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**A SYNOPTIC OVERVIEW ON PLAY THERAPY FOR THE  
CHILDREN WITH DISABILITIES**

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**ABSTRACT:**

*Play therapy incorporates the child's physical abilities, cognitive functioning levels and emotional needs in a safe, supportive environment. It is a therapeutic and psychological intervention that uses play to help children with disabilities develops a better sense of inclusion using both directed and non-directed play. It builds self-confidence, interaction, and sense of self. Playing is the activity that brings the most joy into the young lives of children; play therapy capitalizes on that interest to help a child function. Play therapy is a therapeutic and psychological intervention that uses play to help children with disabilities develops a better sense of inclusion using both directed and non-directed play. This allows children to not only learn how to interact with others and develop relationships; it also provides physical strategies children can use to perform. Play therapy incorporates the child's physical abilities, cognitive functioning levels and emotional needs in a safe, supportive environment. Play therapy is used to help both typically and atypically developing children with disabilities, that is children who have physical and/or learning disabilities. However, play therapy should not be confused with physical therapies: it is psychotherapeutic in essence. Keeping this context in view, the present work attempts to study the overall idea on play therapy for the disabled children. Participants were 40 play therapists from 7 different special institutions in Kolkata. It was an exploratory survey type of study. A questionnaire was used to know about the nature, type and available facilities related to play therapy for the children with disabilities and views of therapists on play therapy for the children with disabilities. Data thus obtained was subjected to simple calculation like percentage and graphical presentation were also applied. Analysis of data shows that play therapy is a very attractive modern diagnostic process where children with disabilities are very responsive.*

**KEYWORDS:** Play Therapy, Directive Play Therapy, Non-Directive Play Therapy, Children with Disabilities, Resource Room.

**INTRODUCTION:**

Play therapy refers to a method of psychotherapy with children in which a therapist uses a child's fantasies and the symbolic meanings of his or her play as a medium for understanding and communication with the child.



The aim of play therapy is to decrease those behavioural and emotional difficulties that interfere significantly with a child's normal functioning. Inherent in this aim is improved communication and understanding between the child and his parents. Less obvious goals include improved verbal expression, ability for self-observation, improved impulse control, more adaptive ways of coping with anxiety and frustration, and improved capacity to trust and to relate to others. In this type of

treatment, the therapist uses an understanding of cognitive development and of the different stages of emotional development as well as the conflicts common to these stages when treating the child.

A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. A disability may be present from birth or occur during a person's lifetime.

Various previous studies already mentioned about the play therapy and children with disabilities. Some of them are given here.

### REVIEW OF RELATED LITERATURE

- **Dix, Carolyn. (2013)** investigated on "Therapeutic Interaction with Children through Play". The purpose of this study was to give therapists an opportunity to communicate with a child on his or her level which can provide more insight as to how to proceed with the therapy. The outcomes of play therapy implementations are substantially positive, and this therapeutic practice was becoming widely-accepted in the cases of childhood abuse, children with disabilities, children in hospitals, grieving children, and children with behavioral issues.
- **Green, Eric J. & Myrick, Amie C. (2014)** studied on "Treating Complex Trauma in Adolescents: A Phase-Based, Integrative Approach for Play Therapists". The purpose of this study was to understand the unique effects of complex trauma on adolescents, as well as identify the effectiveness of mental health treatment protocols, were critical for trauma-informed play therapists to practice competently. The results of the study was that complex trauma may have on adolescents' typical development is integral for play therapists when counseling this unique population. A complexly traumatized adolescent may require more flexibility and focus on the therapeutic relationship with empirically supported treatments than non-traumatized or singly traumatized youth. The therapeutic relationship may help adolescents view constructive examples of safety, stability, and security in examples of safety, stability, and security in their world. They may, perhaps for the first time, see a positive potential future, wherein they begin to see their current world, and possibly their future one, in more hopeful and positive terms.
- **Reddy, Rajakumari P. & Hirisave, U. (2014)** studied on "Child's play: Therapist's narrative". They found that play had been recognized as an essential component to children's healthy development. Schools of play therapy differ philosophically and technically, but they all embraced the therapeutic and developmental properties of play. This case report was an illustration of how a 6-year-old child with emotional disorder was facilitated to express concerns in child-centered play therapy. The paper discussed the therapist's narration of the child's play.
- **Ray, Dee C., Jayne, Kimberly M. & Stulmaker, Hayley L. (2014)** had studied on "A Way of being in the Playroom: Experience Expression Congruence Model (EECM)". They found that congruence, in conjunction with unconditional positive regard and empathic understanding, was considered one of the fundamental attitudinal conditions that must be internally experienced and externally expressed by play therapists in order to facilitate growth in child-centered play therapy. The experience-expression congruence model (EECM) helps play therapists understand the nature of congruence, recognize the impact of congruence in play-therapy sessions, and intentionally use the therapist's awareness of congruence to benefit the client. The EECM presented a process that sought to help the play therapist navigate the balance of providing a therapeutic environment while also being an authentic person with the child.
- **Raman, Vijaya. & Singhal, Meghna. (2015)** studied on "Play therapy with children: Its relevance and utility in the Indian context". This qualitative study attempted to evaluate play therapy, its historical development and the schools of play therapy, its theoretical foundations, its clinical utility, the research endeavors and its relevance in the Indian context. The results of the study was that the qualitative nature of the interaction and the difficulty in quantifying subtle aspects of a child's expressions (both verbal and

