

ORIGINAL ARTICLE

Efficacy of Play Therapy on Self-Healing and Enhancing Life-skills of Children Under Difficult Circumstances: The Case of Two Orphanages in Addis Ababa, Ethiopia

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Abstract

The objectives of the study are to know whether play therapy can facilitate the self-healing process, to improve the academic performance, increase the attentive level, and to ensure self-confidence and esteem of children under difficult circumstances.

Data for this study were the case works of the researcher (for about two years), as a play therapist and Clinical Supervisor. Pre- and post-therapy measures using the SDQ (The Goodman's Strengths and Difficulties Questionnaire-a standardized instrument) were obtained from 17 children (9 females and 8 males) and analyzed. The study used quantitative data as its major source of information even though there were some qualitative data obtained from the direct observation of the children, focus group discussions and interviews with counsellors, social workers, teachers and caregivers.

The results of the study revealed that there was a statistically significant difference between Pre-SDQ and Post-SDQ results showing a reliable improvement of the conditions of the children due to play therapy. That is, matched t-test indicate d that the scores difference is statistically significant: $t(16) = 13.94, p < 0.05$. Moreover, qualitative data from direct observation of the children, focus group discussions and interview results obtained from counsellors, social workers, teachers and caregivers have supplemented the above quantitative results. Ideas for future interventions were presented and implications about the well being of the children were discussed.

INTRODUCTION

Background of the Study

In her article entitled 'Entering the child's world via play experiences' Virginia Axline (1950, as cited in Mark Barnes, 2004) summarized her concept of play therapy stating, "A play experience is therapeutic because it provides a secure

relationship between the child and the adult, so that the child has the freedom and room to state himself in his own terms, exactly as he is at that moment in his own way and in his own time."

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Evidently, play is used as a medium of communication. And, play therapy is a methodology used to help troubled children cope with traumatic or 0 situations. It is the systematic use of a theoretical model to establish an interpersonal process wherein play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial challenges and achieve optimal growth and development.

Play Therapy is often used as tool of diagnosis. A play therapist observes a client playing with toys (play-houses, pets, dolls, etc.) to determine the cause of the disturbed behavior. The objects and patterns of play, as well as the willingness of a child to interact with a therapist, can be used to understand the underlying rationale for behavior both inside and outside the session, as many research findings (in the area) have evidenced (Mark Barnes, 2004).

According to the psychodynamic view, people (especially children) will engage in play behavior in order to work through their interior obfuscations and anxieties. In this way, play therapy can be used as a self-help mechanism, as long as children are allowed time for "free play" or "unstructured play." From a developmental point of view, play has been determined to be an essential component of healthy child development. Play has been directly linked to cognitive development.

Play always takes place in a safe environment in which the therapist gives permission for it to occur. By containing the feelings expressed, conflicts are resolved and the child begins to develop a

changed internal working model (Bowlby, 1969, as cited in Landreth, 2002) which enables them to function in a more socially desirable way. These feelings of containment also empower the child and allow for the development of secure, trusting attachments.

An extensive body of literature has documented the effectiveness of play therapy, as a counseling model, in working with children and adolescents. Researches evaluating the effectiveness of play therapy, on such issues as concentration problem, daydreaming, communication problem, emotional/behavioral disorder, aggression, sexual abuse and neglect, have been undertaken (Landreth, 2002; Mark Barnes, 2004).

Moreover, researches conducted on African-American children who were identified as "at-risk" and participated in a mean average of four non-directive play therapy sessions, indicated that children who participated in the play therapy sessions maintained the same level of self-esteem and internal locus of control, while children in the control group showed a statistically significant level as measured by the 'Coopersmith Self-Esteem Inventory' and the 'Intellectual Achievement Responsibility Scaled-Revised'.

Play therapy has also been studied with sexual abuse victims. In general, therapeutic play has a valuable function in preventing mild problems becoming worse, by facilitating children's self-healing process. So, the present research is devoted to check the efficacy and benefit of play therapy for the Ethiopian children (particularly for those in difficult circumstances) in equipping them with basic life skills.

