



A Comparative Study on the Effectiveness of Storytelling-Based Positive Self-Talk Training and Child-Centered Mindfulness on the Psychological Well-Being of Children with Cancer

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ARTICLE INFO	ABSTRACT
<p>Article History: Received 15 January 2024 Received in revised form 28 February 2024 Accepted 21 March 2024 Available online 29 March 2024</p>	<p>This study aimed to examine the effectiveness of storytelling-based positive self-talk training and child-centered mindfulness on the psychological well-being of children with cancer. The research employed a quasi-experimental pre-test, post-test, and follow-up design with two experimental groups and one control group. The statistical population included all children aged 8 to 12 diagnosed with various types of cancer and receiving treatment at Bu-Ali Sina Hospital in Sari between 2021 and June 2022. Sixty children were selected using purposive sampling based on inclusion and exclusion criteria and were randomly assigned to three groups of 20 participants each. The first experimental group underwent 10 sessions of storytelling-based positive self-talk training, while the second received 10 sessions of child-centered mindfulness training. The control group did not receive any intervention. Psychological well-being was assessed using the Children's Psychological Well-Being Questionnaire (Abedi et al., 2016). Data were analyzed using ANOVA and Bonferroni post hoc tests in SPSS-25. The findings revealed that both training methods significantly improved the psychological well-being of children with cancer, with effects sustained at a two-month follow-up. Furthermore, storytelling-based positive self-talk was found to be more effective than child-centered mindfulness. In conclusion, both approaches are effective in enhancing psychological well-being among pediatric cancer patients, although storytelling-based training demonstrated superior outcomes.</p>
<p>Keywords: Psychological Well-Being, Child-Centered Mindfulness, Storytelling-Based Positive Self-Talk, Children with Cancer</p>	

1. INTRODUCTION

Cancer is a serious condition that poses a significant threat to the survival, physical health, and mental well-being of children [1]. According to international reports, over 300,000 children are diagnosed with various types of cancer each year. The incidence rate of childhood cancer in Iranian girls and boys is reported to be between 48 to 112 and 51 to 141 per one million, respectively [2]. Despite advancements in medical science leading to improved survival

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rates, cancer remains one of the leading causes of mortality among children [3]. The nature of cancer, along with the invasive treatments such as chemotherapy, radiotherapy, and surgery, can result in both short- and long-term adverse effects, including pain, fatigue, distress, nausea, weight changes, and disturbances in sleep and mood. As reported by Steliarova et al. [4], children, due to their limited cognitive development, experience greater psychological, emotional, and affective challenges compared to adults with cancer.

Given the physical vulnerability of children with cancer, special attention must be paid to their psychological well-being. Psychological well-being is defined as “cognitive and functional evaluations of life,” which includes emotional reactions to life events and overall life satisfaction. In essence, psychological well-being refers to the experience of pleasant emotions, low levels of negative mood, and high life satisfaction. A decrease in this well-being can lead to various psychological problems, including loneliness, isolation, and depression. Since psychological well-being is directly related to quality of life, there is a growing interest in implementing therapeutic interventions that positively affect the mental state of children with cancer [5].

The psychological well-being of children is a crucial concern for all societies, as low levels of well-being negatively impact academic, social, and emotional functioning [6]. Given the importance of cancer prevention in children [7], many countries have implemented programs aimed at enhancing children's psychological well-being as a preventive measure against future psychological disorders [8].

All children, including those diagnosed with cancer, can connect with their positive and negative experiences through stories, which in turn fosters higher self-confidence. Positive narratives can reinforce constructive thinking patterns and help direct children toward more adaptive viewpoints [9]. Among novel therapeutic methods, mindfulness stands out as a psychological technique that increases present-moment awareness and attentiveness to internal and external experiences. Through mindfulness, children learn to effectively manage their emotions, whether positive or negative. Mindfulness exercises help children enhance concentration and experience calmness across various situations. Notably, mindfulness has beneficial effects on factors associated with cancer, including strengthening the immune system, reducing stress, and regulating stress-related hormones.

