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THE EFFECTS OF PLAY THERAPY ON THE SOCIAL AND  
PSYCHOLOGICAL ADJUSTMENT OF FIVE-  
TO NINE-YEAR OLD CHILDREN

DISSERTATION

Presented to the Graduate Council of the  
North Texas State University in Partial  
Fulfillment of the Requirements

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By

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This study was designed to determine the effects of play therapy on the adjustment of children identified as socially and psychologically maladjusted. The effects of play therapy on six variables were investigated. Those variables were: social adjustment, personal adjustment, self-concept, school-related self-concept, behavioral maturity as rated by the teacher, and inferred self-concept as rated by the parent. The general nature of the research hypotheses was that play therapy would effect positive change in the children on the six variables.

Twenty-six children between the ages of five and nine participated in the study. The experimental group, a pre-assembled group of thirteen was selected from counselors' waiting lists on the basis of four criteria: (1) the teacher or parent of the child felt that the child needed counseling; (2) the school counselor concurred with the parent or teacher's recommendation; (3) the child was between the ages of five and nine; and (4) the child was of normal intelligence. A comparable group of thirteen children for the control group was

assembled from the same counselors' lists using the same criteria. In addition, the children for the control group were required to match children in the experimental group on five factors: (1) age, within ten months; (2) intelligence; (3) sex; (4) race; and (5) presenting problem.

The thirteen children in the experimental group received fifteen weekly forty-five minute play therapy sessions in a well-equipped playroom. Ten of the counselors were doctoral-level students who were participating in or had completed a doctoral-level play therapy course. One counselor was a professor who teaches play therapy. The thirteen children in the control group received only pre- and post-testing.

All children were pre- and post-tested using three instruments: the California Test of Personality, the Coopersmith Self-Esteem Inventory, and the Primary Self-Concept Inventory. Parents provided an inferred self-concept score by rating their children on the Coopersmith Self-Esteem Inventory. Teachers rated the child's behavioral maturity on the Behavior Maturity Scale. Fifteen to seventeen weeks elapsed between gathering the pre- and post-test data for each individual. Each of the six hypotheses was tested with an analysis of covariance using pre-test scores as the covariates.

Statistical analysis of the data indicated that a significant difference existed between the adjusted mean

post-test scores of the experimental and control groups on the variable of social adjustment at the .20 level. Due to the complexity of measuring change resulting from play therapy, the .20 level of significance was chosen to decrease the probability of rejecting a significant difference between the groups. No significant difference was found between the adjusted mean scores of the experimental and control groups on the other five variables.

The results of the study led to the conclusion that during a fifteen-week period play therapy effects statistically significant change in social adjustment, but not in personal adjustment, self-concept, or behavior as perceived by others. Implications of the study based on observations of the experimenter were that all changes made during the therapy process were not reflected by the tests which were available. It was recommended that further research on the effects of play therapy place special emphasis on the selection or development of instruments to measure changes made during therapy.

TABLE OF CONTENTS

	Page
LIST OF TABLES . . . . .	v
Chapter	
I. INTRODUCTION . . . . .	1
Statement of the Problem	
Purpose of the Study	
Background and Significance of the Study	
Definitions	
Hypotheses	
Basic Assumptions	
Limitations of the Study	
II. REVIEW OF THE LITERATURE . . . . .	11
The Rationale for Play Therapy	
Play Therapy and Psychological and Social Development	
Play Therapy and the Child's Relationship to His Environment	
Summary	
III. METHODS AND PROCEDURES . . . . .	25
Selection of Subjects	
Collection of the Data	
Test Instruments	
Therapy and Therapists	
Scoring and Analysis of the Data	
IV. PRESENTATION AND ANALYSIS OF THE DATA . . . . .	37
Hypothesis I	
Hypothesis II	
Hypothesis III	
Hypothesis IV	
Hypothesis V	
Hypothesis VI	
Summary of Results	

Chapter	Page
V. SUMMARY, RESULTS, CONCLUSIONS AND RECOMMENDATIONS . . . . .	50
Summary	
Results	
Discussion	
Conclusions	
Recommendations	
Implications	
APPENDICES . . . . .	64
BIBLIOGRAPHY . . . . .	72

LIST OF TABLES

Table	Page
I. Analysis of Covariance Data for the Comparison of Social Adjustment Scores Obtained on the <u>California Test of Personality</u> . . . . .	38
II. Means and Standard Deviations on the Social Adjustment Scores of the <u>California Test of Personality</u> . . . . .	38
III. Analysis of Covariance Data for the Comparison of Personal Adjustment Scores Obtained on the <u>California Test of Personality</u> . . . . .	39
IV. Means and Standard Deviations on the Personal Adjustment Scores of the <u>California Test of Personality</u> . . . . .	40
V. Analysis of Covariance Data for the Comparison of Self-Concept Scores Obtained on the <u>Coopersmith Self-Esteem Inventory</u> . . . . .	41
VI. Means and Standard Deviations on the <u>Coopersmith Self-Esteem Inventory</u> . . . . .	41
VII. Analysis of Covariance Data for the Comparison of School-Related Self-Concept Scores Obtained on the <u>Primary Self-Concept Inventory</u> . . . . .	42
VIII. Means and Standard Deviations on the <u>Primary Self-Concept Inventory</u> . . . . .	43
IX. Analysis of Covariance Data for the Comparison of Inferred Self-Concept Scores Obtained on the <u>Coopersmith Self-Esteem Inventory</u> . . . . .	44
X. Means and Standard Deviations on the Inferred Self-Concept Rating of the <u>Coopersmith Self-Esteem Inventory</u> . . . . .	44

Table	Page
XI. Analysis of Covariance Data for the Comparison of Behavioral Maturity Scores Obtained on the <u>Behavior Maturity Scale</u> . . . . .	45
XII. Means and Standard Deviations on the <u>Behavior Maturity Scale</u> . . . . .	46
XIII. Summary of Analysis of Covariance Data for the Experimental and Control Groups on the Six Criterion Variables . .	47
XIV. Summary of Means and Standard Deviations for Six Variables . . . . .	48



## CHAPTER I

### INTRODUCTION

In spite of parental, institutional, and governmental efforts to provide opportunities for positive growth, many children are not able to function effectively within their environment. In our rapidly changing society which too often leaves children with little emotional support or guidance, many parents, teachers, and therapists have recognized a need for counseling to help children adjust more satisfactorily. Research has shown that it is possible to identify children who will develop such difficulties as delinquency, underachievement, and emotional maladjustment at very early ages (1, 6, 7, 14). Play therapy has emerged as one promising method for providing developmental and therapeutic experiences for young children who need help in adjusting psychologically and socially to their life situation.

Play has long been viewed as a productive activity--a way of learning. Lawrence Frank attested to the power of play:

Play is the finest form of education because it is essentially personality development, whereby the individual organism becomes a human being willing to live in a social order and in a symbolic cultural world (2, p. 36).

Play is the child's way of practicing interaction with his world. From the infant's first activities, not then recognized as play, he gains valuable knowledge about himself and the people and things around him. Play is an opportunity for the child to test and explore various situations and, gradually, with each experience, to make some part of the world a part of himself. The real world becomes less foreign, awesome, and distant as the child brings the world to life in his play: "Play is an ongoing, active, personal research activity" (2, p. 32).

Although play has long been considered a productive activity, it was not until the early twentieth century that play was recognized as a therapeutic device. In giving his rationale for the use of play in the diagnosis and treatment of disturbed children, Ginott stated, "Play is the child's symbolic language of self expression. . . . To a considerable extent the child's play is his talk and the toys are his words" (5, p. 51). Just as adults use words as symbols to help them internalize their experiences, assimilate them, and make them a part of their general attitudes, children use play and toys as their symbols.

There is limited research to attest to the success of play therapy with children. Although a few relatively well-done experimental studies were found (3, 4, 10, 13, 15), most available studies were of the case-study variety, and

some tended to be propagandistic (9). There is, however, a great amount of theoretical and experiential literature produced by well-known and respected therapists declaring emphatically that play therapy is a valid and helpful form of therapy. Clearly, these declarations must be more adequately and objectively investigated if play therapy is to become a widely accepted and trusted form of therapy for children.