As many relevant research findings have revealed, play is children's natural process and therapeutic play is an effective self-healing process. Therapeutic play, as a non-talking therapy, could take many forms, such as creative visualization, therapeutic storytelling, puppets and masks, art, clay, sand, music, movement, drama therapy, etc.

Despite the efficacy and self-healing power of play therapy (as can be seen from literature), there are no or few scientific researches (at least to the knowledge of the researcher) conducted on the impacts of play therapy in improving the life skills of children in difficult situations, particularly in Ethiopian. Thus, the present researcher is to fill this gap and come up with certain imperative strategies (and efficacy-related evidences) that could help the concerned bodies disseminate the program, throughout Ethiopia, for the benefit of children- or to safeguard the lives of Ethiopian children who are under difficult circumstances.

The researcher hypothesizes that there is a statistically significant difference between pre and post-SDQ scores. That is, play therapy can make a difference (or can significantly improve the life conditions of children under difficult circumstances).

Based on the statement of the problem, the general objective of the study is to present play therapy as a way to enhance the life skills and development of children under difficult circumstances.

More specifically, the objectives of this research are:-

1. To pin-point whether play therapy is effective in the self-healing process of children under difficult circumstances

2. To examine the contribution of play therapy to the academic performance of the children,
3. To see if play therapy could enhance the attentive level of the children
4. To determine the power of play therapy in ensuring communication skill, self-confidence and self-esteem of these children
5. To present a real case of an orphaned child to illustrate the power of play therapy

The findings of the study may serve the following major practical purposes.

1. It may serve as an additional information source and document base in the process of managing and improving children's wellbeing.
2. It may contribute to the improvement of children's life skills.
3. It may stimulate prospective researchers to conduct further research on this area and to address those areas that remain untouched or inadequately treated.
4. It may inform the concerned bodies to realize the benefits of play therapy for children under difficult circumstances and facilitate ways of using the model.

METHODS OF THE RESEARCH

Design: The major purposes of this study are to check the efficacy of play therapy, to enhance the interpersonal skills of children under difficult circumstances; to improve the academic performances of the children; to increase the concentration level of the children; and to make the children self-confident and help them enjoy bright future. Presenting one powerful case work, the present researcher is also tried to come up with certain strategies to be followed to help children under difficult conditions through play therapy model.

In order to secure reliable data from all possible sources in a confidential manner, appropriate method of investigation is imperative. Accordingly, to serve the purposes of the study, both descriptive and explanatory research methods were used.

Site: The two orphanages selected were SOS Children's Village and Almaz Ashane Children and Family Support Association (a Private Orphanage), both found in Addis Ababa. They were mainly selected because they had well-equipped play ground and therapeutic rooms. Moreover, they were the main sites of work of the researcher, where they had regularly been conducting play therapy sessions.

Sample: Seventeen children (nine females and eight males) were used as a sample for the study. These are children with whom the researcher worked longitudinally (for about two years). Moreover, twenty four individuals for focus group discussions and eight individuals for interviews were included. Observation was used for the seventeen children by the researcher. The selection was purposive and cases at hand.

Instruments: The present researcher relied on SDQ (the Goodman's Strengths and Difficulties Questionnaire) measurements. In addition, observation, focus group discussion and interviews were used as tools of data collection, accordingly.

Procedures of Data Collection: After clearly explaining the purposes of his study and getting the permission from the children's caregivers, teachers, counselors and social workers, the present researcher went for data collection. Focus group discussion was held with the teachers, counselors and social workers, first, and another discussion was held with the caregivers of the children. Because the research sites were two independent institutions, four focus group discussions were conducted-two at each institution.

Observation and interviews were conducted accordingly.

Methods of Data Analysis: Both quantitative and qualitative data analysis methods were used in this study. To analyze the collected data, such descriptive statistics as means and standard deviations were used. Dependent (correlated) t-test for statistical significant differences between pre and post-SDQ scores was also used.

More importantly, in-depth word descriptions (qualitative analysis) were used for data collected through focus group discussions, observation and interviews.

