



UNIVERSITI PUTRA MALAYSIA

***EFFECT OF CHILD-CENTERED PLAY THERAPY ON ANXIETY AND
STRESS SYMPTOMS AMONG PRE-SCHOOL CHILDREN IN PUSAT ANAK
PERMATA NEGARA, MALAYSIA***

LIM YANJUN

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PERMATA NEGARA, MALAYSIA**

By

LIM YANJUN

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfillment of the Requirements for the Degree of Master of Science**

January 2015

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DEDICATION

To my parents for the love, patience and support that have given to me always



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

EFFECT OF CHILD-CENTERED PLAY THERAPY ON ANXIETY AND STRESS SYMPTOMS AMONG PRE-SCHOOL CHILDREN IN *PUSAT ANAK PERMATA NEGARA*, MALAYSIA

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January 2015

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Every human being including children experience anxiety and stress. A certain amount of anxiety and stress is beneficial, especially for children to develop skills in coping with challenging situations across their life span. However, when the anxiety and stress level become overwhelming and untreated, it will lead to lifelong physical and mental health problems. Hence, an early intervention is crucial as prevention is always better than cure. This study aimed to examine the effect of Child-centered Play Therapy (CCPT) on young children with anxiety and stress symptoms.

This study was conducted in 10 Pusat Anak PERMATA Negara (PAPN) in Malaysia which included the state of Negeri Sembilan, Perak, Pahang, Federal Territories, Selangor and Malacca. Quasi-experimental design was used in this study with quantitative methods adopted. There were three stages in current study that is the pre-test stage (first stage), the intervention stage (second stage) and the post-test stage (third stage). In the first stage, pre-test was carried out on 299 PAPN children to assess whether they have anxiety and stress symptoms. Caregiver-Teacher Report Form (CTRF) was used to screen and assess children's anxiety and stress levels. Results showed that 67 of them were found to have anxiety and stress symptoms. They were then included to the second stage and divided into experimental group (with play therapy) and control group (without play therapy). Play therapy sessions were carried out for two to three months on respondents in the experimental group, depending on the children's progress as determined by the play therapists. Post-test was carried out on in both groups after 3 months, after completion of stage two.

The results indicated that there were significant decrease with large effect size in both anxiety and stress scores between pre- and post-experimental group as compared to control group. For the differences among male and female children, both genders in experimental group reported significant decrease in anxiety and stress scores with large effect size too.

In conclusion, the findings of current study demonstrated that Child-centered Play Therapy was effective in decreasing the anxiety and stress level among children studied regardless of their genders. This study has further supported that play therapy is a developmentally appropriate intervention in treating young children with anxiety and stress symptoms. Practical programs such as training or workshops should be organized by related agencies for teachers or parents to know about the mental health condition of young children, the importance of play and play therapy.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk Ijazah Sarjana Sains

**KEBERKESANAN TERAPI BERMAIN BERPUSATKAN KANAK-KANAK KE
ATAS MASALAH KEBIMBANGAN DAN TEKATAN DALAM KALANGAN
KANAK-KANAK PRASEKOLAH DI PUSAT ANAK PERMATA NEGARA,
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Setiap manusia termasuk kanak-kanak mengalami kebimbangan dan tekanan. Kebimbangan dan tekanan yang tertentu adalah bermanfaat kepada kanak-kanak supaya mereka boleh mempelajari kemahiran untuk menghadapi setiap situasi yang mencabar sepanjang hayat mereka. Akan tetapi, apabila tahap kebimbangan dan tekanan menjadi terlalu tinggi dan tidak dirawat, ia akan menyebabkan masalah fizikal dan mental yang berpanjangan. Justeru itu, intervensi awal adalah penting kerana pencegahan lebih baik daripada mengubati. Kajian ini bertujuan untuk mengkaji keberkesanan Terapi Bermain yang Berpusatkan Kanak-kanak ke atas kanak-kanak yang mempunyai gejala kebimbangan dan tekanan.

Kajian ini telah dijalankan di 10 Pusat Anak PERMATA Negara (PAPN) dalam Malaysia termasuk Negeri Sembilan, Perak, Pahang, Wilayah Persekutuan, Selangor dan Melaka. Reka bentuk kuasi-eksperimen dengan kaedah kuantitatif telah digunakan dalam kajian ini. Terdapat tiga peringkat dalam kajian ini, iaitu peringkat pra-ujian (peringkat pertama), peringkat intervensi (peringkat kedua) dan peringkat pasca-ujian (peringkat ketiga). Dalam peringkat pertama, pra-ujian telah dijalankan ke atas 299 orang kanak-kanak PAPN untuk menilai sama ada mereka mempunyai gejala kebimbangan dan tekanan. *Caregiver-Teacher Report Form (CTRF)* telah digunakan untuk menyaring dan menilai tahap kebimbangan dan tekanan kanak-kanak. Keputusan menunjukkan 67 orang kanak-kanak mempunyai gejala kebimbangan dan tekanan. Mereka kemudiannya dilibatkan dalam peringkat kedua dan dibahagikan kepada kumpulan eksperimen (dengan terapi bermain) dan kumpulan kawalan (tanpa terapi bermain). Sesi terapi bermain telah dijalankan selama dua hingga tiga bulan, bergantung kepada kemajuan kanak-kanak seperti yang ditentukan oleh ahli terapi bermain. Pasca-ujian telah dijalankan ke atas kedua-dua kumpulan selepas 3 bulan iaitu selepas tamatnya peringkat kedua.