#### Statement of the Problem

The problem of this study was the improvement of the social and psychological adjustment of young children.

#### Purpose of the Study

The purpose of this study was to determine whether play therapy could be used to improve the adjustment of children identified as socially and psychologically maladjusted.

#### Background and Significance of the Study

Although play therapy has been used since the early 1900's as a form of treatment for a wide variety of childhood problems (allergy, mental deficiency, personal/social difficulties, problems related to physical handicaps, racial conflicts, and reading), valid research on the outcomes of play therapy is limited. Moulin (10) echoed the conclusions of several researchers (5, 9, 12) when he concluded: "The effectiveness of play therapy in significantly increasing

the cognitive abilities and/or affective characteristics of preschool and primary school children is questionable " (10, p. 86). Ginott (5), Lebo (9), and Schiffer (12), in summaries of existing research on play therapy, stressed the fact that most existing research suffered from lack of adequate controls and a small number of cases. Pumfrey and Elliott (11) in commenting on the evidence of the efficacy of play therapy stated: "To date, the evidence consists of enthusiastic claims, small experiments, and a few researches with controls" (11, p. 183).

In 1953, Lebo (9) pointed out that there were fewer than twenty published articles on the therapeutic uses of play therapy. Few studies were found which have been added to the literature since that time. When carefully examined, there are even fewer articles that contribute to the objective knowledge of the outcomes of this form of therapy for children. In reviewing the literature on play therapy, it becomes obvious that several criticisms are consistently leveled against studies on play therapy: lack of adequate controls, lack of equated controls, use of indiscriminating or invalid change criteria, and no allowance for therapist differences. This study has attempted to eliminate these often stated criticisms through the use of matched pairs in the experimental and control groups, statistical adjustment for pretest differences, a variety of psychological and behavioral measures of change reflecting both internal and

external changes, and a group of therapists rather than a single therapist.

The study of play therapy is an investigation of a way of helping children grow into productive, happy people. Learning and growth take place when the child is able to reach out--secure and unafraid--to his environment. Play therapy allows the child to reach out, touch, experience, and manipulate his environment. It is a way of opening a new aspect of communication between the world of the adult and the world of the child.

#### Definitions

For the purposes of this study, the following definitions were used:

1. Play therapy was the process of counseling with a child using play media as a basis for communication with and understanding of the child. It was an opportunity given to the child to "play out" his feelings and problems just as, in certain forms of adult therapy, an adult "talks out" his difficulties. It was an opportunity for the child to spend time with an accepting adult who was truly interested in his thoughts and feelings. This unique encounter with an adult helped the child to openly explore his feelings about himself and others (8). Using the tool of play in addition to the tool of words, the child gained experience in dealing with himself, his feelings, and his environment.

2. Personal adjustment was the personal adjustment score the individual achieved on the California Test of Personality.

3. Social adjustment was the social adjustment score the individual achieved on the California Test of Personality.

4. Self-concept was the self-concept score the individual achieved from self-ratings given on the Coppersmith Self-Esteem Inventory.

5. Behavioral maturity was the behavioral maturity score the individual received from his teacher on the Behavior Maturity Scale.

6. Inferred self-concept was the parent's report of her perception of her child's self-concept as rated on the Coopersmith Self-Esteem Inventory.

7. School-related self-concept was the score the child received from self-ratings on the Primary Self-Concept Inventory.

8. Maladjusted children in this study were those whose parents, teachers, or counselors described them as exhibiting behaviors which inhibited their ability to function adequately within their environment.

#### Hypotheses

To carry out the purpose of this study, the following hypotheses were tested:

1. Social adjustment as measured by the child's responses to a personality survey will be significantly greater for children in the experimental group than for children in the control group.
2. Personal adjustment as measured by the child's responses to a personality survey will be significantly greater for children in the experimental group than for children in the control group.
3. Self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group.
4. School-related self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group.
5. Inferred self-concept as measured by the parent's report of his perception of his child's self-concept will be significantly greater for children in the experimental group than for children in the control group.
6. The child's behavioral maturity as measured by teacher reports will be significantly greater for children in the experimental group than for children in the control group.

#### Basic Assumptions

This study assumed that the children who were identified as maladjusted did not differ significantly from children in

the general population also identified as maladjusted according to the same criteria. It was also assumed that the instruments used in the study were valid measures of the characteristics for which they were used.

#### Limitations of the Study

This study was limited to a population of five- to nine-year olds who were enrolled in schools in the North Central Texas area and identified as being maladjusted. Caution should be exercised in generalizing the results of this study beyond this population.



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## CHAPTER II

### REVIEW OF THE LITERATURE

Since play therapy is a comparatively new field in the treatment of maladjustment, there is much more theoretical and case-study literature published than there is well-documented evidence of the efficacy of play therapy in correcting maladjustment. This chapter is a review of the literature on the rationale for play therapy and the outcome studies on play therapy which have led to the design of this study.

#### The Rationale for Play Therapy

The statement, "Play is the child's symbolic language of self expression" (11, p. 51), summarizes the rationale for the use of play as a therapeutic process with children. While various methods of using play in therapy have developed, all seem to agree on the basic assumption that the structuring of toy material leads to configurations which have psychological roots (23). Lowenfield described the process of play therapy as "the bridge between the child's consciousness and his emotional experiences" (14, p. 324) and reasoned that its therapeutic usefulness is derived from the fact that it

. . . fulfills the role that conversation, introspection, philosophy, and religion have for the adult. Play represents to the child the externalized expression of his emotional life, and in this aspect, serves for the child the function taken by art in the adult life (14, p. 324).

Erikson in commenting on the meaning of play said, "I propose the theory that child's play is the infantile form of the human ability to deal with experience by creating model situations and to master reality by experiment and planning" (9, p. 10). Axline (2) stated that through play the child was able to express himself in areas that had been pressing for expression and exploration. She stated that in play the child was able to feel and release feelings and attitudes that needed to be resolved. She stated further that by "playing out" his emotions, the child was able to realize the power he had to make decisions and to become an independent, mature person.

Seeman (19) has commented that the rationale for the use of therapeutic play was found in the learning situation it provided for the child. He stated that play means "re-organizing old attitudes and learning new ways of feelings and behaving toward himself and others" (19, p. 497). Moustakas (16) pointed out that play in and of itself was not therapeutic, but that the relationship that developed in a free play situation based on faith, acceptance, and trust was therapeutic. Nelson agreed with Moustakas, saying that play therapy should not represent a philosophy of

counseling, but "a facilitator to comfort, expression, and communication within counseling. It is not a substitute for a good counseling relationship, but a medium through which a good relationship may be clarified and extended" (17, p. 145). Nelson (17) pointed to the pragmatism of play as a therapeutic tool when he stated:

Any activity that occupies so much of the child's time and through which he tests his abilities, interests, and skills so extensively in a role play sense must be considered grist for the counseling mill. Limiting the young child to strictly verbal communication is taking away his tools (17, p. 144).

Erikson summarized the reasoning behind play as a therapeutic technique when he said, "The child uses play to make up for defeats, sufferings and frustrations, especially those resulting from a technically and culturally limited use of the language" (8, p. 561). He commented further that if the language of play and its various age dialects could be understood, the answers to many of the problems of young children could be understood.

#### Play Therapy and Psychological and Social Development

Most outcome studies in play therapy have researched the personal, social, and emotional changes resulting from therapy. Fleming and Snyder (10) studied the progress of seven children, four boys and three girls, in group play therapy measuring their personal and social adjustment

with three personality tests. The girls had eleven thirty-minute sessions; the boys had twelve thirty-minute sessions. The seven children, selected from a group of forty-three children originally tested, were delegated to the experimental group because they had the lowest scores on the three tests. Twenty-three of the original forty-three children tested served as a control group. Results indicated that on all three tests the experimental group of girls improved significantly more than the control group; however, the boys did not show the same progress. Ginott (11) pointed out the basic weaknesses in the design of the study as lack of an equated control group and differences in the treatment of the two groups outside of therapy. Pumfrey and Elliott (18) agreed and labeled the study as inconclusive due to these basic weaknesses.