otherwise), most practitioners of play therapy in clinical settings had done so on a hunch that it worked. With the current emphasis on meta-analyses, efficacy and effectiveness research and evidence based practice, it was necessary that all practitioners of psychotherapy re-examine these aspects of their practice.

### OBJECTIVES

- To know the nature and types of play therapy for the children with disabilities and also to identify the available facilities related to play therapy for the children with disabilities who are involved in the play therapy.
- To explore the views of therapists regarding play therapy for the children with disabilities.

### Sample

In consonance with the aim of the study, the sample should comprise all the therapists or special educators who provide play therapy in special institutions, but the present study was of a pilot type scheduled to be completed within a short period. Seven special institutions were purposely chosen where play therapy is provided. Effectively the method of sampling was area sampling. The sample of the present study consisted of 40 therapists.

### Tool

A questionnaire has been used to know about the nature, type and available facilities related to play therapy for the children with disabilities and views of therapists on play therapy for the children with disabilities. The questionnaire was prepared on the advice of my Supervisor Dr. Jayanti Das (Professor and Head of the Department). In all 50 items were included in the questionnaire where out of 50 items, 11 items were open ended and 39 items were close ended. Further added that out of 39 close ended items, 14 items were MCQ type and 25 items were YES/NO type.

**Reliability:** As the tool was questionnaire to obtain some information and the researcher was the interviewer, tool were reliable to the extent to which the respondents answered honesty.

**Validity:** So far, as validity was concerned the tool had content and consensus validity as well.

### Procedure

Having completed of the construction of the tool, these were administrated to the subjects by way of interview, before administrating the tools subjects were told that their information would be kept confidential. Date and time was fixed. At the time of interview all the subjects extended their sincere co-operation. Interview was taken on individual basis at their working place. There was no fixed time to answer the questions. The medium of interview was Bengali and English.

Data were collected from seven special institutions through interview. All the therapists of the seven special institutions were interviewed individually item by item to get the exact information about nature type and infrastructural facilities and their view on play therapy for the children with disabilities. The data was organized item wise and put in tabular form were necessary however the data on the items, on the names etc. of the respondent has been omitted.

### FINDINGS

#### Objective 1:

- There was only 1 (15%) Government special institution in Kolkata.
- There were 5 (71%) non-residential out of 7 (100%) special institutions.
- There were 40 therapists in 7 special institutions among them 28 (70%) were female therapists.
- In the 7 special institutions total number of children were 598, among them 402 (67%) were boys.
- The total number of children to whom play therapy is given 385 (64%) were in between age group of 1 – 10.

- It was found that children were mainly suffering from ADHD, Behavior problems especially aggression and violence, Sexual urge, Obsessive compulsive behaviors, Self talking, Echolalia, Impulsive, Eating disorder, Convulsive problems etc.
- Children reaching adolescence were facing Temper tantrum, Extreme Sexual urge, Mood swing, Aggression tendency to steal (some of them) etc.
- It was found that play therapy was used as a suggested tool for diagnosis in Passive aggression, Sexual urge, Depression, Restlessness, Feeling of insecurity etc.
- Play therapy as both directive and non-directive type were followed in 6 (90%) institutions.
- Children were taught play therapy in individual and group in all the 7 (100%) institutions.
- It was found that children were trained to learn daily living activities through play therapy.
- It was found that the categories of the disabled children belonging in the special institutions were both Educable and Trainable in all the 7 (100%) institutions.
- All the institutions had resource room majority 5 (65%) having more than one.
- It was observed that mainly various types of mother figure and father figure dolls, superman, monsters, animals, insects, birds, cars, airplane, train, trees, flowers, building blocks, doctor set, crockery, kitchen set, san, military set, fruits, vegetables, camera, cricket set, badminton set, puppets, shipping etc. were there in the play room or resource room.
- Resource rooms had shelf, low table, chair, bucket, mat, etc. as furniture.
- All the institutions 7 (100%) suggested both indoor and outdoor places were appropriate for play therapy.
- Among all of the 7 institutions only 3 (57%) institutions had playground.
- Mainly play therapy is given to children for 30-45 minutes suggested by 27 (37.50%) therapists.
- All the institutions 7 (100%) had comfortable campus for the children with disabilities.
- Play therapy was given to children in Combination of Languages by the special institutions 4 (56.50%) like Bengali, Hindi, and English.
- Among 7(100%) special institutions only 2(29%) special institutions had career counseling division.
- All special institutions provided other therapies like as musical therapy, language and speech therapy, dance movement therapy, behavioral therapy, occupational therapy etc. as well as play therapy.

