



UNIVERSITI PUTRA MALAYSIA

***EFFECTS OF CHILD-CENTERED PLAY THERAPY ON SOCIAL-
EMOTIONAL DEVELOPMENT OF REFUGEE CHILDREN WITH
ANXIETY IN KUALA LUMPUR, MALAYSIA***

MELIKA TAHERI

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By

MELIKA TAHERI

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

December 2017

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

EFFECTS OF CHILD-CENTERED PLAY THERAPY ON SOCIAL-EMOTIONAL DEVELOPMENT OF REFUGEE CHILDREN WITH ANXIETY IN KUALA LUMPUR, MALAYSIA

By

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December 2017

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This case study explored the effect of Child-Centered Play Therapy (CCPT) on the social-emotional development of nine refugee children with anxiety in Kuala Lumpur, Malaysia. Refugee children are not a homogenous group but have group-specific and individual needs. Therefore, to have a homogenous group, Farsi-speaker refugee children with anxiety between the ages of 8 to 12 years from both gender in Kuala Lumpur, Malaysia were selected as purposive sample. These children as referral cases went through screening process in the first step. The Spence Children's Anxiety Scale (SCAS) was utilized as an instrument to screen anxiety in referral cases through pre-intervention to have a group with a similar characteristics. To meet the objectives of study, these children participated in 10 sequence weekly individual CCPT sessions in the Sahabat Centre play therapy counseling room. During this study, the therapeutic process based on the social-emotional development of children was the focus point. In CCPT sessions, the Landreth method were followed which contained the role of children as the leaders and the role of play-therapist as a facilitator to support and accept children with positive regard to provide supportive environment which helped children to meet their needs. Through the total ninety CCPT sessions, data were collected on each child's therapeutic session via individual participant observation of the researcher, field- notes, video recording and photos taking, alongside participants' weekly journal entries. Supervision over the process of data collection by a professional reviewer took place to evaluate the process step by step. Data were analyzed manually via axial coding. The participants' shared inner feelings and experiences in CCPT process from the refugee children's journal entries answered the first objective. The analyzed data from other techniques such as participant's observation covered the second objective. Finally, the general objective revealed positive progress of participants in the social-emotional development areas such as emotional-recognition and emotional-regulation, and also positive relationship with

others. In this process the self-development were highlighted as an unavoidable portion of development. Participants revealed progress in self-development area such as self-acceptance and independency. The final result indicated that CCPT was an effective intervention for this small sample of refugee children. Furthermore, the theoretical and the practical implications were defined as well so the final outcome were aligned with the Erik Erikson psychosocial theory focused on industry versus inferiority stage and also the CCPT by believing in participants inner resources to resolve their own conflicts. The outcome of study highlighted the healing process as a key point in participants' journey and this study suggested to give greater look into the vulnerable group while considering effective suitable developmental methods.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

**KESAN TERAPI BERMAIN BERPUSATKAN KANAK-KANAK KE ATAS
PERKEMBANGAN SOSIO-EMOSI ANAK-ANAK PELARIAN YANG
MENGALAMI ANXIETI DI KUALA LUMPUR, MALAYSIA**

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Kajian kes ini menerokai kesan Terapi Main Terpusat Kanak-Kanak (CCPT) mengenai perkembangan sosial-emosi sembilan kanak-kanak pelarian dengan kecemasan di Kuala Lumpur, Malaysia. Kanak-kanak pelarian bukanlah kumpulan homogen tetapi mempunyai keperluan kumpulan khusus dan individu. Oleh itu, untuk mempunyai kumpulan homogen, kanak-kanak pelarian Farsi-speaker dengan kecemasan antara umur 8 hingga 12 tahun dari kedua-dua jantina di Kuala Lumpur, Malaysia dipilih sebagai sampel purposive. Kanak-kanak ini sebagai kes rujukan telah melalui proses pemeriksaan dalam langkah pertama. Skala Kebimbangan Kanak-kanak Spence (SCAS) digunakan sebagai instrumen untuk menimbulkan kecemasan dalam kes rujukan melalui pra-intervensi untuk mempunyai kumpulan dengan ciri-ciri yang serupa. Untuk memenuhi objektif kajian, kanak-kanak ini mengambil bahagian dalam 10 sesi CCPT setiap minggu di bilik konsultasi bermain-terapi Sahabat Center. Semasa kajian ini, proses terapeutik berdasarkan perkembangan sosial-emosi kanak-kanak adalah titik tumpuan. Dalam sesi CCPT, kaedah Landreth diikuti yang mengandungi peranan kanak-kanak sebagai pemimpin dan peranan play-therapist sebagai fasilitator untuk menyokong dan menerima anak-anak dengan sikap positif untuk menyediakan persekitaran yang menyokong yang membantu kanak-kanak memenuhi keperluan mereka. Melalui sembilan puluh sesi CCPT, data dikumpulkan pada sesi terapeutik setiap kanak-kanak melalui pemerhatian individu peserta penyelidikan, nota medan, rakaman video dan pengambilan gambar, bersama-sama penyertaan jurnal mingguan peserta. Pengawasan atas proses pengumpulan data oleh seorang pengulas profesional mengambil langkah untuk menilai prosesnya secara bertahap. Data dianalisis secara manual melalui pengekod paksi. Perasaan dan pengalaman dalaman peserta dalam proses CCPT dari entri jurnal kanak-kanak pelarian menjawab objektif pertama. Dan data dianalisis dari teknik lain seperti pemerhatian peserta meliputi objektif kedua. Gabungan kedua-dua objektif tertentu