Ethical Considerations: In conducting this study, the following ethical considerations and safety measures were made.

Informed consent: After the purposes and importance of the study were clearly explained to the participants of the study, informed consent was obtained from each of them.

Participation in the study is on voluntary basis: participants would have the authority to permit or refuse the collection of data in any form. Full right is deserved to withdraw at any time; to change ideas or to edit recorded materials.

Also, information to be gathered and the overall interpretation to be made belong to participants and the researcher, respectively;

Privacy and confidentiality: The privacy of the participants is promoted and they were informed that whatever information they provide is kept confidential. That is, the confidentiality and anonymity of information is strongly maintained.

More importantly, there would not be risks and discomforts, which come along by

participating in this study. However, the information that you give the researcher could be helpful for the study and may contribute to the improvement of the conditions of orphaned children in particular and children in difficult circumstances in general, as a result of play therapy.

RESULTS

This section presents the results of statistical analysis carried out to answer the objectives

stated in the study. In addition, it includes focus group discussion data and interview responses from caregivers, teachers, social workers and counselor. It also includes data obtained from the direct observation of the children by the researcher.

Before-after (or pre-post) tests may be used when the same persons are compared before and after a treatment has been introduced. Moreover, the t-test for correlated groups treats the difference scores as though they were raw scores and tests the assumption that the difference scores have a mean of zero.

Table 1. Summary of Measurement Results.

Subject	Pre-SDQ Scores	Post-SDQ Scores	Difference Scores (d)	d ²
1	22	15	7	49
2	19	13	6	36
3	21	16	5	25
4	20	14	6	36
5	18	12	6	36
6	19	9	10	100
7	20	15	5	25
8	17	11	6	36
9	18	8	10	100
10	21	13	8	64
11	20	10	10	100
12	22	16	6	36
13	21	11	10	100
14	19	9	10	100
15	20	12	8	64
16	21	10	11	121
17	19	15	4	16
			$\sum d = 128$	$\sum d^2 = 1,044$

Table 2. Summary of Correlated t-test Results

Subjects (N)	Mean Score difference (\bar{d})	Standard Deviation (SD)	Degrees of Freedom (df)	Level of Significance (α -value)	Correlated t-test (t)	Table value of t
17	7.53	2.24	16	.05	13.94	2.12

As it could be seen from the above table, the mean score difference (\bar{d}) is 7.53 (M=7.53, SD=2.24). Correlated t-test is equal to 13.94. Whereas the critical value of t (or the table value of t) at 16 degrees of freedom and level of significance (α -value) of 0.05 is 2.12. That is, matched t-test indicated that the scores difference is statistically significant: $t(16) = 13.94$, $p < 0.05$. This implies that play therapy is effective in self-healing children under difficult circumstances. And, this further confirmed the real effects of play therapy on the children and that it has helped them in improving their life skills.

More specifically, the results of the study revealed that there was a statistically significant difference between Pre-SDQ and Post-SDQ measurement results showing a reliable improvement of the conditions of the children due to play therapy-as much as possible confounding variables have been controlled.

Moreover, qualitative data from direct observation of the children and interview results obtained from counsellors, social workers, teachers and caregivers have supplemented and confirmed the above quantitative results.

That is, in addition to the quantitative results, data collected through direct observation, focus group discussions, interviews all consistently confirmed that play therapy has worked remarkably and effectively with the children in self-healing them and advancing their life skills. More specifically and clearly put, all evidences collected, consistently and reliably, revealed that play therapy has improved the conditions of the subjects in the areas of communication skills, academic performances, concentration level, self-confidence and self-esteem.

For example, children who were self-contained and isolated started playing and interacting with other children after getting the therapy. Moreover, children who were performing low academically have showed remarkable improvements after wards. And, those who were shy, hesitant and low in their self-concept have been found to be self-confident and enthusiastic to learn new things and positively interacted with the immediate environment.