Combining storytelling based on positive self-talk with child-centered mindfulness training as an educational and therapeutic approach may significantly enhance the psychological well-being of children [10]. This combination supports emotional, social, and personal development, contributing to healthier growth in different environments. However, it is essential to tailor interventions according to the individual needs of each child [11]. Azimi and Owrang [12] showed that storytelling therapy effectively enhances children's mental health. Similarly, Shahtaheri et al. [13] found that mindfulness-based therapy with acceptance and commitment improves resilience, psychological well-being, and blood sugar levels in patients with type 2 diabetes—findings consistent with those of Kheir and Manshaei [14], and Akbarnia et al. [15].

Children comprise a large portion of the global population. Their psychological well-being has a profound influence on recovery and life quality and has been consistently emphasized by scholars and researchers. With cancer-related deaths on the rise, and the costs and duration of cancer treatments being 20 to 30 times higher than those of acute diseases, the efficacy of these treatments in improving patient longevity and productivity remains limited. Therefore, due to the heavy physical and psychological burden of chronic illnesses, studies exploring the effectiveness of modern psychotherapeutic approaches are vital. Furthermore, combining psychological therapies with medical treatments can reduce complications such as diminished quality of life and psychological distress (e.g., anxiety) [16]. Based on these considerations, the present study aims to compare the effectiveness of positive self-talk-based storytelling and child-centered mindfulness training on the psychological well-being of children with cancer.

2. MATERIALS AND METHODS

This quasi-experimental study employed a pre-test–post-test–follow-up design with two experimental groups and one control group. The statistical population consisted of all children aged 8 to 12 diagnosed with various types of cancer undergoing treatment at Bu-Ali Sina Hospital in Sari, Iran, from 2021 to June 2022. Sixty children meeting the inclusion criteria were selected using purposive sampling and were randomly assigned to three groups of 20 participants each. All three groups completed a pre-test assessment before the intervention. The first experimental

group received ten sessions of storytelling training based on positive self-talk, while the second group participated in ten sessions of child-centered mindfulness training. The control group received no psychological intervention. To assess the effectiveness of the training programs, a post-test was administered to all groups following the intervention.

Inclusion criteria were: undergoing active treatment, consent from both the child and parents to attend training sessions, not receiving any concurrent psychological intervention, and the child's commitment to attend all sessions. Exclusion criteria included: history of behavioral disorders, absence in more than two sessions, severe physical condition, or having any additional physical or psychological illness.

3. RESEARCH INSTRUMENT

The Children's Psychological Well-being Questionnaire, developed and validated by Abedi et al. [17] for the Iranian child population, was used as the assessment tool. This self-report questionnaire comprises 12 items rated on a three-point Likert scale: "Yes," "Sometimes," and "No." The scale includes three factors: self-concept, life satisfaction, and resilience. The developers confirmed its construct validity through exploratory and confirmatory factor analyses, along with item response theory, on a sample of 370 preschool children.

Test-retest reliability coefficients for the subscales of self-concept, life satisfaction, and resilience were 0.79, 0.84, and 0.76, respectively. The overall internal consistency measured by Cronbach's alpha was reported as 0.88. Scoring is conducted as follows: No = 0, Sometimes = 1, and Yes = 2. Furthermore, the relatively high correlations between the subscales of this questionnaire and the subscales of the Rutter Children's Behavior Questionnaire (ranging from -0.24 to -0.27) indicate adequate concurrent validity [17]. In the present study, Cronbach's alpha for the psychological well-being scale was 0.68.

4. INTERVENTIONS

Initially, with a university introduction letter and after obtaining the necessary approvals, a meeting was held with the guidance of the supervisor and faculty members of Mazandaran University of Medical Sciences to discuss strategies for obtaining informed consent and encouraging family participation in the sessions. The importance of the research and the potential benefits for improving children's psychological well-being were presented. Subsequently, eligible participants were selected through purposive sampling based on inclusion and exclusion criteria, with parental consent.

The interested children were randomly assigned into two experimental groups and one control group. The Children's Psychological Well-being Questionnaire was administered as a pre-test. Then, therapeutic interventions were delivered to the two experimental groups as follows: the first experimental group received storytelling training based on positive self-talk, while the second experimental group underwent child-centered mindfulness training. The control group received no psychological intervention. Upon completion of the interventions, all three groups completed the questionnaire again as a post-test.

A. Group Storytelling Therapy

The content of the sessions was designed based on the frameworks provided by Bourba [18] and Frank [19]. Stories were selected according to the thematic focus of each session. In cases where a suitable existing story was unavailable, simple stories were created with the assistance of two child literature experts. The storytelling intervention consisted of ten weekly sessions, each lasting 60 minutes, conducted with the first experimental group as detailed above.