Keputusan menunjukkan bahawa terdapat penurunan kesan ketara yang signifikan dalam skor kebimbangan dan tekanan antara pra- dan pasca-kumpulan eksperimen

berbanding dengan kumpulan kawalan. Bagi perbezaan antara kanak-kanak lelaki dan perempuan, kedua-dua lelaki dan perempuan dalam kumpulan eksperimen juga melaporkan penurunan kesan besar yang signifikan dalam skor kebimbangan dan tekanan.

Kesimpulannya, hasil kajian ini menunjukkan bahawa Terapi Bermain Berpusatkan Kanak-kanak adalah berkesan dalam mengurangkan tahap kebimbangan dan tekanan kanak-kanak. Kajian ini turut menyokong bahawa terapi bermain adalah satu intervensi yang sesuai dengan perkembangan kanak-kanak untuk menangani masalah kebimbangan dan tekanan kanak-kanak. Program praktikal seperti latihan atau bengkel bagi guru-guru atau ibu bapa harus dianjurkan oleh agensi-agensi berkaitan supaya mereka mengetahui tentang keadaan kesihatan mental kanak-kanak, kepentingan bermain dan terapi bermain.



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LIM YANJUN
January 2015

I certify that a Thesis Examination Committee has met on 27 January 2015 to conduct the final examination of Lim YanJun on her thesis entitled "Effect of Child-centered Play Therapy on Anxiety and Stress Symptoms among Pre-school Children in *Pusat Anak PERMATA Negara*, Malaysia" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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LIST OF ABBREVIATIONS

NHMS	National Health and Morbidity Survey
DSM	Diagnostic and Statistical Manual of Mental Disorders
PAPN	Pusat Anak PERMATA Negara
CTRF	Caregiver-Teacher Report Form
CCPT	Child-centered play therapy
AV	Antecedent Variables
DV	Dependent Variables
NIMH	National Institute of Mental Health
PTSD	Posttraumatic Stress Disorder
PPSSI	Preschool Posttraumatic Stress Symptoms Inventory
DAP	More developmentally appropriate
DIP	Less developmentally appropriate
SES	Socio-economic Status
CBT	Cognitive-behavioral Therapy
GAD	Generalized Anxiety Disorder
ADHD	Attention Deficit Hyperactivity Disorder
EDA	Exploratory Data Analysis
SPSS	Statistical Package for Social Sciences
SD	Standard Deviation
Min	Minimum
Max	Maximum

CHAPTER 1

INTRODUCTION

1.1 Background of The Study

Early childhood stage lays the foundation for the child development as well as the following developments. According to Cohen, Onunaku, Clothier and Poppe (2005), at this stage, children develop very fast as compared to the other stages of life as they starts to develop the abilities to think, reason, speak and learn. Early experiences are influential in the developing brain and other development in entire life span. 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 that influence children on how to react to the world around them throughout their life. Past studies have shown that 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 (National Scientific Council on the Developing Child, 2010; Cooper, Masi, & Vick, 2009; Gillespie et al., 2009; Bradley et al., 2008; Cohen et al., 2005). For instance, young children who have emotional difficulties will not do well in school years, and this will lead to school failure, being expelled from school, juvenile delinquency and the occurrence of mental health problems in the future (Cohen et al., 2005).

In addition, previous studies also indicated the impact of negative early childhood experiences on the development throughout entire life span such as the cognitive, behavioral and social-emotional development. Report by the Center on the Developing Child at Harvard University (2010) has stated that the early childhood experiences are built into our bodies.

The negative early experiences can embed biological “memories” that disrupt the developing brain, cardiovascular system, immune system and metabolic regulatory functions starts from early childhood until the rest of the life. This will cause enduring damages to both physical and mental health undoubtedly. In addition, Lu, Mueser, Rosenberg and Jankowski (2008) also stressed that adverse childhood experiences contributed to physical and mental health problems such as high-risk behaviors, substance use disorder, psychiatric disorders, medical service utilization and homelessness among adults with severe mood disorders.

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 by 15% by 2020 and young people are expected to be the most at risk group in experiencing this problem (World Health Organization, Victorian Health Promotion Foundation and The

University of Melbourne, 2004). 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).

In fact, anxiety and stress are normal 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).

