



The effect of play therapy on reducing depression

(Case study: school girls in Tehran)

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Abstract

Current research aims to investigate the effect of play therapy on reducing depression of depressed girls. In this research, experimental plans of pre-test and post-test with control group have been used. Statistical population includes all primary school girls in Tehran which were studying in 2014-2015. 36 people were selected targeted among statistical population and they were divided in three groups of 12 people; two experimental groups and two control groups. Research tool was the questionnaire of child symptoms and in order to analyze the data of this research, statistical model of univariate covariance analysis was used. The findings of the research showed that, play therapy approach causes reducing children depression signs with depression disorders.

Key words: play therapy, depression, girls

1- Introduction

Play therapy is an active approach that can be used individually or in groups so that it lets children to reveal their conscious and unconscious feelings mediating play, the ideas which explain kids playing are different for example they consider play as a component of rational and cognitional development (Landres, translated by Ariyan, 2005) or consider it as a process for releasing the stresses related to the growth or a reflect of cultural pressures and a tool for learning new skills (Landres, translated by Ariyan, 2005).

Nevertheless none of theories has conflict in using play as a therapeutic approach. Although different people may have conflict about the reason of kids playing but they agree on this point that play is one of necessary components in kids' life because they are usually in the most natural and comfortable situation while playing and as simply as adults express their feelings through



talking, they do this by playing. Therefore game is a super-efficient and effective thing that helps going through kids' internal world (Mohammad Ismael, 2009).

Based on what has been said so far, play therapy can be considered as a therapeutic approach that is applicable among kids who suffer cognitional problems such as anxiety and depression and provides research opportunity for comparing these two therapeutic approaches among kids. Based on this and considering the necessity of early detection of depression and its treatment among people especially kids and adolescents who suffer depression disorder, the subject of current research was noticed by researcher.

Children forms major segment of the world population so that in developing countries, this segment reaches to 50 percent (Narimani, soleymani and Abolghasemi, 2012). Children and adolescent health is totally important in each society and attention to their mental health helps to keep them healthy physically and mentally and also make them play their social role better. Due to this, accurate recognition of different physical and mental aspects of this age group and trying to provide appropriate financial and spiritual conditions for their physical, emotional and intellectual growth are better to be emphasized (Ekhdam, Modanloo, Ziaei, Keshtkar, 2011).

Clinical psychologists usually divide mental disorders into two main groups that are based on children behavioral characteristics. The first group is externalizing disorders which are led toward out of a child's mind such as aggression, hyperactivity, disobedience, impulsivity. Externalization problems are somehow created because of less control or the incorrect or maladaptive self-regulation and these problems aren't usually hidden and recognizing them is easy because they can be seen directly. Accomplished studies in different cultures have shown that a significant percentage of kids are suffering behavioral problems before school and or school ages ((Harland, Reijneveld, Brugman and Verloove, 2002). The second group involves internalization disorders, the behaviors which are led to more inside children such as depression, anxiety and active attempt for isolation and avoiding social activities. If these behaviors aren't looked accurately, disorders may not be discovered at all. Internalization disorders consist of problems that have been created based on too controlled symptoms, these problems happen when people want to control or regulate their internal cognitional and emotional situation inaccurately or incompatibly. Modifying internalization shows that these problems are created inside individual to the great extent and remain there. Because of this, internalization disorders are also known as hidden diseases that is discovering them through external observation is very difficult (The fifth edition of Diagnostic and Statistical Manual of Mental Disorders, 2013).

Among internalization disorders of kids, depression disorder is investigated in this research. Depression disorders in child ages are considered as one of the most common disorders in this age group. In past decade as these disorders has been increasing in lower ages, many attentions have been drawn to diagnosing and curing depression in children (America academy of Child



and Adolescent, 2009). In case lack of diagnosing and appropriate therapy, depression will increase the possibility of drug abuse, suicide and education, social and psychological performance disorder (BierMaher, Riyan, Williamson, 2010).

However, because of low level of their abstract thinking, children cannot express their emotions and feelings so play therapy helps the child to express his emotions and feelings (Rai, Sketel Crap and Tsai, 2013).