Cox (6) conducted a study with matched samples for the experimental and control groups. He matched two groups of nine orphanage children on several measures of adjustment and a sociometric measure. Approximately one-half of the children in the experimental group showed progress after ten weeks of therapy and at follow-up fifteen weeks later. The children in the control group showed no gains. This study has been criticized (18) as using too small a sample.

Dorfman's study (7) tested the hypothesis that personality changes occurred during periods of individual play

therapy, but did not occur in the same children during a no-therapy period and did not occur in control cases. Her experimental group, twelve boys and five girls ages nine to twelve and of normal intelligence, was made up of children whom teachers selected as maladjusted. The children were tested four times: (1) pre-wait, thirteen weeks before therapy; (2) pre-therapy, immediately prior to therapy; (3) post-therapy, immediately after therapy; and (4) follow-up, a year to a year and a half after therapy ended. The experimental group, therefore, functioned as its own control group in addition to a separate control group of seventeen subjects given pre-tests and post-tests at a time which corresponded to the testing of the experimental group. Dorfman's hypothesis was confirmed. Several supplementary hypotheses were also supported: (1) that therapy could be conducted by an outsider in a school setting, and (2) that therapy could be helpful without parent therapy. The major criticism of the study was that the instruments used provided no evidence of behavioral change outside of therapy. Dorfman suggested that future research be done as a group project rather than by one therapist so that results could be more validly generalized.

Seeman, Barry, and Ellinwood (20) studied the effects of play therapy through use of two instruments which enabled subjects' behavior to be classified into categories of high

adjustment, withdrawal, or aggression. One hundred and fifty children were tested, and the sixteen with the lowest scores were selected to participate in the study. Children were tested three times: pre-therapy, after seven months of therapy, and one year after the second testing. The children were randomly placed in control and experimental groups which were equated by age, sex, adjustment scores, and type of adjustment. Each child attended weekly therapy sessions for a median length of thirty-seven sessions. Statistical treatment of the data indicated clearly that children who were involved in a play therapy experience were perceived by others as significantly less maladjusted after therapy. Similar changes did not occur in the control group.

A recent study by Thomas and Muro (21) compared the effects of verbal group counseling and play media group counseling. Thirty-six children identified as social isolates were randomly assigned to one of five groups. Two groups of six children were placed in verbal counseling groups, while twelve other children were assigned to two play media groups. Twelve children were designated as controls and received no group counseling. Groups were compared prior to counseling to insure that no significant differences were present before counseling. All experimental groups met for one-half hour each day for fifteen



consecutive school days. Three weeks after termination of counseling, all subjects were readministered the sociometric scale. Results indicated that children who had participated in play media counseling showed greater positive change in social position than did those who were in verbal group counseling sessions.

#### Play Therapy and the Child's Relationship to His Environment

One of the most prominent ways in which psychological and social maladjustment is expressed is through underachievement in school subjects. Many writers (15) emphasized the fact that not all of the increasingly large numbers of children who failed to profit from the conventional educational process failed because of lack of academic potential or aptitude. Moulin (15) pointed out that underachievement, a major presenting problem of children considered for counseling, was not a simple, temporary or easily remediable form of behavior, but an extremely complicated life style. He studied the effects of client-centered group counseling using play media on the intelligence, achievement, and psycholinguistic ability of underachieving primary school children. Results indicated that subjects who received treatment made significantly greater gains in mean non-language intelligence, although there was no difference in mean language intelligence or total intelligence. The data did not support the

hypothesis that mean academic achievement would improve, but it indicated that total psycholinguistic ability did improve significantly (.01 level) and that children demonstrated highly significant gains (.0005 level) in meaningful language use.

Axline's early studies (1, 3) on the effects of play therapy with children having reading problems led her to conclude that play therapy increased reading readiness and personal adjustment. Thirty-seven children were included in her first study. They were chosen from a group of fifty maladjusted readers selected on the basis of reading test scores. Demonstrated gains in reading scores and intelligence test scores following three and a half months of therapy were discussed although they were not statistically analyzed. In the later study (3) Axline noted changes in three children's emotional attitudes by analyzing their responses to play materials. She concluded that the reading problems of these children were emotionally based and that when they were able to overcome their fears, anger, and intense emotionality, they were able to help themselves and take advantage of environmental opportunities for learning.

Bills (4, 5) has also studied the effects of play therapy on reading ability. In one study (4), he used a group of eight poorly adjusted readers as its own control group. After six individual and three group play sessions these readers demonstrated significantly greater gains in

reading scores during experimental and follow-up periods than were made during the control period. He suggested that gains in reading scores reflected improved self-concept and recommended studying this aspect of change specifically.

Bills' (5) second study attempted to assess the effects of play therapy with eight well-adjusted eight- and nine-year olds with reading difficulties. His hypothesis that play therapy would not improve reading attainment of a group which exhibited adequate emotional adjustment was supported. He concluded that gains in reading ability and other subject matter following play therapy were directly proportionate to the amount of emotional maladjustment present in the child.

West (22) studied the effects of client-centered play therapy on intelligence, self-concept, social adjustment, and the child's perception of school. He randomly assigned twenty-six children, ages six to eleven, to three groups: experimental, placebo, and deferred control. After ten weekly one-hour play therapy sessions, no significant results were found in the selected variables for any group.

Herd (13) studied behavioral changes resulting from play therapy. Her subjects, twenty-seven six- to eleven-year olds, were diagnosed as needing therapy after six hours of testing and evaluation. The children were randomly placed in one of three groups: experimental, control and placebo.

The experimental group participated in ten weekly fifty-minute individual play therapy sessions. The placebo group participated in fifty minutes of supervised play each week. The control group participated only in pre- and post-testing.

Pre- and post-testing included a personality test, a sociometric rating by the child's peers, a behavioral rating by the child's teacher, a maturity rating by the child's mother, and a recording of the child's grades in school. Statistical analysis indicated significant change on the variable of school grades only. However, the difference between the changes in the placebo group and the experimental group were not significant.

A more recent study investigated the effects of play therapy, reading instruction, and a combination of both treatments on reading achievement, reading attitude, and self-concept. Harper (12) divided her subjects into four groups: reading instruction only, play therapy only, both treatments, and control. Each group had twenty-seven thirty-minute sessions. Analysis of her results indicated that the group that had play therapy only showed significant gains in total self-concept while the group that received both treatments showed significant gains in reading achievement. No other significant results were obtained.

### Summary

This chapter has been a review of the literature on the rationale for play therapy and the outcome studies which have led to the design of the study. Most writers theorized that play was a self-expressive experience for the child. Play was often described as the child's way of confronting and dealing with reality; and, through play, the child explored his feelings and experiences and found ways of assimilating them into his general attitudes. Play therapy was generally defined as a process which uses the child's play activities as a means for communication and understanding.

Most outcome studies in play therapy have researched the personal and emotional changes resulting from therapy. Studies of these variables have often shown some evidence of positive growth in children who participate in play therapy. However, for various reasons, the final results of most studies were inconclusive.

Studies of play therapy have also investigated the effects of play therapy on the child's ability to function effectively within his environment. Studies of the child's academic progress, self-concept, and behavioral characteristics at home and school have produced contradictory results. Some of these studies have reported very positive effects resulting from play therapy while other studies have found no significant results.

A great deal of theoretical information on play therapy was available for study and analysis. However, a review of the literature indicated that studies of the outcomes of play therapy have produced information that is incomplete and often contradictory. Many questions concerning the effects of play therapy on the child's psychological and social adjustment remain unanswered.

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## CHAPTER III

### METHODS AND PROCEDURES

This study was part of a larger study of the process of play therapy. Thirteen children were included in the experimental group for this study. Thirteen additional children selected by the same criteria (described below) were included in the control group.