Childhood anxiety and stress can be contributed by many factors such as parents' separation and divorce, taking exams in school, the birth of siblings, the death of family members or pets and others. According to Foxman (2004), normal level of anxiety and stress created by those circumstances can be helpful in motivating the children to cope with the challenges and perform task more efficiently. However, intense anxiety and stress is abnormal and can lead to the occurrence of mental health problems. 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. Past studies showed the connections between the highly stressful early childhood experiences and the increased risk for later mental or physical illnesses over a lifetime. The disorders can include anxiety disorders, depression, drug abuse, cardiovascular diseases, stroke and so on (Bradley et al., 2008; McEwen, 2008; Gillespie et al., 2009; Jovanovic et al., 2009). In addition, by exposing to chronic fear and anxiety during early childhood, it can also cause the lasting impact on the developing of the brain architecture and thus affect the memory, the ability to learn and the skills to interact with others. The impairment in early learning will then affect the performance in school, workplace and community (Simpson, Suarez & Connolly, 2012; National Scientific Council on the Developing Child, 2010). Center on the Developing Child at Harvard University (2007) concluded that excessive 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.

On the other hand, the symptoms of anxiety and stress should also be emphasized. The symptoms of anxiety and stress among young children include crying, clinging, tantrums and nervous in social interactions (Mount, Crockenberg, Barrig Jo, & Wagar, 2010). Often, adults tend to perceive these symptoms as normal and would not alert that those behaviors are the warning signs of children having anxiety disorders. Hence, anxiety disorders always go undetected and untreated. As anxiety disorders can cause multiple impairments in children's development, there is a must to identify an appropriate and effective treatment in order to maintain the healthy child development as well as to prevent the occurring of social problems in adolescence and adulthood (Davis III, May, & Whiting, 2011).

Although there are treatments for mental health problems such as Cognitive Behavioral Therapy (CBT) and medications, they are less appropriate for children especially young

children as young children respond differently than adults due to their difference in metacognitive capacity, psychological capabilities, emotional needs, and social experiences at different ages (National Scientific Council on the Developing Child, 2012). Hence, there is a need for approaches that are age-appropriate to meet the developmental needs and characteristics of young children. According to Piaget (1962), children aged two to four years old are in the preoperational stage. During this stage, children's thinking is rigid and lacking of language capacities to articulate their inner feelings. Unlike adults who can "talk out" their problems, young children may just "play out" their problems (Axline, 1969). In play, a child can be a head taller than himself/herself, become more confident and develop a sense of greater control over his or her life (Vygotsky, 1978). Landreth (2002) also denoted that children are able to gradually release their negative feelings and develop a sense of self-worthiness, which is essential for their positive development through playing. It can say that the total child is present when playing.

The importance of play has further supported in the Surplus Energy Theory by Herbert Spencer (1873). According to Spencer (1873), there will be accumulation of surplus energy while the body is at rest. The energy must be dissipated somehow and children discharge their surplus energy through playing. It is believed that after dissipating the surplus energy, children will become rejuvenated and ready for more works in school. This has further emphasized that play is essential for children to fully express and diffuse their feelings, experiences and behaviors. The repressed feelings and emotions that cannot be expressed through verbal are able to be released in play.

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 as teachers facilitate the children to learn and develop their physical, social, emotional and intellectual skills through playing activities. Realizing the importance of play as denoted in Developmental Psychology, the curriculum of Program PERMATA Negara in Malaysia, under the Department of the Prime Minister, has adopted the learning through play approach where children are encouraged to experiment, explore and experience through playing.

The objective of learning through play approach is the attainment of educational purposes. However, play therapy use play as a therapeutic tool in helping children with emotional and behavioural problems. In addition, the implementation and setting in play therapy is more systematic, where there are specific and standardize procedures that must be adhered to. It is generally employed among children below 12 years old in providing them a way to express their experiences and feelings through a natural and self-healing process (LaMotte, 2011).

There are two main types of play therapy which are directive play therapy and non-directive play therapy, which also known as child-centered play therapy. In directive play therapy, the therapist assumes responsibility for guidance, interpretation of the play interactions and direction. However, non-directive play therapist will tend to leave the responsibility and direction of the therapeutic process to the child. Current study will focus on the non-directive/child-centered play therapy. A play therapy room or a special corner will be created for the play therapy purposes. Play therapy room consists of certain categories of toys for children to play for a wide expression of feelings and exploration. During the session, children are given the permissiveness to lead the whole process and make their own decisions whether to play or not to play. Therapists do not