Play therapy is built as a therapeutic approach from an ongoing relationship between trained therapist and a kid who suffers behavioral and emotional problems. Various paly-based activities lead to creating therapeutic changes in patients. The researchers consider the main feature of playing, its pleasure (Hall, T,M, Kaduson, HG, Schaefer C, E, 2010, Landreth, 2010).

Since play-based activities for kids are like speech for adults, it is a tool for stating emotions, establishing relationships, describing the experiences, revealing the wishes and self-blossoming and on the other hand causes relationship between internal thoughts of kid with his external world (Prins PJ, Ollendich TH, 2010). Shafer quoted by Tampson and Roodlef (2011) about the effects of paly therapy on kids believe that crush the resistance in children, creating merit and ability, purification, creative thought, emotional releasing, role paly, dreaming, symbolic teaching, promoting relationship and attachment, positive excitement and overcoming related fears to growth period are some benefits of play therapy for kid. Althy (2010) also says play therapy is an effective method for reducing depression of kids during the time.

The necessity of more researches about the effect of play therapy can be felt especially among depressed girl kids to significantly help the in time and effective curing of depressed kids. The thing which ultimately leads to forming the problem of current research:

How does paly therapy affect reducing children's depression?

2- Research history

The beginning of this attitude that considers playing as a therapeutic approach can be attributed to therapists with psychoanalytic orientation. One of the most effective people in this field is Melany Cline; she discussed symbolic game as an alternative tool for verbal expression as well as a method for revealing kids' fantasies and unconscious feelings through free association that should be interpreted by therapists (Tompson and Rodelf translated by Tahourian, 2005).

One of other pioneers is Anna Froude (1947) who used game for establishing positive relationship with kids' ultimately significant verbal expression. Unlike Cline, she believed that kids' game is basically representative for experiences that are derived from daily events rather



unconscious free association. Therapeutic interpretation of personality conflicts are mainly based on kid's verbal expression.

Another effective theory of psychoanalysis which is used in play therapy is "relationship theory". This therapeutic method is concentrated on a relationship between therapist and kid. Game is a tool for making relationship and a main part of clinical interpretation is derived from the relationship method of therapist and kid. In order to encourage the kid to express his/her real feelings, therapeutic environment should be simple and free, such this environment lets the kid to do what he/she wants such as activities which aren't dangerous. By passing the time, relationship theory turned to one of important components of play therapy approach increasingly that was used to be used by therapist with psychoanalytic orientation (Hughes, translated by Ganji, 2005).

Ginat (1961) draw a very direct relationship between therapist and kid at the beginning through using play therapy solutions with groups. He was fan of using limitation instead of freedom as a necessary method for transformation of the ego (self) making relationship with trust.

Another approach in play therapy is theoretical approach which is based on indirect therapy. Different factors cause decline of kids' self-awareness and neutralize their healthy attempt for self-blossoming and their game is a reflection of deprivation and lack of personal awareness. Instead of interpreting behavior or expression of kid, in this method the therapist should create a free and comfortable environment; has full acceptance toward the kid and through reflecting kid's emotions, gives him/her the possibility to be aware of his/her behavior (Akslayn, translated by Najjaran, 1994).

Recent theories about paly therapy have proposed coherent principles about behavioral and developmental psychology. Behavioral and behavioral - cognitive theorists see children's game as a reflection of maladaptive behaviors and irrational thinking patterns. Therapists with these tendencies don't interpret play-based activities as a tool which is representative for unconscious feelings. On the contrary during the children play-based activities, they use the solutions of modifying and changing the behavior to positively strength their adaptive behaviors or use play situations to teach structural problem solving skills or coping and handling skills. They also provide some situations for playing to prepare activities for kids which are compatible with social behaviors such as participation and turn taking. Developmental theories consider play-based activities as overt indicator of initial interactions with caregivers in initial years of life because interactions are bases for forming future psychological compatibility. They try to help the kid to experience their interactions while they are curing. Now in current activities, people who use play therapy are receptive to all these 4 different theoretical perspectives (Akslayn, translated by Najjaran, 1994).



In investigating previous studies in this field, researcher achieved similar cases that some of them are as follows. Asliazad et al (2013) by working on play therapy on pre-school children showed that play therapy intervention is effective on reducing depression and anxiety symptoms. Investigating the effects of play therapy on behavioral problems of students with reading disorder showed that this method leads to reduce behavioral and communicational problems of these children (Malek et al, 2013).

