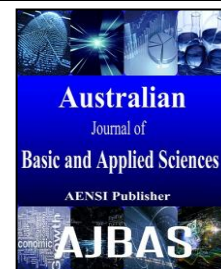




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Play Therapy for Anxiety and Stress Problems among Nursery School Children in Malaysia

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ABSTRACT

The early childhood is significant and lays the foundation for entire life span development. Negative early childhood experiences will have negative impact on the holistic development in later years. Hence, this study intended to examine the effectiveness of play therapy as a therapeutic medium in reducing the anxiety and stress symptoms among nursery school children aged two to four years old. Based on the screening result, 60 children were found to have either one or both symptoms. They have been selected to participate in the intervention stage and divided into experimental and control group. Caregiver-Teacher Report Form for Ages 1.5 – 5 (CTRF) has been used in this study. The findings proved the effectiveness of play therapy in reducing anxiety and stress symptoms across genders. Future study may include children from other nursery schools as well as children with other emotional and behavioral problems.

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INTRODUCTION

The early childhood lays the foundation for the child development as well as the rest of the life span development. The early experiences are influential in the developing brain as well as other development of the following life stages. Hence, early childhood social and emotional development also serves as the basis to guide children into adulthood (National Scientific Council on the Developing Child, 2012). It can build a strong foundation or a fragile foundation and influence the children on how to react to the world around them throughout their life. Children who experience negative social and emotional development with intense anxiety and stress are at a higher risk for a variety of problems in later life (Cooper, Masi, & Vick, 2009). Past studies have shown the impact of negative early childhood experiences on the cognitive, behavioural and social-emotional development (The Center on the Developing Child at Harvard University, 2010; Lu, Mueser, Rosenberg & Jankowski, 2008).

In fact, anxiety and stress are normal parts of life for everyone even for young children (Foxman, 2004). All children experience anxiety and fears during childhood. Human starts to experience fears and differentiate it from other emotions between six and 12 months of age (National Scientific Council on

the Developing Child, 2010). Instead of the negative effects, the anxiety and stress created by those circumstances might be helpful in motivating the children to cope with the challenges and perform task more efficiently (Foxman, 2004). However, intense anxiety and stress is abnormal. If the symptoms of anxiety and stress persist for one to six months and were found to have unusual intensity, content or frequency, they might meet the criteria of anxiety disorders in DSM-IV-TR (DSM-IV-TR; American Psychiatric Association, 2000). The excessive symptoms of anxiety and stress will interfere with children's daily life and pose long term detrimental effects to the child's development in later years if they go untreated. Several researches have shown the negative consequences of excessive anxiety and stress among children (Simpson, Suarez and Connolly, 2012; National Scientific Council on the Developing Child, 2010; Gillespie *et al.*, 2009; Jovanovic *et al.*, 2009; Bradley *et al.*, 2008; McEwen, 2008). Center on the Developing Child at Harvard University (2007) concluded that excessive stress or toxic stress will lead to persistent problems in learning, memory, lifestyles and behaviours that weaken the well-being as well as increase the risk of physical and mental health problems.

Malaysia is experiencing unprecedented rapid growth over the past 20 years while moving towards

developed nation by the year 2020. These developments have exposed the most vulnerable group to an ever-challenging and stressful life. As a country with almost half of the population is younger than 20 years old, it is striking to note that approximately 20% of Malaysian children and adolescents aged below 15 years old are having mental health problems such as developmental disability, emotional and behavioural disorders based on the National Health and Morbidity Survey (NHMS) conducted in year 2011 (Arumugam, 2014). As compared to the NHMS in 1996, the mental health issues among children and adolescents had increased from 13% in 1996 to 19.4% in 2006 and the latest is 20.3% in 2011 (Ibrahim, 2013). It is predicted that the community mental health disorders will continue to increase in coming years due to urbanisation and will create substantial burden to the country. Numerous researches have proved that the mental health problems which emerge early in childhood can become serious disorders at a later age (National Scientific Council on the Developing Child, 2010; Gillespie *et al.*, 2009; Bradley *et al.*, 2008; Cohen, Onunaku, Clothier, & Poppe, 2005). Hence, early identification of problems and timely intervention are crucial in terms to be more psychologically beneficial and cost effective rather than trying to treat when they become serious later (National Scientific Council on the Developing Child, 2012).

As children respond differently than adults due to their difference in metacognitive capacity, psychological capabilities, emotional needs, and social experiences (National Scientific Council on the Developing Child, 2012), there is a need for approaches that are age-appropriate to meet the developmental needs and characteristics of children. Unlike adults who can "talk out" their problems, young children may just "play out" their problems (Axline, 1969). In play, a child can become more confident, develop a sense of greater control over his or her life (Vygotsky, 1978) as well as able to release their negative feelings gradually and develop sense of self-worthiness (Landreth, 2002). Hence, play has been used widely as a tool in learning approach and therapeutic work for children. The learning through play approach has been implemented in certain preschools for teachers to facilitate the children to learn and develop their physical, social, emotional and intellectual skills through playing activities.