#### Selection of Subjects

The subjects for this study were twenty-six five- to nine-year olds enrolled in ten North Central Texas area elementary schools. The children selected to participate in the study were children who had been placed on counselors' waiting lists of children recommended by parents and/or teachers as needing counseling. In order to be included in the process study, children had to meet four criteria: (1) the teacher or parent of the child felt that the child needed counseling, (2) the school counselor concurred with the parent or teacher's recommendation, (3) the child was between the ages of five and nine, and (4) the child was of normal intelligence, defined by Wechsler (15) as above 80. The first thirteen children identified from counselors' waiting lists as meeting these criteria and

needing play therapy were included in this study. These children will hereafter be referred to as the experimental group.

A comparable group of children was selected for the control group. The same lists of children needing counseling that were used to select the experimental group were used to select the control group. The first thirteen children from these lists who met the four criteria established for the experimental group and who matched the thirteen children in the experimental group on five factors were included in the control group. (See Appendix A). The five factors which were matched for were: (1) age, within ten months, (2) intelligence, (3) sex, (4) race, and (5) presenting problem. In matching for presenting problem, general behavioral characteristics as described by counselors, teachers, and parents such as aggressiveness, withdrawal, fantasizing, or compulsiveness were the basic consideration.

#### Collection of the Data

A battery of tests designed to measure the child's psychological and social adjustment through both psychological and behavioral measurements was administered to each child in the experimental group prior to the first play therapy session. Parents and teachers of children in the experimental group provided behavioral ratings of the children prior to the first session, also. Post-testing for the experimental

group occurred within two weeks following the child's fifteenth play therapy session. The children in the control group were pre-tested as they were identified and post-tested fifteen to seventeen weeks later. Parents and teachers of children in the control group rated these children during the same time periods. All tests were administered by a doctoral-level student.

#### Test Instruments

Four instruments were used to test the hypotheses of this study: the California Test of Personality, Primary Form, the Primary Self-Concept Inventory, Second Revision, the Coopersmith Self-Esteem Inventory, Short Form, and the Behavior Maturity Scale, Elementary Form. These instruments were selected to investigate key areas predicted to be affected by play therapy.

The child's own perception of his personal and social adjustment was ascertained through the California Test of Personality. The instrument is comprised of twelve subtests. Subscores for self-reliance, personal worth, personal freedom, belonging, freedom from withdrawal tendencies, and freedom from nervous symptoms are combined to produce the total personal adjustment score. Subscores for social standards, social skills, freedom from antisocial tendencies, family relations, school relations, and community relations are combined to produce the total social adjustment score. Form BB was administered for this study.

The California Test of Personality has been widely used in research, and, according to Buros (2), it is one of the best measures of personality for children. Reliability for both forms was reported by the authors (14) as .83 for the total personal adjustment score and .80 for the total social adjustment score for a sample of 255 children.

Each child was given two tests designed to measure his self-concept. The Primary Self-Concept Inventory (PSCI) measured school-related self-concept, and the Coopersmith Self-Esteem Inventory (SEI) measured self-concept relative to social, family and personal areas of experience.

The PSCI, a relatively new instrument, was designed to measure six factors clustered into three major domains: personal self, social self, and intellectual self. For the purposes of this study only the total self-concept score was used. There are separate forms for boys and girls in which the sex of the principle character is the same as that of the examinee. To take the test, the examinee is asked to look at the picture (or pictures) and draw a circle around the person that is most like himself. In each picture there is at least one child in a positive role and at least one in a negative role. There are twenty items, eighteen of which are scored. It does not require reading.

Test-retest reliability with 362 subjects produced a correlation coefficient of .91 (12). Validity of the

instrument was assessed through construct, cross, and content validation procedures. Construct validity, defined as factor stability, was assessed by having independent judges place the items in categories. This procedure produced a relatively high degree of factor stability (12). Cross validation was obtained by administering the PSCI to two additional samples of children of Spanish-Mexican ancestry and revealed similar reactions among groups from this background. Content validity, established by having four specialists in testing and test construction examine each item in the test, appeared to be acceptable in the opinions of these specialists (12).

The SEI was administered to children and parents. Parents were asked to fill out the SEI as they felt their child would fill out the form. This was to determine the parents' perception of their child's self-concept and any changes in the child from the parent's perception. The short form used in this study was composed of twenty-five items chosen on the basis of a factor analysis of the long form. There is a correlation of .96 between the two forms (5). The examinee is asked to respond "like me" or "unlike me" to the test items which are statements of various ways one might view himself. Items were read aloud to the children, therefore no reading was required.

Split-half reliability correlation coefficients for the long form have been reported as .87 and .90 by two

researchers (7, 13). A test-retest reliability was reported as .88 over a five-week period by the author (4). No data is available for the short form specifically although Coopersmith (5) suggested that correlations would be somewhat lower due to shortening of the form. Coopersmith reported that SEI scores are significantly related to creativity, academic achievement, resistance to group pressures, willingness to express unpopular opinions, perceptual constancy, and family adjustment (5).

The Behavior Maturity Scale is a teacher rating device for evaluating the academic, social, and emotional maturity of children (17). The teacher is asked to rate the child on six items in each of the three areas of maturity on a five point bi-polar scale. The Academic Factor is said to reflect persistent, independent, and responsible behavior; the Social Factor refers to participation, leadership, friendliness; and the Emotional Factor describes respect for others and self control.

The original form of the Behavior Maturity Scale had forty-two items selected by elementary school teachers who judged each item on two points: (1) Could the item be used in valid judgment of classroom behavior? (2) Could the item be used without embarrassment to the teacher, the child, or his family? The criterion for acceptance of an item was set at seventy-five percent agreement on the validity and adequacy

of the item for classroom teacher rating. A detailed process of factor analysis and elimination of items resulted in the final eighteen-item, three-factor form which is reported (10) to have high factorial validity. Concurrent validity was reported (11) in a study of the relationship of the factor scores to ability and achievement. This revealed that among cross-set correlations between this scale and other sets, the correlations were "low to moderate" with intelligence and standardized achievement variables and "moderate to high" with grades obtained in school subjects. Normative and partial validity were reported following rating of the eighteen items by 293 teachers (1). The teachers indicated on a seven-point scale the Desirability, Importance, Frequency, and Contribution to Maturity of each item in determining the maturity of a child. The results of this study indicated that the CBS (the original name of the instrument was Child Behavior Scale) items reflected behavior that was appropriately related to maturity in the development of young children. In eighty-two percent of the item ratings, at least eighty-five percent of the teachers rated five points or above reflecting positive attitudes toward these items. The use of the Behavior Maturity Scale insured the availability of concrete behavioral data from teachers for judging the effects of play therapy in addition to psychological data provided by other instruments.

### Therapy and Therapists

Each child in the experimental group participated in fifteen weekly individual forty-five minute play therapy sessions. When sessions were missed, they were made up during the following week. Three children missed two or more consecutive sessions. These sessions were made up by having two sessions per week until all missed sessions were made up. Eleven counselors were utilized as play therapists. Ten of the counselors are doctoral-level students in counseling at North Texas State University, and one counselor is a professor who teaches play therapy. Five of the doctoral students had finished their course work for their doctoral degrees, and five had finished at least half of their course work. Two had completed their doctoral internship, and two were enrolled in internship during the study. Three of the doctoral students had completed an advanced course in play therapy, and seven were enrolled in an advanced course during the study. Five of the counselors were involved in private practice. Although the counselors' theoretical orientations differed, they agreed that they tended to be less directive and interpretive with children than with their adult clients. Children in the control group received no attention other than pre- and post-testing.

All therapy took place in one of three fully-equipped playrooms containing a wide variety of play materials: a



punching toy, play guns and knives, dolls, a dollhouse, materials for creative play such as clay, crayons, and paints, building toys and equipment, and other materials recommended by Ginott (8). The difference in materials available in the three rooms was that one room had a sandbox, lavatory, and adjoining bathroom and closet, and the other two did not. Ten of the thirteen children had play sessions in the most fully equipped of the three rooms.

#### Scoring and Analysis of the Data

All of the test data were handscored by the experimenter. Data from the instruments were then keypunched on IBM computer data cards for processing at the North Texas State University Data Processing Center.