Shadkam and Rafaat (2013) using the investigation of play therapy effects with kid-oriented approach showed that this treatment method reduced aggression symptoms of primary school students. Amjadifar (2012) using behavioral-cognitive play therapy showed that behavioral-cognitive play therapy is effective on children's aggression in group. Delavar et al (2012) in another research on 30 depressed kids showed that group play therapy can reduce kids' depression. In another research using group play therapy on 12 boys of 6 years old was investigated. The findings of the research showed that this method causes reducing behavioral disorders in these children (Ghadbeygi 2010). Shabanali (2009) using play therapy on girls and boys of 6 years old of Rey city showed that play therapy is effective on reducing girls and boys of 6 years old isolation of Rey city. Using behavioral-cognitive play therapy in order to reduce depression symptoms of primary school children in Isfahan, showed this method that significantly reduces kids' depression symptoms (Abbasian, 2008). Komejani et al (2008) in a research investigated the effect of play therapy on physically abused students of 9 to 12 years old and showed that play therapy can reduce behavioral disorders in physically abused students. Porter, Hernandez, Reef and Jess (2012) using play therapy method on kids showed that play therapy reduces emotional stress in kids with emotional disorders. Using play therapy on primary school kids with behavioral problems represented the effectiveness of using this treatment method on reducing behavioral problems of these students (Dike et al, 2011).

Hill (2010) by working play therapy on kids of 5-8 years old showed that play therapy will lead to reducing kids' behavioral disorders. Ree, Scho Telcorb, Tesi (2012) in a research on kids with aggression behavioral disorder showed that play therapy can cause more compatibility and reducing behavioral problems in kids. Landert, Ree and Braton (2009) by working play therapy on kids showed that child-based play therapy has positive effect on behavior and emotions and short-term therapy has the same positive effects of long-term therapy. In another research Dagerti (2006) shows that child-based play therapy is effective on child's growth in his different levels of life. Based on the findings of this research, play therapy has significant effects on preoperational and objective operations levels. Using group child-based play therapy in children showed that this treatment approach increases learning, self-controlling, responsibility, feeling expression, respecting, self-acceptance and others, improving social skills, increasing self-esteem and reducing anxiety and depression of kids.



Bart et al (1975) also showed in a research that play therapy on kids of 5-9 years old who are incompatible increases their social compatibility.

3- Methodology

Current research is placed in the area of quasi experimental researches pretest and posttest type. Of course it should be noticed that there are two intervention groups in this study. Research variables can be divided based on the role that they have in research as follows: independent variable (paly therapy), dependent variable (the score of people in Child Symptom questionnaire in all three groups). Statistical population includes all primary school girls in Tehran who were educating in educational year of 2014-2015. Because current research is investigating the effectiveness of therapy approach on depressed girls and since the sample includes depressed girls, sampling method is purposive and 36 people were selected among primary school girls randomly and they were divided into three groups of 12 people including 1 experimental group (paly therapy) and one group of control randomly. The criteria for entering the research included being girl, educating in the first to third grades of primary school, the diagnosis of a psychiatrist and psychologist clinical specializing in children and gained score in csi-4 test. Research tools are questionnaire, Child Symptom questionnaire (CSI-4). Two method of scoring are designed which include the cut off screening point and scoring methods based on the severity of symptoms for CSI4. Mohammad Ismael (2014) investigated the reliability and validity of child symptoms questionnaire CSI4 on 680 students of 6-11 years old in Tehran. Investigating reliability of CSI4 through re-administrating of questionnaire shows that mentioned tools have relatively good reliability as a screening tool for behavioral-emotional disorders in Iranian children. About content validity, the results of investigating comments of judgment by experts, shows the convergence and appropriateness of CSI4 content with its measuring area. The levels of doing the research were so that in first step, necessary negotiations were done with education and training office in order to enter the schools and after receiving permission of entering 5 schools with the coordination that were done with the managers of these schools, a session was performed with the parents of students. The activity and its procedure and the conditions of entering intervention groups were explained. After that the questionnaire of behavioral symptoms among volunteer mothers were distributed. After completing the questionnaires and accurately investigating them and eliminating some of damaged questionnaires among 127 filled questionnaires, 36 people were recognized to be qualified for research based on investigating the questionnaire and done interviews. These people were randomly divided into two groups and again randomly one of groups as control one and the other one was selected as paly therapy group. Some of important goals that were tried to be met in developing the content of sessions included the cases below, expression of non-accepted, annoying and upsetting feeling without the fear of reprimand and concerning others. These methods are appropriate for children that are obedient because of past experiences and have little power. At the end, the parents were again



asked to fill the questionnaires. In order to analyze data, in the level of descriptive statistics, mean and standard deviation were used and in the level of inferential statistics, statistical model of covariance analysis was used.