make any decisions and directions for the children but just actively tracking the verbal and non-verbal playing of the child as well as acknowledge their feelings, thoughts and behaviors with empathy. It is believed that when children are given the permissive, safe and trusting environment and they feel that they are being understood and accepted, they will be empowered and released the developmental abilities for self-exploration, self-realization and self-acceptance, and thus lead to the constructive personality change. In addition, as the maladjustment in children is due to the incongruence between their internal self and their external behavior as well as the lack of self-confidence to channel their negative emotions in appropriate way, play therapy aims to help children to become congruent, purposefully and consciously in achieving complete self-realization and self-acceptance. Basically, play therapy is a structured, theoretically based approach where it 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 efficacy of play therapy has been scientifically proven in treating children's problems. The review by Bratton, Ray, Rhine and Jones (2005) showed that play therapy is effective in various settings, across modalities, age and gender, clinical and nonclinical populations. This study also demonstrated that play therapy have positive effects on children's behaviours, social adjustment, and personality, which are deemed important for their holistic development. This is further supported by LeBlanc and Ritchie (2001) whom stated that play therapy is effective in treating children's emotional and behavioural difficulties. Bratton and Ray (2000) also conducted a comprehensive literature review on 82 play therapy research studies where they concluded that play therapy is effective in treating children with problems in self-concept, behaviours, cognitive abilities, social skills and anxiety.

1.2 Statement of Problem

It cannot be denied that anxiety and stress are part of the normal process in child development. No child is completely free from them. Thus, it is not surprising that children will experience anxiety and display stress-related symptoms, physical complaints or some maladaptive behaviours in their daily lives. However, excessive anxiety and stress may cause long-term detrimental effects on children's development (Rockhill et al., 2010). Moreover, it will cause lifelong impairments in mental and physical health that will lead to different mental and physical health problems (National Scientific Council on the Developing Child, 2010).

According to the 4th NHMS held in year 2011, the findings showed that approximately 20% of Malaysian children and adolescents aged below 16 years old were having some forms of mental health problems such as developmental disability, emotional and behavioral disorders (Arumugam, 2014). An increasing trend was identified when compared to the past findings of NHMS where the percentage had increased from 13% in 1996 to 19.4% in 2006 and the latest is 20.3% in 2011 (Ibrahim, 2013). This phenomenon has further supported in the report by World Health Organization, Victorian Health Promotion Foundation and The University of Melbourne (2004) which predicted that the community mental health disorders will increase by 15% by 2020. In addition, Childline Malaysia reported that out of the 5127 calls received since

20th Nov 2010, 2044 calls were from the children who were stressed, bored, lonely or depressed. Some of them even have suicidal tendencies and with the age as young as four years old. Most of them were found to be the latchkey children (Selvarani, 2011). Study by Teoh (2010) indicated that there was 14% prevalence rate of depression among Malaysian lower secondary school girls.

Statistics in other countries also reported the prevalence of mental health problems among children. According to Stagman and Cooper (2010), one in five children (1:5) at birth to age 18 years old in America have a diagnosable mental disorder such as anxiety disorders, mood disorders, developmental disorders and so on. Brauner and Stephens (2006) also noted that the prevalence of mental health problems that negatively affect young children's (0-5 years old) functioning, development and school-readiness is in the range of 9.5% to 14.2%. Additionally, the patients in mental health centers in United States were found to have consisted of nine percent of young children who are younger than six years old (Warner & Pottick, 2006). For the children and young people in Great Britain, report by Green, McGinnity, Meltzer, Forda and Goodman (2005) indicated that one in ten (10%) of them who aged 5-15 had a clinically diagnosed mental disorder with four per cent had anxiety or depression. Some (2%) of them even had more than one disorder.

Furthermore, Merikangas and friends (2010) indicated that the common disorders found in children were anxiety disorder (31.9%). In fact, anxiety disorders are the common disorders occur in childhood and adolescence with the lifetime prevalence rates ranging from 2.6% to 20% (Simpson et al., 2012). According to Kessler et al. (2005), the most prevalent class of disorders was anxiety disorders with the percentage of 28.8% which was the highest as compared to other DSM-IV disorders. Study conducted by McDonnell and Gold (2003) also stated that the prevalence of anxiety disorders and simple phobias in young children is one to 11 percent.

Other than being the most prevalent disorders, anxiety disorders are highly comorbid disorders that co-occur with other types of disorders such as major depressive disorder, behavior disorders or substance use disorders. According to Merikangas et al. (2010), approximately 40% of children with mental disorders met the criteria of another class of lifetime disorder such as substance use disorders and eating disorders at the same time. Apart from leading to mental health problems, Children's Anxiety Institute (2009) further explained that excessive childhood anxiety and stress will affect every part of a child's life and lead to the psychiatric conditions such as alcohol or substance abuse and eating disorders. In addition, stress was also found to have long lasting effect on health, structural brain changes and may shape genes as well as immune system (University of British Columbia, 2012; Medical News Today, 2010; University of Wisconsin-Madison, 2009). Many studies have proved the associations between early anxiety and stress problems with the future onset of other disorders. All these findings have highlighted the importance of understanding and screening the early anxiety symptoms. Besides, early intervention is also crucial in handling the anxiety and stress problems among young children.