Table 1. Positive Self-Talk Storytelling Intervention Sessions

Content	Objective	Session
In this session, after greetings and introductions of each member, the therapist also introduced themselves and explained the role of beliefs and convictions on human behavior through storytelling for children. The session included outlining the goals, format, and general rules governing the sessions for members. The therapist emphasized group rules, including the necessity of confidentiality, prohibition of threats, blame, and humiliation, as well as the importance of completing homework assignments. The session concluded with the administration of pre-test questionnaires.	Introduction and familiarization with goals and concepts	Session 1
Examination of the concept of self-talk, absolutist thinking, and irrational beliefs; discussing types of self-talk and their related problems based on corresponding thoughts and beliefs. Introduction to the cognitive-behavioral approach through the story "The Wise Fish," which serves as an example of fear of movement, prolonged stagnation at the bottom of the pond under a stone, and a small fish who moves with the current to a world of abundant water.	Understanding the concept of self-talk, absolutist thinking, and irrational beliefs	Session 2
The child becomes aware of their mistaken interpretations. Continuation of the previous session, familiarization with various emotions, and explanation of the relationship between each emotion and its corresponding thought. The session includes presenting a situation, mental imagery, role-playing, and use of positive phrases.	Recognizing cognitive distortions with examples of mental interpretation and perception	Session 3
Discussion of beliefs presented in the A-B-C sequence, emphasizing that these beliefs often occur automatically and rapidly, lacking detailed reasoning. For example: "I am sick, so I cannot; they don't love me, so I shouldn't go to school."	Cognitive restructuring through disputation	Session 4
Review of previous homework. In this session, positive beliefs and behaviors lead to improved feelings, illustrated by stories such as the ant who, despite being small and weak, succeeds in accomplishing an important task.	Mental imagery and conceptual redefinition	Session 5
Narration of a story about effort, perseverance, and cooperation in completing a difficult task. Each member shared their experiences, especially those who did not speak on this topic in the previous session.	Stress inoculation	Session 6
Discussion of the previous session's activity and explanation of the role of explanatory styles in individual behaviors, emotions, and related self-talk, accompanied by a related story. Introduction to various types of self-talk and their impact on health and performance.	Explanation of the role of explanatory styles in behavior, emotions, and associated self-talk	Session 7
Explanation of locus of control and its types, emotional regulation, individual differences in developing self-control, and practicing control through role-play within the story characters.	Explaining the role of personal emotions in generating self-talk	Session 8
Exploring the way individuals describe themselves, with examples such as: "I have the power to change my mind. Others will understand this. I am proud of myself for trying. It takes courage, which I possess. I am strong and capable, and I want to be healthier for myself."	How to strengthen the self through positive affirmations	Session 9
Review of activities from previous sessions. Group members also shared their feelings about attending the sessions and the positive outcomes resulting from participation. Some individuals received feedback from the group. The session concluded with administration of post-test questionnaires.	Discussion and conclusion: exploring ways to enhance self-talk	Session 10

B. Child-Centered Mindfulness Intervention Program

This program, whose validity has been reviewed and confirmed by Manshaei et al. (20), is tailored for children's developmental level. The intervention includes sessions and exercises employing metaphors appropriate for childhood. It was conducted as a 10-session group training program, each session lasting 60 minutes, held weekly over two and a half months, and implemented by the researcher as described above.

Table 2. Child-Centered Mindfulness Intervention Sessions

Content	Objective	Session
Introduction to mindfulness training and its definition; explanation of the rationale for conducting this program for children; overview of how mindfulness exercises are planned and integrated into daily life; involvement of parents and maintaining daily mindfulness practice logs; instruction and practice of mindfulness meditation postures (sitting on a chair, lying down, cross-legged sitting, full lotus posture, hand positions); assignment of homework.	Familiarization with participants, engaging parental involvement, and practicing preliminary mindfulness exercises	Session 1
Discussion of participants' experiences with mindfulness; practice of mindful breathing and instruction in diaphragmatic breathing; mindfulness exercise contrasting a restless mind with a calm mind using a glitter bottle; homework assignment.	Developing awareness of mindful breathing	Session 2
Discussion of participants' experiences with mindfulness; review of mindful breathing; instruction on body scan meditation; homework assignment.	Training in body scan meditation	Session 3
Review of basic breathing exercises; instruction on present-moment awareness using the "glass of water" exercise; practice of mindful movements; homework assignment.	Gaining awareness of the present moment	Session 4
Discussion of participants' experiences with mindfulness exercises; teaching mindfulness of the five senses (mindful eating, mindful listening, mindful touching, mindful smelling, mindful seeing); review of mindful breathing; homework assignment.	Developing awareness of the body's five primary senses	Session 5