The following is one of the seventeen powerful cases the researcher has worked on. It is described as follow:

A Case History of Olani (Pseudo Name)

Olani is a 10 years old child who has been living in an orphanage called SOS children's village. By the time he was referred to the therapist (me) by his caregiver and the social worker of the village, I found him very shy, fearful, passive, anxious, and unwilling to speak (even a word) or communicate. Confirming the points of the caregiver and social worker, his teacher has reported to me that Olani is, academically, a low performing students-below average (has poor academic records) and a socially withdrawn child-for example, he had not been interacting or playing with other children of the same age.

While the play therapist (I) was conducting interviews with the caregiver, the social worker and the teacher, independently and confidentially in a private situation, they told me that the child has lost his both parents due to HIV/AIDS and he had seen the conditions (sufferings) of both before their death. After the death of his parents, he had passed 1 year with non-significant others who had been abusing him both physically and emotionally. And, that was why he joined the orphanage. They added that Olani had been extremely fearful and hesitant to get on with other children in the village.

The language of his family was Afan Oromo and he could speak this language, which other members of the SOS village couldn't speak, and this might have made the communication difficult, they told me. More importantly, they emphasized that his observation of the sufferings of his parents on bed, the traumatic experiences of the death of his beloved parents, his inability to speak the language of other children (Amharic), and etc all working together and against the well being of the child, finally forced him to experience the above mentioned critical psychological and social (psychosocial) problems.

Clearly understanding and recognizing why the child was referred to me for the 'special time'-self-healing process through play therapy, I stated specific expected outcomes (changes at the end of the therapy). These were generally to make the child psychosocially competent: free from emotional, behavioral, and social problems and help him be independent, self-confident and interactive.

Depending up on the pre-SDQ (Goodman's strengths and difficulties questionnaire-standardized measurement tool) result (which was 21-the higher the measurement result, the worst); I had decided to conduct 12 sessions of play therapy with Olani. I, first, conducted the preliminary session with the client. The preliminary session was more of directive in its approach. Here, I had introduced the play room, the play materials (all of them), the play therapy rules and all other necessary issues.

After conducting the preliminary session (after a week), I directly continued my play therapy process with session one. During session one, Olani entered the therapeutic room and picked up the airplane and played with it until the end of the session. While playing, he was not observing around- he avoided eye-contact with me, and didn't

show interest to play with other play materials.

During session two, he finished his special time in arranging wild animals in order of their height, but without speaking any word and observing around, except what he had been doing.

Olani, started session three by wearing mask on his face and played with puppets. Mean while, he focused his attention on one puppet with special sound (when pressed) and played with it till the end of the session. In doing so, he was sometimes smiling and attempting to speak to the puppet. This time, my first impression which was not good, now started to change positively and I hoped that the process was promising.

The client, during session four, chose one red ball among the three available and started bouncing and rebounding it, running here and there with it in the therapeutic room. He did this for about thirty minutes, but without talking and interacting with me. The session ended and he went to his home.

During the fifth session, Olani first played with the airplane and military vehicle and shifted his attention to the ball and played with it until the end of the session. Here also, there was not any communication with me and exploration with other play materials.

To have a thorough understanding of the child's personality, emotional states and behavioral manifestations, I consulted many psychology, psychiatry and other related and relevant books and articles dealing with theoretical issues, empirical evidences and practical cases (similar to Olani's). Furthermore, to facilitate the client's positive change, I had been discussing the issue with experts in the area

(in fact, without threatening the confidentiality).

During the sixth session, the client picked up one woman and one man and buried them in the sand of the sand tray. Then, he stayed there for about fifteen minutes playing with the sand. After then, he jumped to the ball, picked it and played with it running very fast in the room, till the end of the session.

Olani started to explore every play material and attempted to play with them, during the seventh session. In doing so, he was smiling and interacting (talking) with each. Playing with the musical instruments, he got stimulated and suddenly burst into laugh-‘eh—ehi—ehii—ehiii---’. When I saw him, he smiled at me and I smiled back. Immediately after, he gave me one ball and picked up another ball for himself and invited me to play, parallel and then together, with him, using a ball. He led me and I followed him, in the process of playing. He enjoyed the interaction (the playing together) and felt free (got relaxed).