To test the six hypotheses of this study, six one-way analyses of covariance (one for each variable) were used to determine the significance of differences between the adjusted mean post-test scores of the experimental group and the control group. In each analysis of covariance, the pre-test score was the covariate. This statistical procedure is suggested by Campbell and Stanley (3) as a technique to provide statistical adjustment for initial differences between groups. The analysis of covariance is described as a more precise statistical analysis than the usual t-type test which would provide too small an error term where intact groups are employed. Significance in differences between

means was tested at the .20 level of significance. Due to the complexity of measuring change resulting from play therapy (9, 16), the .20 level of significance was chosen to decrease the probability of rejecting a significant difference between the groups (6).

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## CHAPTER IV

### PRESENTATION AND ANALYSIS OF THE DATA

The purpose of this chapter is to present and analyze the results of the study in terms of the hypotheses stated in Chapter I. The results described will be based upon the results of the six one-way analyses of covariance described in Chapter III.

#### Hypothesis I

Hypothesis I stated: Social adjustment as measured by the child's responses to a personality survey will be significantly greater for children in the experimental group than for children in the control group. Social adjustment was defined as the social adjustment score the individual achieved on the California Test of Personality. The analysis of the mean scores on the California Test of Personality is presented in Table I. Based on this data, a significant difference was found between the adjusted mean post-test scores of the two groups at the .20 level of significance. (See page 34 for discussion of .20 level of significance).

Means and standard deviations for the social adjustment scores on the California Test of Personality are presented in Table II.

TABLE I

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF SOCIAL ADJUSTMENT SCORES OBTAINED ON THE  
CALIFORNIA TEST OF PERSONALITY

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	52.5288	52.5288	1.9749*	0.1733
Within	23	611.7698	26.5987		
Total	24	664.2986			

\*Significant at the .20 level.

TABLE II

MEANS AND STANDARD DEVIATIONS ON THE  
SOCIAL ADJUSTMENT SCORES OF THE  
CALIFORNIA TEST OF PERSONALITY

Group	Means			Standard Deviations	
	Pre-Test	Post-Test Adjusted		Pre-Test	Post-Test
Experi- mental	33.8333	34.3333	35.7640	7.5770	5.6622
Control	37.4286	34.0714	32.8451	9.2297	9.6434

Examination of the data in Table II indicated that mean scores of the experimental group increased slightly, mean scores of the control group decreased, and standard deviations

decreased in the experimental group but remained relatively stable in the control group.

### Hypothesis II

Hypothesis II stated: Personal adjustment as measured by the child's responses to a personality survey will be significantly greater for children in the experimental group than for children in the control group. Personal adjustment was defined as the personal adjustment score the individual achieved on the California Test of Personality. The analysis of the mean scores on the California Test of Personality is presented in Table III.

TABLE III

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF PERSONAL ADJUSTMENT SCORES OBTAINED  
ON THE CALIFORNIA TEST OF PERSONALITY

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	35.3911	35.3911	0.4458	0.5110
Within	23	1825.8425	79.3844		
Totals	24	1861.2336			

Based on this data, no significant difference was found between the adjusted mean post-test scores of the two groups. Therefore, Hypothesis II was rejected.

Means and standard deviation for the personal adjustment scores of the California Test of Personality are presented in Table IV.

TABLE IV  
MEANS AND STANDARD DEVIATIONS ON THE  
PERSONAL ADJUSTMENT SCORES OF THE  
CALIFORNIA TEST OF PERSONALITY

Group	Means			Standard Deviations	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Experimental	31.9167	31.5833	31.3391	7.5011	7.7748
Control	30.7857	28.7857	28.9950	12.2925	11.0118

Examination of the data in Table IV indicated that mean scores of the experimental group remained essentially stable, mean scores of the control group decreased, and standard deviations were consistently larger in the control group than in the experimental group.

#### Hypothesis III

Hypothesis III stated: Self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group. Self-concept was defined as the self-concept score the individual achieved from self-ratings on the Self-Esteem Inventory. The analysis of the mean scores on the Self-Esteem Inventory is presented in Table V. Based on this



TABLE V  
ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF SELF-CONCEPT SCORES OBTAINED ON THE  
COOPERSMITH SELF-ESTEEM INVENTORY

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	129.0820	129.0820	0.5250	0.4760
Within	23	5655.1719	245.8770		
Totals	24	5784.2539			

data, no significant difference was found between the adjusted mean post-test scores of the two groups. Therefore, Hypothesis III was rejected.

Means and standard deviations for self-concept scores on the Coopersmith Self-Esteem Inventory are presented in Table VI.

TABLE VI  
MEANS AND STANDARD DEVIATIONS ON THE  
COOPERSMITH SELF-ESTEEM INVENTORY

Group	Means			Standard Deviation	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Experimental	61.0000	60.3333	61.0342	15.5505	17.0951
Control	64.8571	66.1429	65.5421	14.9814	15.3817

Examination of the data in Table VI indicated that mean post-test scores of the experimental group on the SEI remained essentially unchanged and the mean and adjusted mean scores of the control group were slightly higher on the post-test than on the pre-test. Standard deviations for both groups were relatively large.

#### Hypothesis IV

Hypothesis IV stated: School-related self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group. School-related self-concept was defined as the score the individual achieved on the Primary Self-Concept Inventory. The analysis of the mean scores on the PSCI is presented in Table VII. Based on

TABLE VII

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF SCHOOL-RELATED SELF-CONCEPT SCORES  
OBTAINED ON THE PRIMARY SELF-  
CONCEPT INVENTORY

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	0.8039	0.8039	0.2025	0.6569
Within	23	91.3177	3.9703		
Totals	24	92.1216			

this data, no significant difference was found between the adjusted mean post-test scores of the two groups. Therefore, Hypothesis IV was rejected.

Means and standard deviations for school related self-concept scores on the Primary Self-Concept Inventory are presented in Table VIII.

TABLE VIII  
MEANS AND STANDARD DEVIATIONS ON THE  
PRIMARY SELF-CONCEPT INVENTORY

Group	Means			Standard Deviations	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Experi- mental	14.5000	12.8333	12.4587	2.3160	2.7247
Control	13.4286	12.5000	12.8211	2.3766	2.2447

The data in Table VIII indicated that the adjusted mean scores in self-concept for both groups were lower at post-testing. Standard deviations for both groups were small.

#### Hypothesis V

Hypothesis V stated: Inferred self-concept as measured by the parent's report of her perception of her child's self-concept will be significantly greater for children in the experimental group than for children in the control group. Inferred self-concept was defined as the parent's report of

her perception of her child's self-concept as rated on the Coopersmith Self-Esteem Inventory. The analysis of the mean scores on the SEI are presented in Table IX.

TABLE IX

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF INFERRED SELF-CONCEPT SCORES OBTAINED  
ON THE COOPERSMITH SELF-ESTEEM  
INVENTORY

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	96.9912	96.9912	0.4791	0.4968
Within	20	4048.9619	202.4481		
Totals	21	4145.9531			

Based on this data, no significant difference was found between the adjusted mean post-test scores of the two groups. Therefore, Hypothesis V was rejected.

Means and standard deviations for inferred self-concept scores on the Coopersmith Self-Esteem Inventory are presented in Table X.

TABLE X

MEANS AND STANDARD DEVIATIONS ON THE INFERRED  
SELF-CONCEPT RATING OF THE COOPERSMITH  
SELF-ESTEEM INVENTORY

Group	Means			Standard Deviations	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Experi- mental	57.3333	60.6667	60.5748	20.9125	20.8777
Control	57.0909	56.3636	56.4638	23.7380	24.0968

Examination of the data in Table X indicated that the post-test means of the experimental group increased, the post-test scores of the control group decreased, and standard deviations for both groups were large.