On the other hand, play therapy is a treatment approach that uses play as a therapeutic tool in treating children with emotional and behavioural difficulties. It is known to be a developmentally appropriate psychotherapy for meeting children's social-emotional needs as play has been proved as the important task for children to express and release their feelings and energy (Spencer, 1873; Piaget, 1962; Axline, 1969; Landreth, 2002). It is generally employed for children below 12 years old in

providing them a way to express their experiences and feelings through a natural, self-guided and self-healing process (LaMotte, 2011). Children in the therapy sessions will be given opportunities, responsibilities and freedom to lead and direct their own play processes and emotions. The role of the play therapist is to follow and assist the child, when necessary. This is further elaborated in play therapy's definition where play therapy consists a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences and behaviours) through play, the child's natural medium of communication, for optimal growth and development (Landreth, 2002).

In fact, the effectiveness of play therapy has been scientifically proven in many past researches. According to Bratton, Ray, Rhine, and Jones (2005), play therapy is effective for children who are suffering from various emotional and behavioral problems, regardless of age, gender, settings, modalities and populations. However, there is still limited research in Malaysia context especially on young children, hence, the researchers have come out with the main objective of this study which is to evaluate the effectiveness of play therapy in reducing anxiety and stress levels among young children aged two to four years old. Besides, researchers also intended to examine the effectiveness of play therapy on boys and girls.

Methodology:

Quasi-experimental research design was adopted in this study. Respondents of the study were children from low income family located at several government sponsored nursery schools in Malaysia.

Three stages of data collection were employed in this study, i.e the pre-test stage, intervention stage and post-test stage. In the pre-test, a screening procedure was conducted on 10 nursery schools, where 299 children aged two to four years old were involved. The nursery schools were located in six states of Malaysia which include Negeri Sembilan, Perak, Pahang, The Federal Territories, Selangor and Malacca. The teachers were given Caregiver-Teacher Report Form for Ages 1.5 – 5 (CTRF) to assess children's anxiety and stress level.

Based on the screening result, 60 children were found to have anxiety and stress symptoms both in the borderline ($65 \leq T\text{-score} < 70$) and clinical ($T\text{-score} \geq 70$) level. The respondents were then assigned to experimental group and control group with 30 children per group respectively. Children in the experimental group were given play therapy intervention while none were given for the control group. The numbers of sessions were determined by three of the qualified play therapists and varied for each child based on their conditions. Once the

children in experimental group completed their play therapy sessions, a post-test was carried out to assess the children's anxiety and stress level for both experimental and control groups. Once again the teachers were required to assess the children's anxiety and stress level by using the CTRF.

A 99 items CTRF was used to measure children's behaviors from the perceptions of teachers. The questions focus on children's internalizing and externalizing problems for the past two months, the descriptions of illnesses and disabilities, concerns on the child and the best things about the child. The rating scale ranged from 0 to 2, where 0=Not true (*as far as you know*); 1=Somewhat true or sometimes true; 2=Very true or always true. In addition, it also provided the standard T scores that can compare the children's presenting problems to the normative sample and to determine whether their problem scores on particular syndrome fall in the normal range (T-score <65), borderline range (65<=T-score<70), or the clinical range (T-score>=70).

Predictive Analytics Software (PASW) was used to analyse the data for the current study. Descriptive analysis was used to identify and describe the distribution characteristics of the variables in the study such as the demographic background of children, as well as the anxiety and stress levels of respondents. Next, paired samples *t*-test were used to study the differences in anxiety and stress scores within the same group of individuals such as within pre- and post-experimental group, pre- and post-control group as well as within males and females.

Results:

Respondents' Background Profile:

Table 1 showed that the respondents consisted of 165 (55.2%) males and 134 (44.8%) females with the mean age of 3.19 years (SD = .73). Majority (86.3%) of them were Malay, followed by Chinese (7.7%) and Indian (6.0%). Most (46.2%) of them were last born child, with 38.8% first born child and 15.1% middle born child. Majority (72.2%) of the children has between two to four siblings with 18.1% of single child and only 9.7% have five and more siblings.