### Objective 2:

- It was found that the highest number of therapists 24 (60%) were Special B.Ed. qualified.
- Therapists were mainly from Education and Psychology background.
- Each and every therapists 40 (100%) were participated or attended refresher course or orientation program.
- Majority of the therapists 15 (37.5%) were having 0-15 years of experience in the field.
- Therapists 6 (15%) were residing in the residential institutions and giving voluntary service.
- Therapists usually decide what type of play therapy is to be applied on children with disabilities depending on their case history, observation, attitude towards their family members and 'Home' mates and care givers, psychological testing (Mild, Borderline) etc.
- Majority of the therapists 30 (75%) were believed play therapy being a child centered process.
- Therapists 15 (37.5%) believed that play therapy is given to children depending upon their level of disabilities.
- Every therapist admitted that play therapy being differed to regular play.
- Therapists (100%) prepare themselves before giving play therapy sessions.
- It was found that every therapist knew the proper function of equipment and materials used for play therapy very well.
- All therapists paid individual attention to each child during play therapy.
- Therapists (100%) involved themselves with the children with disabilities during play therapy.
- 100% of the therapists admitted that every child got equal chance to access the equipment during play therapy.
- All therapists trained children according to their interest.

- It was found that a special child can overcome their problem by himself/herself through play therapy which was depended upon his/her level of impairment and required family support.
- Among all therapists 12(30%) therapists admitted that sometimes they were taken help by guardians to take part in the play during play therapy.
- It was noticed that through the help of play therapy the children got interested slowly and then started to follow commands, started to say orally, developed eye contacts, followed rule etc.
- All therapists admitted that the play therapy was essential for the children with disabilities.
- 100% of the therapists helped children to solve their problem.
- Every therapist was satisfied with present process of play therapy.
- Among 40(100%) therapists only 16(40%) therapists remarked that there was a relationship between play therapy and medication for extreme severe conditions, e.g. ADHD, Autism and Mental retardation etc.
- It was found that all therapists knew about the background of the parents beforehand.
- Every therapist followed the regular interaction and monthly meeting with the parents of the children with disabilities. They further added that parental support was a must for organizing play therapy.
- It was found that according to 27(67.5%) therapists the play therapy was a very successful in case of the children with disabilities especially with speech and language impairment, ADHD, Autism. It helped to build support with the child, most of the children enjoyed this technique as it did not seems to be a therapy session but liked to enjoy a play during this period. It helped children to obey therapist as a play partner and thereby reaching short term goal very easily. But according to 13(32.5%) therapists it was depended upon the level of disabilities and features of diseases. In case of mild to dull normal it could be helpful significantly (if there is no other problem) but where there is severe cognitive disorder, it might not so helpful for the children with disabilities.

## CONCLUSION

Play therapy is a very attractive modern diagnostic process where children with disabilities are very responsive. Generally Mentally Retarded, ADHD, Autistic, Cerebral Palsy, Sexually Abused, Learning Disability, Accidentally Traumatized, etc. children are being helped by using play therapy.

Play therapy is not only applied on children with disabilities but also this can be applied on normal children to develop their day to day attitude towards other children, school mates, friends, family members, teachers etc. Play therapy is being used rarely in government institutions so more institutions should introduce play therapy to help the children with disabilities. Other different therapies are also given in the institutions in Hindi, English, Bengali, etc. as medium of instruction.

Majority therapists practicing in these institutions are Special B.Ed. qualified so involving therapists in other institutions should also possess same qualification. Therapists are regularly attending refresher course or orientation program thus learning the modern technique to apply play therapy on children with disabilities. Institutions should encourage other therapists to attend such courses. Female therapists have outnumbered male therapists this is why male therapists should also come in this field to help the children with disabilities.

Many therapists are serving voluntary in this field government or private institutions should give them remuneration for their service to encourage them and other people to come in this profession. Most of the institutions do not have career counseling division in their facility so this should be improved to help children. Government or Non-governmental organization should provide grant to private intuitions to help them enrich their infrastructural facilities like play therapy related materials, furniture, tools and toys, etc. for the children with disabilities. Non-governmental organization, society, local body, etc. should step forward and help government to develop more such institutions where special children can be taught play therapy. Play therapy helps the adolescence aged children for reducing their impairments or various disabilities.