meliputi objektif umum yang menunjukkan kemajuan positif peserta dalam bidang pembangunan emosi sosial seperti pengiktirafan emosi dan peraturan emosi, dan juga hubungan positif dengan orang lain. Dalam proses ini, pembangunan diri telah ditonjolkan sebagai bahagian pembangunan yang tidak dapat dielakkan. Peserta mendedahkan kemajuan dalam bidang pembangunan diri seperti penerimaan diri dan kebebasan. Hasil akhir menunjukkan bahawa CCPT adalah intervensi yang berkesan untuk sampel kecil kanak-kanak pelarian ini. Selain itu, implikasi teoretikal dan praktikal juga telah ditakrifkan supaya hasil akhir sejajar dengan teori psikososial Erik Erikson yang memberi tumpuan kepada industri berbanding tahap rendah diri dan juga CCPT dengan mempercayai peserta kekuatan dalaman untuk menyelesaikan konflik mereka sendiri. Hasil kajian menyerlahkan proses penyembuhan sebagai titik penting dalam perjalanan peserta dan kajian ini mencadangkan untuk memberi pandangan yang lebih besar ke dalam kumpulan yang terdedah semasa mempertimbangkan kaedah pembangunan yang sesuai.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree Master of Science. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

UNHCR	United Nations High commissioner for Refugees
CCPT	Child-Centered Play therapy
SCAS	Spence Children's Anxiety Scale



CHAPTER 1

INTRODUCTION

1.1 Background of study

Migration as an ongoing event can be forced or voluntary. Leaving the country voluntary or by a conscious choice leads the person to be a migrant. According to the International Federation of Red Cross and Red Crescent Societies' (IFRC) migrants are people who either leave or escape from their countries to go to a new country to seek better or safer area to live in. Migrants are allowed to plan their travel, learn needed languages and skills beforehand, take their belongings with them, and finally they are permitted to return home at any time if they faced any difficulties. On the other hand, if individuals are forced to leave their home countries, they would be accepted as refugees in a new host country (Canadian Red Cross, 2017). In this case, according to the 1951 Refugee Convention, a refugee as a person owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is reluctant to gain himself or herself of the protection of that country. Refugees mostly have not any plan beforehand and are not able to take their belongings and even say good bye to the loved ones who left behind. And finally, going back to the country of origin would not be an option any more as they are not allowed to go back.

The refugee population has been dramatically raised throughout the past few decades due to wars, natural disasters, and economic crises. The United Nations High Commissioner for Refugees (UNHCR) (2016) as an organization in charge of refugees reported that about 21.3 million refugees were around the globe and about more than half of them were children. Refugee children have gone through different hardships; therefore, they have developed unique mental and physical health needs raised from both their experiences and as a reflection of their journey. Their journey started from their unsafe home country to a new safe nearby country and finally to a safe host country as their new home. Hands, Thomas, and Legere (2015) described refugee children's lives in three main phases of before, during and after their migration.

In each phase children have experienced various hazards. Measham and his coworkers (2014) demonstrated that through first phase (before migration) in refugees' home countries such as Afghanistan; most of them have received insufficient healthcare, underwent or witnessed violence or other kinds of harassment, or they have experienced war and its attached circumstances. In the second phase (during migration) in bridging countries such as Malaysia, children find themselves exposed to various risks, including the risks of physical and sexual violence along the journey, difficulties due to statelessness, lack of governmental protection or social support, and the risk of being sent back home. Therefore, refugees, particularly children, are under

pressure—specifically those who have newly arrived—due to new language, new culture and new circumstances (Patterson, 2012). In the final phase (after migration), arriving to the new countries such as Australia, they face the complexity of adopting a novel life in a different place. The process of learning a new language and waiting for up to several months before being placed in an educational setting can also detrimentally influence the child's wellbeing during this journey.