#### Hypothesis VI

Hypothesis VI stated: The child's behavioral maturity as measured by teacher reports will be significantly greater for children in the experimental group than for children in the control group. Behavioral maturity was defined as the score the individual received from the teacher on the Behavior Maturity Scale. The analysis of the mean scores on the BMS are presented in Table XI. Based on this data,

TABLE XI

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON  
OF BEHAVIORAL MATURITY SCORES OBTAINED  
ON THE BEHAVIOR MATURITY SCALE

Source of Variance	df	Sum of Squares	Mean Squares	F-Value	P
Between	1	11.9153	11.9153	0.1392	0.7126
Within	22	1882.9949	85.5907		
Totals	23	1894.9102			

no significant difference was found between the adjusted mean post-test scores of the two groups. Therefore, Hypothesis VI was rejected.

Means and standard deviations for scores on the Behavior Maturity Scale are presented in Table XII.

TABLE XII  
MEANS AND STANDARD DEVIATIONS ON THE  
BEHAVIOR MATURITY SCALE

Group	Means			Standard Deviations	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Experi- mental	52.4167	54.0000	51.9262	18.1281	18.4292
Control	47.6923	48.6154	50.5296	15.6119	15.2946

Examination of the data in Table XII indicated that the control group means increased, the experimental group adjusted post-test mean decreased, the experimental group post-test mean increased, and standard deviations remained relatively stable.

#### Summary of Results

In summary, Hypothesis I was supported and Hypotheses II through VI were rejected. Based on the six analyses of covariance summarized in Table XIII, the difference between adjusted mean post-test scores on the variable of social adjustment was the only significant difference found on the six variables. No significant difference was found between the adjusted post-test means of the experimental and control groups on other variables. The adjusted mean scores of the

TABLE XIII

SUMMARY OF ANALYSIS OF COVARIANCE DATA FOR THE  
EXPERIMENTAL AND CONTROL GROUPS ON  
THE SIX CRITERION VARIABLES

Variable	Adjusted Post Means		F	P
	Experimental	Control		
Social adjustment	35.7640	32.8451	1.9749*	0.1733
Personal adjustment	31.3391	28.9950	0.4458	0.5110
Self-concept	61.0342	65.5421	0.5250	0.4760
School self-concept	12.4587	12.8211	0.2025	0.6569
Behavioral maturity	51.9262	50.5296	0.1392	0.7126
Parent perception	60.5748	56.4638	0.4791	0.4968

\*Significant at the .20 level.

other variables. The adjusted mean scores of the experimental group are in the predicted direction for four of the six variables. The two variables on which the control group showed higher mean scores were self-concept and school-related self-concept.

Table XIV is a summary of means and standard deviations for all six variables. Based on this data, some consistent but insignificant trends exist.

Individual scores presented in Appendix B and Appendix C show that many children in both groups changed on one or more of the variables tested. Some of the changes which occurred in both groups were positive while others were negative. The thirteen children in the experimental group made thirty-six positive changes with each child changing in the positive direction on at least one variable. Changes ranged from negative twenty-eight to positive thirty-two.

TABLE XIV

SUMMARY OF MEANS AND STANDARD DEVIATIONS  
FOR SIX VARIABLES

Variable	Means			Standard Deviations	
	Pre-Test	Post-Test	Adjusted	Pre-Test	Post-Test
Social Adjustment Experimental Control	33.8333	34.3333	35.7640	7.5779	5.6622
	37.4286	34.0714	32.8451	9.2297	9.6434
Personal Adjustment Experimental Control	31.9167	31.5833	31.3391	7.5011	7.7748
	30.7857	28.7858	28.9950	12.2925	11.0118
Self-Concept Experimental Control	61.0000	60.3333	61.0342	15.5505	17.0951
	64.8571	66.1429	65.5421	14.9814	15.3817
School Self-Concept Experimental Control	14.5000	12.8333	12.4587	2.3160	2.7247
	13.4286	12.5000	12.8211	2.3766	2.2447
Inferred Self-Concept Experimental Control	57.3333	60.6667	60.5748	20.9125	20.8777
	57.0909	56.3636	56.4638	23.7380	24.0968
Behavioral Maturity Experimental Control	52.4167	54.0000	51.9262	18.1281	18.4292
	47.6923	48.6154	50.5296	15.6119	15.2946



No child in either group improved on all six variables. One child from the experimental group and one from the control group improved on five of the six variables. All children in the experimental group improved on at least one variable. Four children in the control group did not improve on any variable.

## CHAPTER V

### SUMMARY, RESULTS, DISCUSSION, AND RECOMMENDATIONS

#### Summary

This study was designed to determine whether play therapy would prove to be effective in improving the adjustment of children identified as socially and psychologically maladjusted. The effects of play therapy on six variables were investigated. Those six variables were: social adjustment, personal adjustment, self-concept, school-related self-concept, behavioral maturity as rated by the teacher, and inferred self-concept as rated by the parent. The general nature of the research hypotheses was that play therapy would effect positive change in the children on the six variables. More specifically, the following hypotheses were formulated:

1. Social adjustment as measured by the child's responses to a personality survey will be significantly greater for children in the experimental group than for children in the control group.

2. Personal adjustment as measured by the child's responses to a personality survey will be significantly

greater for children in the experimental group than for children in the control group.

3. Self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group.

4. School-related self-concept as measured by the child's self-report will be significantly greater for children in the experimental group than for children in the control group.

5. Inferred self-concept as measured by the parent's report of his perception of his child's self-concept will be significantly greater for children in the experimental group than for children in the control group.

6. The child's behavioral maturity as measured by teacher reports will be significantly greater for children in the experimental group than for children in the control group.

Twenty-six children between the ages of five and nine participated in the study. The experimental group, a pre-assembled group of thirteen, was selected from counselors' waiting lists on the basis of four criteria: (1) the teacher or parent of the child felt that the child needed counseling; (2) the school counselor concurred with the

parent or teacher's recommendation; (3) the child was between the ages of five and nine; and (4) the child was of normal intelligence which, as defined by Wechsler (1), is above eighty. A comparable group of thirteen children for the control group was assembled from the same counselors' lists and using the same four criteria. In addition, the children for the control group were required to match children in the experimental group on five factors: (1) age, within six months; (2) intelligence; (3) sex; (4) race; and (5) presenting problem. The matching process was used to make the groups more equivalent.

The thirteen children in the experimental group received fifteen weekly forty-five minute play therapy sessions. The sessions all took place in a well-equipped playroom. Ten of the counselors were doctoral-level students who were participating in or had completed a doctoral-level play therapy course. One counselor was a professor who teaches play therapy. Although the counselors' general theoretical orientations varied greatly, they agreed that they tend to use a less directive and less interpretive model in working with children. The thirteen children in the control group received only pre- and post-testing.

All children were pre- and post-tested using three instruments: the California Test of Personality, the Coopersmith Self-Esteem Inventory, and the Primary Self-Concept Inventory. Parents provided an inferred self-concept score by rating

their children on the Coopersmith Self-Esteem Inventory. Teachers rated the child's behavioral maturity on the Behavior Maturity Scale. Fifteen to seventeen weeks elapsed between gathering the pre- and post-test data for each individual.

All of the data were handscored by the investigator prior to being keypunched on IBM cards and processed at the North Texas State University Computer Center. Each of the six hypotheses was tested with an analysis of covariance using pre-test scores as the covariates.

### Results

Statistical analysis of the data indicated that a significant difference at the .20 level existed between the adjusted mean post-test scores of the experimental and control groups on the variable of social adjustment. Therefore, Hypothesis I was supported. The difference found on the variable of social adjustment was significant at the .20 level. An F-value of 1.9749 with a probability of 0.1733 was found to exist between pre- and post-test scores. Hypotheses II through VI were rejected since no significant difference was found between the adjusted mean scores of the experimental and control group.

### Discussion

Statistical analysis revealed that only Hypothesis I reached the .20 level of significance. Hypothesis I stated

that social adjustment would be greater in the children who participated in play therapy than in those who did not. The data on social adjustment (see Table XIV, page 48) indicated that this difference resulted from an increase in social adjustment scores of the experimental group as well as a decrease in the scores of the control group.