As the effectiveness of play therapy has been proven in dealing with young children's social-emotional problems, it can thus be considered to be implemented in helping young children with anxiety and stress symptoms. Furthermore, play has been recognised as an important task for children and served as a medium for children to express their feelings and emotions. Children are believed to be able to gain self-

control and self-confidence, release their anxiety, fear, stress, and other negative emotions as well as manage their emotions and behaviours by themselves in play therapy (Landreth, 2002).

Although play therapy has a long history in western countries, it is still a comparatively new treatment approach in Malaysia. Also, there is lack of empirical findings about the effectiveness of play therapy on young children with emotional and behavioural problem especially in Malaysia context (Ku Johari, Bruce, & Amat, 2014). Establishing the effectiveness of this intervention through experimental studies is therefore essential for the acceptance of play therapy as a potential treatment option. In addition, although many studies have examined the anxiety and stress problems in childhood and adolescence, most of the studies focus on older children and there are very limited studies on young children especially in non-Western context such as Malaysia context (Liu, Cheng, & Leung, 2011). Hence, in this study, the researchers have come out with an objective to evaluate the effectiveness of play therapy in reducing anxiety and stress problems among children aged two to four years old in Pusat Anak PERMATA Negara. Specifically, this study aimed to investigate if play therapy can be implemented in early childhood and educational settings to help children in dealing with their emotional and behavioural problems and to help children to achieve their full potential throughout their life span development. In sum, the following research questions were addressed:

1. What are the demographic profiles of children, parents and teachers among children in PAPN?
2. What are the levels of anxiety and stress among children in experimental and control group?
3. Are there any differences in anxiety and stress scores in experimental and control group?
4. Are there any differences in anxiety and stress scores among male and female children in experimental and control group?

1.3 Research Objectives

The research objectives will be stated in two types which are general objective and specific objectives.

1.3.1 General objective

The main objective of this study is to evaluate the effectiveness of play therapy on anxiety and stress symptoms among children in Pusat Anak PERMATA Negara (PAPN).

1.3.2 Specific objectives

Specific objectives for this study are:

1. To describe the background profiles of children, parents and teachers among children in PAPN.
2. To identify the levels of anxiety and stress among children in experimental and control group.

3. To compare the differences of children's anxiety and stress scores between experimental and control group.
4. To compare the differences of anxiety and stress scores among male and female children in experimental and control group.

1.4 Research Hypotheses

Objective 1: *To describe the demographic profiles of children, parents and teachers among children in PAPN.*

Objective 2: *To identify the levels of anxiety and stress among children in experimental and control group.*

Objective 3: *To determine the differences of children's anxiety and stress scores in experimental and control group.*

H₀1. There is no significant difference in anxiety scores between pre- and post-experimental group.

H₀2. There is no significant difference in anxiety scores between pre- and post-control group.

H₀3. There is no significant difference in stress scores between pre- and post-experimental group.

H₀4. There is no significant difference in stress scores between pre- and post- control group.

Objective 4: *To determine the differences of anxiety and stress scores among male and female children in experimental and control group.*

H₀5. There is no significant difference in anxiety scores among male children in experimental group.

H₀6. There is no significant difference in anxiety scores among female children in experimental group.

H₀7. There is no significant difference in anxiety scores among male children in control group.

H₀8. There is no significant difference in anxiety scores among female children in control group.

H₀9. There is no significant difference in stress scores among male children in experimental group.

H₀10. There is no significant difference in stress scores among female children in experimental group.

H₀11. There is no significant difference in stress scores among male children in control group.

H₀12. There is no significant difference in stress scores among female children in control group.

1.5 Significance of Study

Beside its contribution to the knowledge, this study is also beneficial for children, parents as well as the society. Not many people acknowledge the existence of anxiety and stress among children as young as below four years old. Hence, this study serves to draw everybody's attention that young children do experience anxiety and stress. Every

circumstance that happens around children might be the potential source that creates anxiety and stress in them. As excessive anxiety and stress will lead to the mental health disorders in adolescence and adulthood, this study will create awareness among society in concerning the mental health conditions of young children.

Besides, this study will expose the importance of play therapy in treating children's emotional and behavioral problems to the public. In many people's perceptions, play is not viewed as an effective treatment for children with problems. There is a stereotype in play where it is solely an entertainment for children and it does not have any healing power towards children. Thus, this study aims to prove that play is effective in helping children to express themselves and recovering them.

By having the understanding on the importance of play, parents and teachers will be alert in creating a safe and positive play environment in order to promote healthy childhood development. This will indeed contribute to the development of a healthy society in the future. In addition, this study will also enlighten the authorities in assisting children to dissolve their negative feelings and emotions by using play before their problems become intense.