In Malaysia, the refugees' population contained 150,669 refugees and 35,069 are children below 18 years old who have gone through similar situation (UNHCR, 2016). They mostly come from unsafe countries and experienced war, loss of loved ones, being tortured and many other issues. Malaysia as a birding country is neither a party to the 1951 Refugee Convention nor its 1967 Protocol, and lacks a legal framework for managing refugees. Therefore, refugees in general are at risk of various factors such as being arrested, detention, and deportation beside the lack of access to legal employment. Additionally, even though they can use health care services, they are mostly challenged by paying the expenses. In the case of refugee children, they are not able to have formal education in Malaysia (UNHCR, 2017). As many refugees are survivors or witnesses of physical and psychological violence, they are at greater risk of experiencing psychological and developmental health difficulties (Reed, Fazel, Jones, Panter & Stein, 2012; Hands, Tomas & Legere, 2015; Sullivan, 2005). Moreover, experiencing those problems during the childhood period adversely affect personal, emotional, and social-development at the later stages of life as Huffman (2003) supported.

The developmental concerns in refugee children were highlighted but refugee children are not a homogenous group even though they have group-specific and individual needs. The similar attributions lead to a homogenous group. Refugee children migration process makes them prone to feeling bored and lonely, later leading them to experience a higher rate of anxiety and depression (Hands, Thomas, & Legere 2015). Developing anxiety and depression through the long journey of refugee children reported by U.S. Department of Health and Human Services (2012). The most common disturbances were those characterized by anxiety-related difficulties such as posttraumatic stress disorder, reflecting the experience of trauma and loss that these refugee groups have had experienced (Craig, Jajua, & Warfa, 2009). Refugee children with anxiety shared similar attributions and their developmental concerns would be the main highlighted point.

Children's healthy psychosocial development as a highlighted point has always been a concern. Within the refugee children population, the UNHCR (2015) supported that using therapeutic methods on children will foster personal growth. The earlier the therapeutic methods are introduced, the greater outcome would be. Therefore, a developmental suitable method as an open door of inexpensive prevention is created to help face upcoming social-emotional concerns in the future for individuals themselves and also the society.

Play as a natural developmental tool is one of the main mediums for professionals and a major medium for child's intrinsic model of interaction with self and others. In other words, it means the child explores and expresses him/herself while empowering self to resolve emotions in a developmentally suitable mode (Axline, 1964). To support the importance of play, Landreth (2002) elaborated that the chosen toys by the child are considered as his/her words and the way the child plays with those toys is considered the conversation.

Play in a supportive nurturing environment with professional help were proved as an effective tool for children, which was introduced as play therapy. Play therapy in different disciplines benefited children. As a kind of play therapy, Child-Centered Play therapy (CCPT) was highlighted as an available therapeutic tool for children while showing the positive effect on diminishing anxiety (Tharinger & Stafford, 1995; Althy, 2005; Olatunji & McKay, 2007, 2009) and also its positive effect on different developmental aspects, such as improving social skills (Watson, 2007) and enhancement in self-concept (Tydall-Lind, Landreth, & Giprdano, 2001) in diverse settings.

CCPT was pointed to have positively contributed to developmental improvement and also anxiety-related difficulties reduction by various statistics. While the quantitative studies supported the effectiveness of CCPT by numbers, the in-depth experience of children as the essence of studies through the process was disregarded. The essence is the key point to enhance the therapeutic techniques and normalize it to sense greater influence for further studies. Therefore, in the current qualitative study, refugee children with anxiety received CCPT to amend their social, emotional-development.

1.2 Statement of the problem

Refugee children consisted of about half of the refugee population (21.3 million) around the globe and the number is growing dramatically each year. In Malaysia as a bridging country (second phase-during migration) contained 150,669 refugees and 35,069 are children below 18 years old (UNHCR, 2016). These children have gone through different hardships and developed unique mental and psychosocial needs rooted in both their personal experiences and as a reflection of their journey (Crowley, 2009). Refugee children simultaneously confronted with two demanding process; first of all, the several development challenges encountered by any growing individual, and also more important, the numerous hurtful experiences of escaping and displacement and also they have suffered from psychosocial complications and in spite of their potential needs for mental health services, these services are poorly reachable. Psychosocial and anxiety issues as one of the most common issues in the refugee children population (Westfall, 2017; Mishori, Aleinikoff, & Davis, 2017; Craig, Jajua, & Warfa, 2009) were highlighted. The adverse effect of unmet psychosocial developmental needs, reported as diminished health, poor functioning, poor performance, and affected ability to cope with situations. The consequences of unmet needs, themselves could potentially be a new source of suffering. As these children

suffered from different types of complications, in new home countries, they just automatically went through physical screening which may be even further delays in addressing any developmental concerns (Surin, 2016).