Differences of children's anxiety and stress scores in pre- and post-test:

The effectiveness of play therapy intervention can be examined by using paired-samples *t*-test to compare the anxiety score between pre-test and post-test. Table 2 indicated that teachers in experimental group reported significant [t (29) = 4.57, *p* < .001] decrease in anxiety mean score with the mean score of 6.47 (SD=3.21) in pre-test to the mean score of 3.53 (SD=3.07) in post-test. The effect size obtained for experimental group is .42 which indicated a very large effect size. This proved that child-centered play therapy has had a large effect on the experimental group.

For children in control group, teachers also reported significant decrease in anxiety [t (29) = 3.35, *p* < .01] score where the anxiety mean score in pre-test was 6.17 (SD=1.98) and mean score for post-test was 3.87 (SD=3.05). The effect size for control group also indicated a large effect size with the eta squared value of .28.

Table 1: Children's Background Profile (N = 299).

Variable	n	%
Gender		
Male	165	55.2
Female	134	44.8
Age group		
2	55	18.4
3	131	43.8
4	113	37.8
Mean = 3.19, SD = .73		
Ethnic		
Malay	258	86.3
Chinese	23	7.7
Indian	18	6.0
Birth sequence		
First child	116	38.8
Middle child	45	15.1
Last child	138	46.2
Number of siblings		
Single child	54	18.1
2-4	216	72.2
5 and above	29	9.7
Mean = 2.62, SD = 1.32		

Table 2: Paired Sample *t*-test results of Anxiety Score for Experimental and Control Group (N = 60).

Test	Group	N	Mean	SD	t	Effect size (η^2)
Pre-test	Experimental	30	6.47	3.21	4.57***	.42
Post-test			3.53	3.07		
Pre-test	Control	30	6.17	1.98	3.35**	.28
Post-test			3.87	3.05		

Note: ***p*<.01, ****p*<.001

Table 3 indicated the paired samples *t*-test results of children's stress scores for experimental and control groups. Findings indicated that there was significant [$t(29) = 3.97, p < .001$] decrement in experimental group children's stress level with a large effect size of .42. Besides, findings showed the dropping of the mean score from 3.73 (SD=1.72) in pre-test to the mean score of 2.17 (SD=1.91) in post-test. For control group, there was no significant decrement in children's stress level.

Differences of anxiety and stress scores among male and female children in experimental and control group:

A paired samples *t*-test was conducted to compare the anxiety level within males and females in experimental and control group. Results in table 4 showed that there was a significant difference [$t(18) = 3.30, p < .01, \eta^2 = .38$] in anxiety scores among male children in experimental group. The mean score was 6.84 (SD=3.29) in pre-test and it decreased to the mean score of 4.16 (SD=2.95) in post-test. Experimental group teachers also reported significant decrease [$t(10) = 3.11, p < .05, \eta^2 = .49$] in female children's anxiety level as their mean score declined

from 5.82 (SD=3.13) in pre-test to 2.45 (SD=3.11) in post-test. On the other hand, teachers [$t(16) = 3.27, p < .01, \eta^2 = .40$] in control group reported significant decrease in anxiety level among male children but not female children. Teachers reported that their mean score has dropped from 6.29 (SD=1.83) to 3.41 (SD=3.32). According to Cohen's (1988) guidelines, the effect size obtained for both genders in experimental group are large effect size. The effect size for male children in control group also indicated a large effect size.

Based on the results in table 5, teachers in experimental group reported significant decrease in the stress mean score for both male and female children. Male children have significant [$t(18) = 3.41, p < .01, \eta^2 = .39$] decrease in stress mean score with the mean score of 3.74 (SD=1.66) in pre-test to the mean score of 2.53 (SD=1.87) in post-test while female children also have significant [$t(10) = 2.47, p < .05, \eta^2 = .38$] difference in their stress level where the stress mean score was 3.73 (SD=1.90) in pre-test and 1.55 (SD=1.92) in post-test. Cohen's guidelines indicated that both effect size for males and females in experimental group are near to large effect size.

Table 3: Paired Sample *t*-test results of Stress Score for Experimental and Control Group (N = 60).

Test	Group	N	Mean	SD	t	Effect size (η^2)
Pre-test	Experimental	30	3.73	1.72	3.97***	.42
Post-test			2.17	1.91		
Pre-test	Control	30	3.00	1.58	1.97	.28
Post-test			2.30	1.34		

Table 4: Paired Sample *t*-test Results (within Gender) of Anxiety Score for Experimental and Control Group (N = 60).

Group	Gender	Test	N	Mean	SD	t	Effect size (η^2)
Experimental Group	Male	Pre-test	19	6.84	3.29	3.30**	.38
		Post-test		4.16	2.95		
	Female	Pre-test	11	5.82	3.13	3.11*	.49
		Post-test		2.45	3.11		
Control Group	Male	Pre-test	17	6.29	1.83	3.27**	.40
		Post-test		3.41	3.32		
	Female	Pre-test	13	6.00	2.24	1.41	.14
		Post-test		4.46	2.67		

Table 5: Paired Sample *t*-test Results (within Gender) of Stress Score for Experimental and Control Group (N = 60).