The change in social adjustment scores between pre- and post-testing suggests that play therapy had some impact on the experimental subjects which caused them to move in a positive direction. It is hypothesized that play therapy arrested a negative movement in social adjustment and helped the children to begin to make positive movement. A similar trend is apparent in the data on inferred self-concept although the difference is not statistically significant. Scores on personal adjustment indicate that play therapy did not stop negative movement in the experimental group in the fifteen week period although it appears that negative movement may have been retarded. Negative movement continued in the control group. It is hypothesized that some variables may change more slowly than others and as a result of other changes. For example, the child's school-related self-concept may change in future weeks as a result of changes made during therapy in social adjustment and inferred self-concept.

Scores for self-concept and behavioral maturity did not change in the same way that scores on the social adjustment variable changed, i. e., positive movement by the experimental group and negative movement by the control group (see Table XIV,

page 48). It is hypothesized that the difference on the self-concept variable is a function of the instrument used. The SEI seemed to have a social desirability response bias greater than did the other three instruments used. In comparing items on the California Test of Personality with items on the SEI, less attempt seems to have been made to disguise items which might conflict with the examinees' tendency to protect himself on the personality test than on the self-concept measure. Children reacted more negatively to the SEI than to the California Test of Personality. Thus, the increase in scores for self-concept for the control group is hypothesized to have resulted from greater defensiveness rather than from growth in the children (1).

The changes which occurred on the variable of behavioral maturity are difficult to interpret. The slight drop in scores for the experimental group follows the pattern of other variables indicating that play therapy did not arrest negative movement in the fifteen-week period. The drop could also indicate a phenomenon similar to the one described by Flanders (3). He found that children's self-concepts are more negative at the end of the school year than at the beginning of the year. Teachers could similarly see children, especially maladjusted children, more negatively at the end of the year. However, the positive movement in the control group does not follow this pattern.

Raw scores of both groups on the six variables show that while the control group lost a total of ninety-eight

points between pre- and post-testing, the experimental group gained a total of 143 points. Thus, although adjusted mean post-test scores of the two groups were not significantly different on five variables, continued change in the same direction could be expected to result in significant difference over a longer period of time.

One of the goals of this study was to provide behavioral data to verify increased adjustment of the child in play therapy. One possible reason for lack of significance in behavioral areas is that the instruments employed to provide this behavioral data were not sensitive to the actual changes that occurred in all cases. This conclusion seems warranted due to verbal reports from parents and teachers which were consistently contradictory to information obtained from the instruments. For example, one mother used such phrases as "like a different child" and "happier and more productive" to describe the changes in her child after play therapy. In spite of positive feelings about the therapeutic process, the post-test ratings given by this mother were identical to the pre-test ratings previously given her daughter. (See Appendix B, Child 8).

Another example is that of a child referred for enuresis. After eight weeks of therapy, wetting had decreased greatly and the parent verbally reported much satisfaction with results. However, the mother rated the child fifteen points lower at post-testing than at pre-testing. (See Appendix B,



Child 3). The teacher rated this child very favorably on both pre-test (score 85 of possible 90) and post-test (score 86). In spite of the fact that this child had an overt behavior problem (wetting 2-3 times per day at school), the teacher wrote: " \_\_\_\_\_ has been such a nice child to have in kindergarten. He has been an easy child to handle, never causing any behavior problems. I feel that he will need encouragement in first grade. . . ." These and other similar contradictions appear to indicate that these particular instruments do not adequately reflect changes resulting from play therapy within a limited time period. These results are similar to those found by Herd (5) in researching behavioral outcomes of play therapy. She found wide discrepancies between verbal and written ratings of children's behavior by both parents and teachers.

Another difficulty with parent ratings which seemed obvious at post-testing was that several of the withdrawn children were becoming more aggressive which caused a difficult adjustment for parents. These parents rated their children's behavior less positively although the change was seen as positive in view of the original problem. Ginott (4) has noted that children often seem to be getting worse before they improve, but that this is a natural part of the process of play therapy. Thus, it appears that parent and teacher ratings may not be the most objective criteria for rating behavioral changes within a limited period of time.

Another difficulty in interpreting the data arose because of contradictions among the instruments. Children increased greatly on one variable and decreased on another. It was difficult to interpret these contradictions. One child (see Appendix B, Child 4) improved from the point of view of his mother and his teacher. Verbal reports from both mother and teacher confirmed positive changes in areas of getting along with others, hitting others, staying in his seat, fantasy behavior, and fear of death. However, this child rated himself much less positively on one measure and essentially the same on two others. It is difficult to know whether the contradictory data results from the instruments used, the child's attitude toward the instrument or the testing, or the parent's or teacher's attitude. It is essentially impossible to determine which instrument reflects the child's "real" condition or whether they all reflect true differences in various areas.

Although no statistical data is available, a perusal of the data by the investigator suggests that the experience of the therapist may have had some effect on the progress of the child in play therapy. This hypothesis is consistent with the findings of Fiedler (2) and Rogers (6). Fiedler found that the therapeutic relationships created by more experienced counselors were more similar in spite of their theoretical orientation than were the relationships created by less experienced counselors of the same theoretical orientation.

Rogers found that more experienced counselors offered and communicated more empathy, warmth, and genuineness than did less experienced counselors.

### Conclusions

1. Play therapy does effect the social adjustment of children between the ages of five and nine.
2. Play therapy limited to fifteen weekly sessions does not effect the personal adjustment or self-concept of children between the ages of five and nine.
3. Play therapy limited to fifteen weekly sessions does not effect teacher or parent perceptions of children between the ages of five and nine.

### Recommendations

On the basis of the findings of this study, the following recommendations are made:

1. An extensive study should be made of the instruments available for assessing psychological and social adjustment in children including an analysis of how each instrument relates to the play therapy process. It is hypothesized that instruments may have to be devised that pertain directly to the process of play therapy.
2. The process and outcome of play therapy should be compared to the process and outcome in other processes of child counseling to determine the unique contributions of play to the growth process.

3. A study should be made of the progress of children in play therapy in relation to the number of years of experience of the counselor.
4. Unbiased, trained observers should be used in future research to make behavioral observations rather than teachers or parents. These observations should be made in typical home and school situations in order to provide behavioral data that is objective.
5. Children in play therapy make progress in areas not measured by available instruments. Therefore, in future research data on the frequency of occurrences of overt behaviors related to the presenting problem would be useful in measuring one kind of change.
6. The study should be replicated with a longer therapeutic period and/or a larger sample.

#### Implications

Observations made by the experimenter during the course of the study appear to have implications for further research. The implications of this study are:

1. Play therapy is successful in helping young children to overcome such difficulties as enuresis, extreme fantasy behavior, fear of death, and withdrawal from typical activities.
2. Changes in overt behavioral problems occur after fewer play therapy sessions than do changes in general attitudes.

3. Parents and teachers should be better informed by the counselor about the process and goals of play therapy. This would provide a more positive environment for growth in that significant others would have more understanding and acceptance of changes they observe in children.

4. Progress in play therapy may be related to the general attitude in the home. Children from more democratic, accepting home situations seemed to make more progress than children from authoritarian homes.