Directive, Non-directive and in both ways play therapy is implemented also group wise and individually in play room or in playground play therapy is given. Therapists determine duration and session of play therapy depending upon the level of disabilities in the children.



Therapists collect information about the child and his/her family history beforehand to determine the appropriate method and duration of play therapy. Therapists interact with the parents regularly to know how the children are behaving after taking play therapy. Play therapy is related to medication but only depends upon level of disabilities. Majority of the therapists admitted that play therapy is vastly successful in children with disabilities.

### CONCLUDING REMARK

Because of the time limit the study was not broad based. As such, the results obtained from the present study might not cast sufficient light on the nature and features of play therapy under investigation. Thus some further work is necessary with wider coverage.

The same study can also be conducted in the other part of the West Bengal to get greater and comprehensive insight.

Similar studies should be conducted with the general schools, normal children and general school teachers.

### REFERENCES

- Best, J.W. & Kahn, J.V. (2012). Research in education. New Delhi: PHI Learning Pvt. Ltd.
- Chauhan, S. S. (2007). Advanced educational psychology. Noida: Vikas Publishing House Pvt. Ltd.
- Garret, H. E. (2007). Statistics in psychology and education. New Delhi: Paragon International Publishers.
- Koul, L. (2013). Methodology of educational research. Noida: Vikas Publishing House Pvt. Ltd.
- Kumar, C.R. (2008). Research methodology. APH Publishing Corporation.
- Mangal, S.K. (2006). Advanced educational psychology. New Delhi: Prentice Hall of India Pvt. Ltd.
- Mangal, S. K. (2007). Educating exceptional children: An introduction to special education. New Delhi: Prentice Hall of India Pvt. Ltd.
- Mangal, S. K. (2007). Essentials of educational psychology. New Delhi: Prentice Hall of India Pvt. Ltd.
- Mangal, S. K. & Mangal, S. (2013). Research methodology in behavioral sciences. New Delhi: PHI Learning Private Limited.
- Mangal, S. K. (2002). Statistics in psychology and education. New Delhi: Prentice Hall India Learning Private Limited.
- Rao, K. V. (2011). Introduction to educational research. Saurabh Publishing House.
- Russ, S.W. (2004). Play in child development and psychotherapy: Toward empirically supported practice. Mahwah, New Jersey London: Lawrence Erlbaum Associates, Publishers.
- Singh, A.K. (2011). Test, measurement and research methods in behavioral sciences. New Delhi: Bharati Bhawan Publishers and Distributors.
- Singh, J. P. & Dash M. K. (2005). Disability development in India. New Delhi: Kanishka Publishers & Distributors.
- Taylor, R. L. & Sternberg, L. (2012). Exceptional children: Integrating research and teaching. Springer Science & Business Media.
- Bratton, S. C., Ray, D., Rhine, T. & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. Professional Psychology: Research and Practice, 36(4), 376-390. Retrieved from: <http://dx.doi.org/10.1037/0735-7028.36.4.376>
- Getz, L. (2011). The power of play therapy. Social Work Today, 11(3), 20. Retrieved from: <http://www.socialworktoday.com/archive/051711p20.shtml>
- Guerney, L. F. (1979). Play therapy with learning disabled children. Journal of Clinical Child Psychology, 8(3), 242-244. Retrieved from: <http://www.tandfonline.com/doi/abs/10.1080/15374417909532929>
- Kot, S. Landreth, G. L. & Giordano, M. (1998). Intensive child-centered play therapy with child witnesses of domestic violence. International Journal of Play Therapy, 7(2), 17-36. Retrieved from: <http://dx.doi.org/10.1037/h0089421>

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- Lesniak, J. L. (2003). The effectiveness of non-directive play therapy. The Graduate School University of Wisconsin-Stout Menomonie, WI 54751. Retrieved from: <http://www2.uwstout.edu/content/lib/thesis/2003/2003lesniakj.pdf>
  - Ray, D. C., Schottelkorb, A. & Tsai, M. H. (2007). Play therapy with children exhibiting symptoms of attention deficit hyperactivity disorder. *International Journal of Play Therapy*, 16(2), 95-111. Retrieved from: <http://dx.doi.org/10.1037/1555-6824.16.2.95>
  - Ray, D., Bratton, S., Rhine, T. & Jones, L. (2001). The effectiveness of play therapy: Responding to the critics. *International Journal of Play Therapy*, 10(1), 85-108. Retrieved from: <http://dx.doi.org/10.1037/h0089444>
  - Reddy, R. P. & Hirisave, U. (2014). Child's play: Therapist's narrative. *Indian J Psychol Med*, 36(2), 204-207. <http://www.ijpm.info/text.asp?2014/36/2/204/130998>