During this session, Olani explored the materials very actively, communicated with them and me positively and without any fear. He enjoyed the interactional process and talked to me in ‘Afan Oromo’ and I replied to him very positively and honestly. All these made him happy and enthusiastic.

Consistent with Olani’s situation, developmental principle states that development is aided or facilitated by stimulation and this could be achieved through therapeutic play. To me, Olani’s self-healing process using play as a tool has brought about a turning point (towards positive life style) in his life. And this, confirmed, to me, that play therapy can make a difference and can do a miracle in the life of the children with psychosocial problems-especially those in orphanages.

Sessions eight, nine and ten were conducted and accomplished in the same way as of session seven. And, positive behavioral and emotional changes started to be clearly observed and inferred from the active exploration, good communication and bright face of the client.

The feedbacks from the caregiver, teacher and social worker also confirmed the real positive changes-objectively observed on the child and systematically inferred from the condition of the client. These informative and reliable feedbacks were obtained during the review meeting with the aforementioned bodies.

After the tenth session, post-SDQ was filled by the caregiver, teacher and social worker (being together) and the measurement result obtained was 14 – amusingly, the total difficulty level decreased by far when compared with the pre-SDQ result (which was 21)). It should be clear that the lower the SDQ measurement result, the better.

In the therapeutic process, the transference was seen and the emotional bond between the client (Olani) and the play therapist (me) was very high. Accordingly, during the eleventh and twelfth sessions, I worked on the issue of counter transference and other important concerns. This was mainly due to the fact that the intended objectives were realized and most importantly, the client came alive in the process.

DISCUSSION

This section discusses the major findings of the study. That is, the findings reported under the result section are interpreted and discussed here. The findings of the present study and the available related literature are

linked in the discussion, though there is no single research conducted on this area in our context (as far as the knowledge of the researcher goes).

Unlike most adults, children communicate through play. Most child related professionals believe that children's play can be more fully appreciated when recognized as their natural medium of communication. For children to 'play-out' their experiences and feelings is the most natural dynamic and self-healing process (Landreth, 2002). Moreover, psychological theories such as those by Jean Piaget and Lev Vygotsky support the use of play as a means of communication and interaction with children. The present study also confirmed this hard fact.

In consistent with the present study, most researchers in the field of children's mental health believe that children are starving for quality time and when they get it, it does them the world of good. In whatever manner children get positive attention, they surely benefit from it (Mark Barnes, 2004). True emotional healing comes from loving words, thoughts, feelings and actions. Healing refers to a restoration to health, to wholeness. According to Mark Barnes healing means an undesirable condition is overcome and a situation is being restored to original purity or integrity. For instance, the parent who comforts his or her emotionally wounded child or the therapist who helped a child to improve his/her communication skills, enhance self-confidence, self-esteem or level of academic achievement are both participated in the process of healing. This was clearly seen with the children who participated in the present study, and specifically, with the presented case.

CONCLUSION

In line with the major findings of the study, the present researcher could conclude the research confirming the efficacy and benefit of play therapy for children in difficult circumstances.

This longitudinal and in-depth study has evidenced that play therapy has improved the conditions of the children under study in the areas of paying attention, concentration, communication skills, interactive behaviour, academic performance, assertiveness, self-confidence and self-esteem. And, this implies that play therapy is a powerful counselling model with high level of self-healing efficacy.

Thus, as it is the result of two years thorough longitudinal case studies (done with greater care and effort), the researcher confidently underlines that play therapy is effective and dependable in helping children (particularly, those under difficult circumstances) to self-heal.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are given. Realizing the efficacy and powerful effect of play therapy, the concerned bodies (including child professionals) need to expand the program through-out Ethiopia, if they are to safeguard the lives of children under difficult circumstances.

The therapeutic play, in order to be successful and effective, needs to take place in a safe, holding, nurturing, empathic and free space. Privacy and confidentiality should be there.

During therapeutic play, it is the process that matters. Paying attention (focus) to the client's body language and state of mind without interpretation of what is being done is of paramount importance.

To draw a more general picture of the problem, further study is needed by trained and interested professionals.

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