The impact of this study towards country especially in early childhood education area is also undeniable. The findings of this study might encourage the nursery school teachers to start identifying children with emotional and behavioral problems and implement play intervention strategy on them. The knowledge on the effectiveness of play therapy as a medium in treating children with problems is undoubtedly beneficial for teachers in making the betterment of the young children and the future of the country as well.

1.6 Definition of Terms

This section provides the definition of terms for the main variables of present study.

1.6.1 Early childhood

Conceptual definition: Early childhood is the developmental period from the end of infancy to age five or six. This period is sometimes called the "preschool years" (Santrock, 2009).

Operational definition: Children from age two to four.

1.6.2 Play therapy

Conceptual definition: Play therapy is 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 behaviors) through play, the child's natural medium of communication, for optimal growth and development (Landreth, 2002).

Operational definition: Play therapy is an interpersonal therapeutic process between a child (or person of any age) and a trained play therapist where the play therapists provide selected play materials and use the therapeutic powers of play to help children fully express and explore self (feelings, thoughts, experiences, and behaviors) and achieve optimal growth and development.

1.6.3 Anxiety

Conceptual definition: Anxiety is an uncomfortable feeling of fear or impending disaster and reflects the thoughts and bodily reactions a person has when they are presented with an event or situation that they cannot manage or undertake successfully (Australian Psychological Society, 2014).

Operational definition: The sum of total score for the 8 items of anxious/depressed scale in Caregiver-Teacher Report Form for Ages 1.5 – 5 (CTRF; Achenbach & Rescorla, 2000). High score corresponds to high anxiety.

1.6.4 Stress

Conceptual definition: A state of mental or emotional strain or tension resulting from adverse or demanding circumstances (Oxford University Press, 2014). A feeling of being overloaded, wound-up tight, tense and worried. (Australian Psychological Society, 2013).

Operational definition: The sum of total score for the 7 items of stress problems scale in Caregiver-Teacher Report Form for Ages 1.5 – 5 (CTRF; Achenbach & Rescorla, 2000). High score corresponds to high stress.

1.7 Theoretical Background

This study was guided by Erik Erikson's psychosocial development theory and Virginia Axline's child-centered play therapy. Initially, this section discussed Erik Erikson's theory of psychosocial development and its relation to current study. Thereafter, a detailed discussion on Virginia Axline's child-centered play therapy was covered.

1.7.1 Theory of Psychosocial Development

Erik Erikson's theory of psychosocial development (1950) is one of the best known human development theories which emphasizes on the emotional and social development. Erikson, a stage theorist, has proposed eight stages of development ranging from birth to old age throughout the life span. Each stage is considered as a turning point and a crucial task for each child to resolve in order to increase their vulnerability and heightened their potential. If children are able to resolve the crises and achieve the balance between the positive and negative potentials of each stage,

they will achieve a healthy emotional and social development. In contrast, if they cannot attain the balance between the terms of conflict, they will experience negative emotions and feelings like anxiety, stress, guilt and shame as well as develop mental health problems such as anxiety disorders, mood disorders and behavior disorders if go untreated. Besides, they will also face difficulties in resolving the following stages and impact the entire life span development. The second and third stage will be discussed in more detail here as they are more relevant to this study.

- **Early childhood: Autonomy versus shame and doubt (two to three years old)**
According to Erikson, children aged two to three years old are in the stage for the development of autonomy versus shame/doubt. During this stage, children are in the process of learning mutual limitation of wills, practicing free choice and self-constraint. Hence, they might behave demanding, willful, stubborn at one time and very pliant to adult requests at the other times. If the children are being restricted to perform their autonomy, it might cause the children to develop shame and doubt in them, sense of worthlessness as well as lack of self-esteem. However, if children achieve the successful resolution, they will develop the will-power (Wilson & Ryan, 2005).

When children are developing shame and doubt in themselves, they will become unable to act independently, indecisive, always worry for wrongdoings and any punitive actions. When they think that they are unable to complete most of the tasks confidently, they will start to develop the sense of worthlessness, anxiety, stress and lack of self-esteem. The anxiety and stress will continue to grow until the excessive level and then lead to the occurrence of mental health problems if the restrictions persist. According to Erikson (1950), if children are unable to express their autonomy, they may become unreasonable. Besides having internalizing problems, they might also externalize into extreme forms of behaviors such as defiant and oppositional behaviors which will impact their normal childhood development as well as the following developmental stage. Numerous researchers (Simpson et al., 2012; National Scientific Council on the Developing Child, 2010; Gillespie et al., 2009; Lu et al., 2008) have cautioned against the impacts of early childhood negative experiences to the psychiatric conditions in later years if there is no timely intervention.

However, there is prevention for the problems to persist over time. The permissive environment in play therapy room that allow children to lead the process and make their own choices whether to play or not to play is the perfect place for children to practice their autonomy. During the session, the therapist will not direct children's play and conversation but let the children to make their own decisions. This is exceptionally important for overly anxious and stressed children to gain their self-confidence and will power through the play therapy sessions in the play room. (Landreth, 2002).