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APPENDICES

APPENDIX A

DEMOGRAPHIC DATA FOR EXPERIMENTAL (E)  
AND CONTROL (C) GROUPS BY  
MATCHED PAIRS

	Age	Sex	I.Q.	Race	Presenting Problem
1E	7-0	M	112	W	Active, aggressive, picks on others, attention seeking
1C	7-9	M	102	W	Attention seeking, difficult to control loud, picks on others
2E	8-3	M	82	W	Learning problems, loss of language, tantrums
2C	7-10	M	85	W	Learning problems, volatile temper, inability to relate to peers
3E	7-0	M	125	W	Enuresis, hyperactive, uncooperative in typical tasks
3C	6-10	M	121	W	Hyperactive, sensitive, resistant and uncooperative at home and school
4E	7-6	M	81	W	Obsession with death, immature behavior patterns, lack of responsibility, bizarre behavior, active
4C	7-7	M	80	W	Does not relate to others, talks little, lives in a fantasy world, immature, fearful



## APPENDIX A--Continued

	Age	Sex	I.Q.	Race	Presenting Problem
5E	6-7	M	106	W	Bossy, uncooperative, tantrums, power struggles, lack of self confidence, difficulty relating to peers
5C	6-6	M	116	W	Resistant, angry, uncooperative, seems to have no friends
6E	6-3	M	109	W	Hits and kicks other children, defiant, sneaky, denies truth, explosive, extreme need to please
6C	6-2	M	118	W	Volative temper, angry, aggressive, seems to want to please but loses control
7E	6-4	M	120	W	Working below ability in school, cannot adapt to new situations, peer difficulties, hyperactive, lack of self-confidence
7C	6-7	M	110	W	Learning difficulties, cannot relate to peers, never seems happy, lonely
8E	9-6	M	106	W	Reading problems felt to be emotionally based, manipulative, angry, hostile, poor self-concept, difficulty relating to peers
8C	9-2	M	103	W	Learning problems, hyperactive, difficulty making and keeping friends, no self-confidence

## APPENDIX A--Continued

	Age	Sex	I.Q.	Race	Presenting Problem
9E	7-3	F	122	W	Difficulty making friends, manipulative, whines, poor self-concept, fearful, anxious, feels inadequate
9C	7-0	F	113	W	Uncooperative, disruptive, feels that no one cares for her, attention seeking
10E	7-8	F	114	W	Lack of self-confidence, over-achiever, unhappy, lonely, insecure, attention seeking
10C	7-1	F	122	W	Overly cooperative, extreme trying to please, insecure, difficulty keeping friends
11E	6-4	F	115	W	Tantrums at school, difficulty making friends, changeable disposition
11C	5-10	F	113	W	Few friends, can't calm down, at times difficult to handle, uncooperative
12E	6-11	F	101	W	Bossy, dependent, difficulty relating to peers, learning problems
12C	7-3	F	101		Learning problems, few friends, quiet, withdrawn
13E	6-11	F	88	W	Learning difficulties, fearful, bad temper at times, can't get along with other children
13C	6-9	F	91	W	Difficulty relating to peers, whines, seeks attention

APPENDIX B

INDIVIDUAL CHANGES IN SCORES OF THE EXPERIMENTAL GROUP  
ON THE SIX CRITERION VARIABLES

Child	Test											
	California Test of Personality-Social				California Test of Personality-Personal				Primary Self-Concept Inventory			
	Pre-Test	Post-Test	Gain or Loss	Pre-Test	Post-Test	Gain or Loss	Pre-Test	Post-Test	Gain or Loss	Pre-Test	Post-Test	Gain or Loss
1	26	27	+1	31	16	-15	13	08	-5	13	14	-1
2	23	29	+6	24	35	+11	14	11	-3	14	14	-2
3	36	36	0	30	30	0	16	14	-2	14	12	-2
4	23	22	-1	25	25	0	14	17	0	17	17	0
5	3	36	-2	35	40	+5	17	14	-2	14	14	-2
6	4	33	-6	43	42	-1	16	14	-4	14	14	-4
7	42	34	-8	33	31	-1	18	12	-1	12	12	-1
8	42	43	+1	41	43	+2	13	13	-1	13	13	-1
9	39	37	-2	37	33	-4	14	9	0	9	9	0
10	35	36	+1	40	27	-13	9	16	+1	16	16	+1
11	35	33	-2	14	20	+4	15	13	-1	13	13	-1
12	28	37	+9	22	26	+4	15	17	+2	15	17	+2
13	30	37	+7	22	31	+9	15	17	+2	15	17	+2

APPENDIX B--Continued

Child	Self-Esteem Inventory				Test				Behavior Maturity Scale					
	Child		Parent		Child		Parent		Pre-Test		Post-Test		Gain or Loss	
	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test	Pre-Test	Post-Test
1	56	36	78	80	+20	+2	44	39	44	39	-	5		
2	32	55	20	16	+23	-4	52	55	52	55	+	3		
3	72	68	80	64	-4	-16	85	86	85	86	+	1		
4	52	32	76	84	-20	+8	36	42	36	42	+	6		
5	60	80	40	72	+20	+32	90	90	90	90	0	0		
6	64	60	44	48	-4	+4	38	42	38	42	+	4		
7	56	52	6	48	-4	-12	55	58	55	58	+	3		
8	88	88	36	36	0	0	51	69	51	69	+	18		
9	68	76	52	80	+8	+28	48	44	48	44	-	4		
10	84	52	44	52	-32	+8	55	44	55	44	-	1		
11	60	88	69	92	+28	+23	50	73	50	73	+	23		
12	48	56	76	72	+8	-4	45	44	45	44	-	1		
13	32	72	84	76	+40	-8	30	35	30	35	+	5		

APPENDIX C

INDIVIDUAL CHANGES IN SCORES OF THE CONTROL GROUP  
ON THE SIX CRITERION VARIABLES

Child	California Test of Personality-Social						California Test of Personality-Personal						Primary Self-Concept Inventory							
	Pre-Test		Post-Test		Gain or Loss		Pre-Test		Post-Test		Gain or Loss		Pre-Test		Post-Test		Gain or Loss			
	Test	Score	Test	Score	Change	Test	Score	Test	Score	Change	Test	Score	Test	Score	Change	Test	Score	Change		
1	58	53	-5	55	49	-6	16	14	-2	16	14	-2	14	11	-3	16	14	-2		
2	38	42	+4	26	38	+12	26	38	+12	24	-2	14	11	-3	16	14	-2	14	11	-3
3	32	25	-7	26	24	-2	34	34	0	32	+1	17	17	0	16	12	-4	16	12	-4
4	32	30	-2	34	34	0	31	32	+1	26	-4	13	13	0	17	12	-5	17	12	-5
5	38	38	0	30	26	-4	30	26	-4	14	-28	10	10	0	13	10	-3	13	10	-3
6	33	36	+3	42	14	-28	42	14	-28	14	-10	10	10	0	10	10	0	10	10	0
7	42	27	-15	23	13	-10	23	13	-10	13	-10	14	14	0	14	12	-2	14	12	-2
8	26	16	-10	52	32	-20	52	32	-20	32	-20	12	12	0	12	12	0	12	12	0
9	55	43	-12	21	29	+8	21	29	+8	29	+8	12	12	0	12	13	+1	12	13	+1
10	35	36	+1	38	35	-3	38	35	-3	35	-3	15	15	0	15	15	0	15	15	0
11	36	34	-2	20	43	+23	20	43	+23	43	+23	14	14	0	14	14	0	14	14	0
12	38	42	+4	19	14	-5	19	14	-5	14	-5	9	9	0	9	8	-1	9	8	-1
13	26	22	-4	19	14	-5	19	14	-5	14	-5	8	8	0	8	8	0	8	8	0

APPENDIX C--Continued

Child	Self-Esteem Inventory						Test			Behavior Maturity Scale			
	Child			Parent			Gain or Loss	Pre-Test	Post-Test	Gain or Loss	Pre-Test	Post-Test	Gain or Loss
	Pre-Test	Post-Test	Gain or Loss	Pre-Test	Post-Test	Gain or Loss							
1	84	56	-28	68	68	0	49	38	-11	49	38	-11	
2	60	72	+12	72	48	+24	87	73	-14	87	73	-14	
3	60	64	+4	88	84	+4	*	*	*	*	*	*	
4	64	60	-4	*	*	*	30	25	5	30	25	5	
5	84	80	-4	28	44	+16	35	51	+16	35	51	+16	
6	76	48	-28	*	*	*	58	56	-2	58	56	-2	
7	60	62	+2	64	56	-8	35	41	+5	35	41	+5	
8	56	48	-8	68	60	-8	31	28	-3	31	28	-3	
9	80	80	0	60	64	+4	58	59	+1	58	59	+1	
10	36	68	+32	64	60	-4	40	55	+15	40	55	+15	
11	84	68	-16	*	*	*	48	48	0	48	48	0	
12	60	92	+32	*	*	*	59	52	-7	59	52	-7	
13	44	40	-4	56	44	-12	40	33	-7	40	33	-7	

\*No data

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