Practice of preliminary relaxation breathing; mindfulness exercises focused on emotions; journaling about mindfulness of emotions; use of scenarios such as “Helpful Inspector” and “Unhelpful Inspector”; homework assignment.	Cultivating awareness of emotions	Session 6
Review of breathing exercises and body scan; practice of mindfulness focused on thoughts via the “Flowing River Meditation”; homework assignment.	Reviewing breathing exercises	Session 7
Review of basic breathing exercises (relaxation breathing) and progressive muscle relaxation; playing the “Channel Changing” game; homework assignment.	Developing awareness of muscle activity	Session 8
Practice of basic breathing exercises (breath meditation); mindful movements; repetition of the “Helpful Inspector” and “Unhelpful Inspector” scenarios; homework assignment.	Enhancing awareness of body movements	Session 9
Review of mindfulness exercises taught in previous sessions; training in “Mindfulness in Daily Activities”; Loving-Kindness Meditation (Friendly Wish); homework assignment.	Applying mindfulness in daily life	Session 10

5. RESULTS

The results obtained from this study are presented in the following tables.

Table 3. Means and Standard Deviations of Psychological Well-Being Variable by Experimental and Control Groups

Variable	Group	Test Type	N	Mean	Standard Deviation	Mean Difference (Pre-test to Post-test)
Psychological Well-Being	Experimental (Positive Self-Talk Storytelling)	Pre-test	20	8.60	2.010	11.1
		Post-test	20	19.70	1.838	
	Experimental (Child-Centered Mindfulness)	Pre-test	20	7.85	1.182	10.2
		Post-test	20	18.05	1.904	
	Control	Pre-test	20	8.70	1.688	-0.2
		Post-test	20	8.50	1.732	

Kolmogorov–Smirnov test results indicated that at a 95% confidence level and with a measurement error of 0.05 ($\alpha = 0.05$), the significance levels for all variables were greater than 0.05 ($p > 0.05$), confirming that the data follow a normal distribution. Additionally, Box’s M test for equality of covariance matrices showed a significance level greater than 0.05 ($p > 0.05$), indicating homogeneity of variance-covariance matrices. Levene’s test for equality of variances demonstrated significance levels above 0.05 ($p > 0.05$) for all variables, confirming that the variances are statistically equal and the assumption of homogeneity of variances is met. Furthermore, the assumption of homogeneity of regression slopes was also confirmed, as significance levels for all variables were greater than 0.05 ($p > 0.05$).

Table 4. One-Way ANOVA Results

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Ratio	Significance Level (p)
Psychological Well-Being	Between Groups	1462.433	2	731.217	219.192	0.000
	Within Groups	190.150	57	3.336		
	Total	1652.583	59			

As shown in Table 4, at a 95% confidence level and a measurement error of 0.05 ($\alpha = 0.05$), the significance level was found to be less than 0.05 ($p < 0.05$). Therefore, the differences in mean scores among the groups are statistically significant. Hence, the null hypothesis is rejected, and the research hypothesis is confirmed. With 95% confidence, it can be concluded that the training interventions positive self-talk storytelling and child-centered mindfulness have a significant effect on the psychological well-being of children with cancer.

To further investigate the significant differences in psychological well-being between the positive self-talk storytelling and child-centered mindfulness groups at the post-test stage, the Bonferroni post hoc test was employed.

Table 5. Pairwise Comparison Using Bonferroni Post Hoc Test to Determine the More Effective Method

Variable	Groups Compared	Mean Difference	Significance Level (p)
Psychological Well-Being	Positive Self-Talk Storytelling vs. Child-Centered Mindfulness	*1.65	0.018
	Positive Self-Talk Storytelling vs. Control	*11.20	0.000
	Child-Centered Mindfulness vs. Control	*9.55	0.000

According to Table 5, the mean difference between the group trained with positive self-talk storytelling and the control group is greater than the mean difference between the child-centered mindfulness group and the control group. This indicates that the positive self-talk storytelling intervention is more effective than child-centered mindfulness training in improving the psychological well-being of children with cancer.