- **The play age: Initiative versus guilt (four to six years old)**
When children reach age four, the play age, they are in the stage of learning to be initiative. In this stage, they will develop a sense of ambition and responsibility as well as understand more about their own abilities, attainments and sharing. Besides, they will develop a sense of purpose and a positive view of self if they accomplish the goals they set. Erikson viewed that if children are being controlled to be initiative, it will cause the children to develop sense of guilt and other emotions such as upset, confuse, stress and anxiety. Moreover, they will remain to be a follower and lacking in self-initiative (Wilson & Ryan, 2005).

As mentioned above, if children are being restricted when they are learning to be initiative, they will experience the feelings of guilt, upset, anxiety and stress. At the same time, if they are being punished when they cannot perform some tasks initiatively, it might add up to their guilt and the feelings of anxiety and stress. Their level of anxiety and stress will continue to increase if the restriction persists and then causing detrimental effects such as the development of mental health problems throughout their life stages.

However, this can be avoided in play therapy sessions as the play therapists will accept the children unconditionally without any judgments. The therapists would not judge any behaviors of the children but provide a safe, trusting and permissive atmosphere for the children to play out their feelings, explore by themselves and thus develop a sense of purpose as well as learning to be responsible. When children feel that their feelings and emotions are being identified, accepted and understood by the therapist, children will be able to accept and deal with the feelings by themselves and solve their problems eventually (Landreth, 2002).

1.7.2 Child-centered Play Therapy

Child-centered play therapy, also known as non-directive play therapy was developed by Virginia Axline in 1947. As a student of Carl Rogers, Axline adopted and adapted the principles of Roger's person-centered therapy in her child-centered play therapy model which believed that each individual has his own inner drive toward self-actualization and the ability to solve his own problems satisfactorily when given a positive and facilitative environment.

Child-centered play therapy (CCPT) is based on the fact that children communicate and express through play as they are still lacking the cognitive and verbal abilities to express their feelings accurately in verbal forms. It can say that the total child is present when a child is playing as play is voluntary, intrinsically motivated, enjoyed and comfortable for every child (Landreth, 2002). Hence, through playing, children will express themselves more fully which is similar to adults' expression in verbal. According to Landreth (2002), play is like the language for children while toys are like words for children. In CCPT, every child is treated and respected as an unique individual. Besides, children are also being trusted as a whole by the therapists. Throughout the session, the child plays the role to lead and determine when and how he should play. Therapist has no right to direct the child and hurry the process. The therapist will only impose some limitations when is needed to alert the child of his responsibilities. It is believed that when children feel that they are being accepted and they can accept themselves, they are empowered and will be able to release their developmental abilities for self-exploration and self-realizing and thus result in constructive change (Guerney, 2001).

In creating a positive and facilitative environment, the three core conditions of therapeutic relationship, namely empathy, unconditional positive regard and congruence/genuineness as proposed by Carl Rogers are crucial. Empathy means attending to the client and understand his feelings as well as thinking from his point of view. In other words, "put yourself in other's shoes". During the sessions, the therapist will acknowledge children's feelings, thoughts and behaviors with empathy by actively tracking their verbal and non-verbal playing.

Unconditional positive regard is where the therapist value client intrinsically without any judgments and fully accept the client. Throughout the sessions, client has his/her own freedom in making any decisions on behaviors and talking without worrying the perceptions of therapist on him. The therapist will not make any judgments on the children but just actively tracking the children's play, restating their content and reflecting their feelings. The last core condition is congruence/genuineness where the therapist is required to be congruent, natural and genuine in the relationship with client. Besides, play therapy also aims to help children to become congruent between their internal self and their external behavior as well as to develop their self-confident in channeling negative emotions in appropriate way. It is believed that when an individual is genuine to own self, he/she is having psychological adjustment and free from every potential strain (Rogers, 1951).

Other than three of the core conditions, therapists must be patient and have faith in the power of the process and child's inner strength (Guerney, 2001). Having commitment to maintain the integrity of the therapy is essential in the success of CCPT too. Though non-directive and permissiveness are the fundamental tenets in CCPT, they do not equal to passivity or complete permissiveness. There are still some boundaries in children's behaviors and they are only implied when needed for the safety of children, therapist and the toys. However, the therapist will acknowledge children's feelings with empathy first before setting limits and it often turns out to reduce the children's need in violating the rules when their feelings are dealt with (Lamanna, 2005). There is only behavior limit and time limit where most play therapy sessions are conducted once a week with 45 minutes to one hour in length.