4-Research findings

4-1 descriptive findings

Descriptive analysis related to “depression questionnaire” of participants was first investigated in table 1 and some statistics such as mean, standard deviation, skewed coefficient were proposed in each one of experimental and control groups in pretest level.

Table 1- descriptive analysis of children depression indicator in pretest level

Group	Count	Mean	Standard deviation	Skewed coefficient	Kurtosis coefficient
Play Therapy	12	10.93	1.64	0.02	0.16
Control	12	11.25	1.35	0.24	0.23

In table above, the mean of kids’ scores in paly group, control in pretest level have been shown. Since skewed coefficient isn’t significant as distribution indicators. It can be said that the assumption of distribution normality has been met and there is the possibility of parametric statistic.

In table 2, descriptive analysis related to “depression questionnaire” of participants was investigated and statistics such as mean, standard deviation, skewed coefficient in each one of experimental and control groups are proposed in posttest level.

Table 2- descriptive analysis of depression indicator in kids in posttest level 2

Group	Count	Mean	Standard deviation	Skewed coefficient	Kurtosis coefficient
Play Therapy	12	7.50	2.74	0.00	-0.68
Control	12	10	2.79	0.58	-0.15



In table above, the mean of kids' scores in play group, control in posttest level have been shown. Since skewed coefficient isn't significant as distribution indicators. It can be said that the assumption of distribution normality has been met and there is the possibility of parametric statistic.

4-2 inferential findings

Considering the plan of current research which is pretest and posttest type, using statistical models, covariance analysis is investigated about how play therapy affects.

Testing research question: how play therapy affects reducing the depression of girl children?

Table 3- investigating Levine test for "depression"3

F	DOF 1	DOF 2	Standard deviation
1.43	1	22	0.24

Considering statistic of Levin test is the rate of $F = (1.22) = 0.24$ that isn't significant statistically and the assumption of variance convergence has been met. Therefore there is the possibility of using covariance analysis for investigating the hypothesis above.

Table 4- covariance analysis related to the effect of play therapy on the depression of kids in posttest level

Changes source	Sum of squares	Degrees of freedom	Mean of squares	F	Significance level
pre-exam	28.92	1	28.92	4.33	0.05
Group	28	1	28	4.19	0.03
Error	140.07	21	6.67	—	—

As it is observed, after eliminating the effect of posttest and covariance analysis the rate of $F = 4.19$ that which is significant statistically in statistical level $P < 0.05$ and so null hypothesis is rejected and the contrary assumption is confirmed. Therefore paly therapy causes reducing the depression of girls with this disorder.



5- Conclusion

Based on the findings of current research, null hypothesis is rejected and contrary assumption is confirmed. Considering the rate of $F=13.30$ which is significant in statistical level of 0.01 it can be said that play therapy causes reducing the symptoms of depression among girl kids.

The findings of current research about the effects of play therapy on cognitional and clinical disorders is aligned with the findings of Asliazad et al (2013), Delavar et al (2012) about reducing depression and anxiety of children using play therapy, Shadkam and Razaat (2013) and Amjadifar (2012) about the effect of play therapy on reducing aggression, Ghadbeygi (2010), Shabanali (2009), Porter et al (2012) about the effect of play therapy on reducing clinical problems, Dike (2011), Hill (2010), Rey et al (2012), Landert et al (2009). To explain this finding it can be said that using different techniques of play therapy such as story, role play, painting, using doll and puppet provide an opportunity for kids to express their thoughts and feelings without worry and fear of condemnation and punishment and meanwhile effective methods of problem solving and achieving positive results to use them in future dealings and in fact using these techniques gives children the opportunity of releasing emotions and negative energies and replacing them with positive emotions and finally high mood and through this the symptoms of depression will be decreased in them.

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