Group	Gender	Test	N	Mean	SD	t	Effect size (η^2)
Experimental Group	Male	Pre-test	19	3.74	1.66	3.41**	.39
		Post-test		2.53	1.87		
	Female	Pre-test	11	3.73	1.90	2.47*	.38
		Post-test		1.55	1.92		
Control Group	Male	Pre-test	17	2.76	1.72	.85	.04
		Post-test		2.35	1.37		
	Female	Pre-test	13	3.31	1.38	2.05	.26
		Post-test		2.23	1.36		

Discussion:

Current study aimed to examine the effectiveness of play therapy on anxiety and stress levels among young children in government sponsored nursery schools based on teachers' perception. Sixty children who were found to have anxiety and stress symptoms were selected to involve in intervention stage. Around 55% of children were males with the mean age of 3.19 years and most

(46.2%) of them were last born child. In addition, majority (72.2%) of them have between two to four siblings.

The effectiveness of play therapy has been statistically proved in the paired samples *t*-test results. Teachers in experimental group have reported significant decrease in children's anxiety and stress score. Both also obtained a very large effect size which proved that play therapy has had a

large effect on the experimental group. Although teachers in control group also reported significant decrease in anxiety score, the results indicated that experimental group has had a larger effect size on the difference between pre-test and post-test for anxiety score if compared with the effect size of control group. Besides, the post-experimental group also reported lower anxiety mean score (3.53) than post-control group (3.87).

The change in control group could be due to the similarity in the components of curriculum in all of the nursery schools. The curriculum that carried out in all nursery schools emphasized on the "learning through play" approach which encouraged children to play as a way to acquire new knowledge and skills. According to Landreth (2002), children are able to develop holistic and healthy development as well as able to express and diffuse their emotions when they are playing. Hence, even though children in control group did not undergo the play therapy intervention, some of their anxiety level may reduce through the play activities and nurturing environment in the nursery schools. However, this finding proved that proper and systematic approach by using play therapy is more effective. Positive and better results can be obtained than normal play in handling children with anxiety and stress. This finding also further supports past researches where play therapy significantly reduces children's anxiety and stress level better than those children who do not undergo play therapy intervention.

The findings also demonstrated the effectiveness of play therapy across genders. Teachers in experimental group reported significant decrease in anxiety and stress scores for both male and female children with a large effect size. This indicated that play therapy intervention had large effect on both genders and it is effective in reducing children's anxiety and stress level regardless of their genders. On the other hand, teachers in control group also reported significant decrease in male children's anxiety scores with a large effect size. Other than the factor of "learning through play" approach applied in all nursery schools, it might be due to the gender differences in activity level. In preschool age, boys tend to be more physically active than girls and they normally engage in play in a more active way and in larger groups (British Heart Foundation National Centre, 2012; Long, 2011; Hinkley, Crawford, Salmon, Okely & Hesketh, 2008). Thus, boys manage to express themselves and release their negative emotions better when compared to girls. In result, male reported to experience significantly less anxious than female in post-test.

This present findings are further supported by Bratton, Ray, Rhine and Jones (2005) as well as LeBlanc and Ritchie (2001) whom stated that play therapy is effective in different settings, various emotional and behavioral problems, across modalities, age and gender. This is also in line with

most of the past studies that stressed on the effectiveness of play therapy on children's anxiety and stress levels levels (Tsai, 2013; Shoaakazemi, Javid, Tazekand, Rad, & Gholami, 2012; Blanco, 2009; Ray D. C., 2008; Ray, Schottelkorb & Tsai, 2007; Lamanna, 2005; Bratton & Ray, 2000).

Conclusion:

Current study has made a huge contribution in this field especially in Malaysia context as it has filled the knowledge gap and enriched the literatures on the effectiveness of play therapy specifically in treating young children with anxiety and stress problems. Most of the previous studies only focused on school aged children and above. In addition, there are also limited resources on the effectiveness of play therapy in Malaysia context. However, several limitations have been addressed in this study. First, the sample of this study only limited to young children from 10 nursery schools. Larger samples from other types of nursery schools should be taken into consideration for future study. Besides, this study only focused on the anxiety and stress symptoms in children. It is recommended to expand the focus of study to other emotional and behavioral problems like withdrawn problems, aggressive behavior, attention problems and so on. Qualitative data shall also be included in future study to enrich the findings of study. Due to the assuring results on the effectiveness of play therapy, it is recommended to implement play therapy in early childhood educational settings as an effective intervention strategy to help children with other behavioral and emotional problems.

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