6. DISCUSSION AND CONCLUSION

The present study’s hypothesis was supported, indicating that both positive self-talk storytelling and child-centered mindfulness interventions significantly improve the psychological well-being of children with cancer. The Bonferroni post hoc test further demonstrated that the positive self-talk storytelling intervention had a greater effect on psychological well-being compared to the child-centered mindfulness training.

These findings align with previous research. Azimi and Orand [12] reported that storytelling therapy enhances children’s mental health. Similarly, Shah Taheri et al. [13] confirmed the effectiveness of mindfulness-based acceptance and commitment therapy on psychological well-being. The results also concur with studies by Kheiri and Manshaei [14], Akbarnia et al. [15], Hosseini et al. [21], Ghasemian and Estehbani [22], and Bayat et al. [23].

The observed effectiveness of storytelling therapy may be explained by the fact that patients gain hope, self-confidence, strength, and motivation through narrative practice. Participation in group activities that engage children’s full attention in constructive tasks accompanied by positive emotions leads to visible vitality, liveliness, and satisfaction. When children listen to or read stories, they often identify with the protagonist, projecting themselves into the story. This identification allows them to share the experiences of the characters and adopt their beliefs, thoughts, and behaviors regarding themselves, thus promoting high-quality psychological well-being.

Regarding the effectiveness of child-centered mindfulness training, the results can be explained by the increased bodily awareness and breathing exercises, which enhance sensitivity to various bodily sensations and breath experiences. Such awareness facilitates greater emotional and sensory control. During these exercises, children focused fully on the present moment, and this attention to thoughts and feelings enabled emotion regulation without judgment and heightened awareness of psychological states.

Mindfulness exercises are designed to increase bodily awareness, and the critical role of the body has been increasingly recognized in interdisciplinary fields such as mind-body medicine. Research on mindfulness emphasizes the interaction between bodily, cognitive, and emotional processes. Mindfulness is typically described as a state of awareness and focused attention on present-moment experiences. Studies have shown that increased mindfulness is associated with various health benefits, including reduced pain, anxiety, depression, stress, and other illnesses. Mindfulness helps individuals release automatic thoughts, habits, and unhealthy behavioral patterns, playing an essential role in behavioral regulation.

The greater effectiveness of positive self-talk storytelling compared to child-centered mindfulness may be attributed to the powerful influence storytelling holds over listeners. Stories deeply engage children, enabling them to internalize the lessons without doubt, fully understanding and emotionally connecting with their experiences. Storytelling is a communicative art that allows children to express feelings and information, essentially serving as a

means of self-expression. Despite numerous technological advancements, storytelling remains a crucial and meaningful form of communication for children.

Cognitive-behavioral storytelling therapy provides a valuable opportunity for emotional release, identification with characters, and increased understanding, serving as an important resource for addressing secondary problems arising from academic challenges such as lowered self-esteem and impaired communication skills. During storytelling, children must focus on the story and its characters, which encourages ignoring distracting stimuli. Despite external and internal distractions—such as pain from cancer treatments—children practice sustained attention and attentional shifting. They learn to wait their turn, overcoming passive communication patterns, which can help restore self-esteem and improve interpersonal relationships.

Among the main limitations of this study were the emotional and physical conditions of the children, influenced by the severity of their illness. Additionally, the hospital environment presented many distractions, including frequent movements of nurses and staff, and noise from other hospitalized children.

Based on these findings, it is recommended that healthcare centers assign knowledgeable storytellers to assist families and children during treatment and hospitalization to encourage adherence to treatment and improve the children's psychological well-being. Furthermore, future research is suggested to investigate combined therapeutic interventions incorporating both psychological approaches and pharmacotherapy.

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Declaration

We acknowledge that we used ChatGPT to enhance the academic writing of our manuscript while ensuring the originality and integrity of our work.

Transparency Statement

The data supporting this study are available upon reasonable request to the corresponding author, subject to ethical and confidentiality considerations.

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Declaration of Interest

The authors declare that they have no competing interests.

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