Based on Rogers' original ideas which emphasis on that three core conditions of a therapeutic relationship between therapist and client, namely, congruence, empathy and unconditional positive regard, Axline further devised a concise play therapy theory that included eight core principles. Axline's eight principles of play therapy are as the following (Landreth, 2002):

1. The therapist must develop a warm and friendly relationship with the child in which good rapport is established.
2. The therapist accepts the child as he/ she is.
3. The therapist establishes a relationship in which the child is free to express their feelings completely.
4. The therapist is alert to recognize the feelings the child is experiencing and reflects those feelings back to the child in a manner that allows the child to gain insight into his/her behavior.
5. The therapist maintains a deep respect for the child's ability to solve their own problems. The child has the responsibility to make choices and implement change.
6. The child leads the way. The therapist does not direct the child's action or conversation in any manner.
7. The therapist does not attempt to hurry the therapy along. The therapist recognizes that play therapy is a gradual process.
8. The therapist establishes only those limitations that are necessary to make the child aware of their responsibilities.

In short, a safe and trusting therapeutic relationship and atmosphere determines the success of the therapy. By overcoming the conflicts in a supportive, accepting and safe

environment as well as the trusting therapeutic relationship, children will be able to gain their self-confidence, self-realization and become congruent (Guerney, 2001). As the maladjustment in children is due to the incongruence between their internal self and their external behavior as well as the lack of self-confidence to channel their negative emotions in appropriate way, CCPT aims to help children to become congruent, purposefully and consciously in achieving complete self-realization and self-acceptance. When an individual is genuine to own self, he/she is having psychological adjustment and free from every potential strain (Rogers, 1951).

1.8 Conceptual Framework

Figure 1.1 represents the conceptual framework of present study. This conceptual framework indicates the effectiveness of play therapy intervention on children with anxiety and stress symptoms. This conceptual framework contains antecedent variables and dependent variables. The antecedent variables include the children's (gender, age, ethnic, birth order, and number of siblings), parents' (age, education level, job and income level) and teachers' (teaching experience, number of under care children and educational level) background. The dependent variables involve anxiety and stress level of children. This study aims to examine the effect of play therapy intervention by comparing the anxiety and stress scores in pre- and post-experimental group (with intervention) as well as pre- and post-control groups (without intervention).

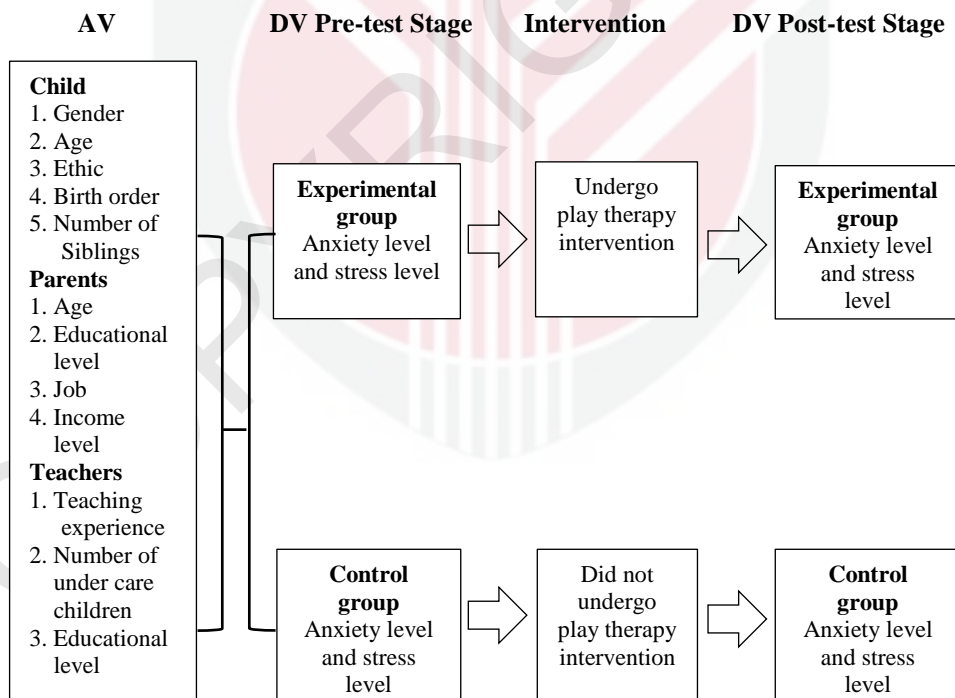


Figure 1.1. The Conceptual Framework for the study

AV: Antecedent Variables; DV: Dependent Variables

1.9 Limitation

There are a few limitations addressed in this study. First, the sample only consisted of children in Pusat Anak PERMATA Negara which cannot be generalized to other children who did not participate in this study. Second, present study only focused on two variables which were anxiety and stress level but did not include other internalizing and externalizing problems.

1.10 Chapter Summary

This chapter began with introduction by addressing the background of the study. The problem statements were presented followed by the objectives of study, significance of study and definition of terminology. The theoretical background was discussed and followed by the development of conceptual framework of the study. This chapter was ended up with the limitation of the study.

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