling, puppet show, painting and games such as 'become ice -become melt' was used by therapist. Katarya method was used in laughter therapy. In the approach, techniques such as relaxation training practice, laugh heartily, laughing like a lion, greeting laugher, argument laugher, apology laugher and sincere laughing were used and trained. The control group received no intervention or training program. After the therapy sessions the three groups were post tested.

Tool: children symptom inventory (CSI-4) questionnaire

This questionnaire has two checklists, parent and teacher versions. Parent check list contains 112 questions that are arranged in 11 main groups and an additional part of behavioral disorders. Teacher checklist contains 77 items that include 9 main groups of emotional and behavioral disorders. These subgroups have their own subsets and include related questions. Two scoring method is designed. Cut-off scoring method and other one depended on the severity of disease symptoms. Cut-off scoring method in most of the studies was used in a 4-point scale (Never = 0 sometimes = 0, often = 1, most of the time = 1).cut-off scoring in most of the disorders achieved by sum of the number of questions that have been answered as often or most of the time. Obtained scores compare with standard score which is source of DSM-IV diagnostic criteria. If the results be equal or greater than the standard mark score, cut off score would be YES then the individual is suffering disorder. If the results be lower than the standard mark score, cut off score would be No. The coefficient of validity of the questionnaire for all indicators was reported more than 0.50, for major depression subscale 0.56 and for dysthymic 0.52. (Mohammad esmail, 2009).

Data analysis: descriptive statistics were used to calculate central and dispersion indexes. Also, on the inferential one way ANOVA was used to compare groups.

Findings:

Table1. Descriptive indicators of depression in groups, play therapy, laughter therapy and control

Depression				
Post Test	Pretest	Index	Number	Groups
5.08	10.41	Mean	12	Laughter therapy
1.50	1.83	Standard deviation		
6.66	10.83	Mean	12	Play therapy
2.77	1.64	Standard deviation		
10	11	Mean	12	control
2.79	1.47	Standard deviation		

Table2. One way ANOVA analysis to study the effects of laughter therapy and play therapy on depression reduction

Sig.	F	Mean of squares	df	Total squares	Sources of variations
0/000	16.825	60.333	2	120.667	Intergroup
—	—	3.586	33	118.133	Within-group
—	—	—	35	239	Total

One way ANOVA analysis to compare mean scores in the three groups, play therapy, laughter therapy and the control group indicated the significance level of test for 0/01 obtained F is significant. Therefore, in the post-test scores of the three groups is a significant difference in scale of depressive symptoms.

Table3. Scheffe's test results to compare groups

sig	SE	Mean difference	Group	
0/001	0/773	166/3	Control	Play
0/332	0/773	-1/16	Laughter	
0/001	0/773	-3/16	Play	Control
0/000	0/773	4/33-	Laughter	
0/332	0/773	1/16	Play	Laughter
0/000	0/773	4/33	Control	

Scheffe's test results to pairwise comparison between play therapy, laughter therapy and control group showed, significant differences ($p=0/01$) between play therapy and control group, as well as that, between laughter therapy and control group significant difference was observed. However, significant difference was not observed between the two groups of laughter therapy and play therapy.

Conclusion: According to findings of this study and considering the statistic $F = 16/82$ that is statistically significant $p=0/01$.so there are differences in depressive symptoms among the three groups. However, the results of Scheffe's test indicate a significant difference between control group and both of laughter therapy and play therapy groups in depressive symptoms. Findings proved, playing helps children to reveal what is hidden in their unconscious, consequently ease their own stress. The therapist should be aware, a child how much emotions release in playing without fear. In this state therapist provides situation to see how the child reveals his fear and frustration. Playing is the most appropriate learning method for children and causes learning new skills (Qazvini nejad, 2006). In other words, by teaching effective ways to deal with the situations and challenging environment, the child fell sense of empowerment, more efficiency and able to reorienting impulses, his receptivity and corrected emotional experience enhance (Oksaline, translated by Najaran, 1994). On the other hand, laughing lowers hormones and neurotransmitters like cortisol and epinephrine that are involved in the incidence and severity of stress and negative emotions.(johnson and Homer, 1990). Laughing is associated with the reduction or elimination of mental disorders such as, anxiety, stress, depression and other neurological disorders. It is one of the benefits of laughter for those that use anti-anxiety, stress and depression drugs (Golder lopez 1998). According to the research findings, it is recommended; children's Counselors and psychotherapists pay more attention to the use of laughter therapy to reduce children's depression. Also, conduction of more researches about laughter therapy to compare with other therapy approaches especially play therapy by clinical groups is recommended.

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