The lack of proper methods were presented in the area of social-emotional development of refugee children. On the other hand, CCPT was reported to improve different developmental aspects, such as improving social skills (Watson, 2007), enhancement in self-concept (Tydall-Lind, Landreth, & Giprdano, 2001), and also improving the internalizing problem (Flahive & Ray, 2007), in addition to positively contribute in children's healing process of anxiety (Althy, 2005). Although the previous CCPT studies were focused on the psychosocial development and anxiety separately, the combination of both as a more homogenous study were disesteem particularly in refugee children settings which highlighted a practical gap.

CCPT is focused on play as a medium which is characterized as verbalization to the mature individuals (Tharinger & Stafford, 1995). It leads individuals to self-exploring of emotion, thoughts, and behavior in a safe supportive environment along with professional help to revive their individual developmental process without any force or instruction (Landreth, 2012). Children as participants led the session themselves and went through it in their own chosen ways while experiencing various developmental changes. The inaccuracies due to language and cultural barriers, even with the use of an interpreter, are present but CCPT's fundamental rules of language and cultural similarities between play-therapist and participants resolve this concern beforehand. Therefore, Farsi-speaker refugee children were pointed as a part of refugee children community.

As the available gap in previous studies, the current study focused on the psychosocial development of Farsi-speaker refugee children with anxiety. Although CCPT reported to improve individuals in various developmental dimensions in quantitative studies and declined anxiety (Tharinger & Stafford, 1995; Althy, 2005; Olatunji & McKay, 2007, 2009; Watson, 2007; Tydall-Lind, Landreth, & Giprdano, 2001), the lack of knowing how they experienced the changes through the process along the developmental concerns in theoretical part of studies are still presented. Thus, highlighting the process of change through qualitative study fulfill the area appropriately in the current study. Being focused on the in-depth experiences through process as a disregarded valuable point in a qualitative approach added more value to the previous quantitative findings by sensitizing the numbers in deeper level of understanding. Qualitative approach also collaborated to enhance the body of knowledge while improving the tools, techniques and other areas of study.

The presence of developmental concern in refugee children with anxiety and suitability of CCPT for this context and also the lack of qualitative studies in the pointed area to answer how the children as the most meaningful part of healing journey experience changes internally and how those inner experiences reflected their social-emotional development externally led the current study. Additionally, Malaysia as a

relatively new context for CCPT studies along with refugee children as a growing group helped to specify the study. Therefore, this study was conducted qualitatively to reveal the personal experiences of refugee children, through the CCPT process in relation to their social-emotional development in Kuala Lumpur, Malaysia by following the below research questions;

- 1) What are the participants' personal perspectives on their inner experiences through child-centered play therapy process?
- 2) How did the child-centered play therapy process effect the social-emotional development of refugee children?

1.3 Research objectives

The objective of this study is to investigate the effect of the child-centered play therapy process on refugee children in Kuala Lumpur, Malaysia. The specific objectives of the study are:

- 1) To describe the personal perspective of refugee children on their inner experiences through the child centered play therapy process
- 2) To describe the effect of the child-centered play therapy process on social-emotional development of refugee children

1.4 Significance of study

The current study first of all, provided a new look into the situation of those vulnerable groups of children who suffer in refugee communities. According to UNHCR (1987) there is no specific definition for refugee children; therefore, covering refugee children as a specific group to study provides the valuable firsthand information about their specific needs. In the current study, internal experience related to social-emotional development among these individuals undergoing CCPT as the essence of study contributed to the body of knowledge in the developmental, social and science field.

Beside the importance of study to highlight refugee children, as the second point, the effect of CCPT on individuals will positively promote CCPT as a developmentally appropriate tool. CCPT helped both participants and professionals to meet psychological needs of individuals while harmonizing with the needs of society instead of confronting. This study steps out as a complement way to benefit individuals, professionals, communities and society itself.

1.5 Definition of terms

Main terms of the current study are elaborated as below:

1.5.1 Refugee children

Conceptual definition: According to UNHCR (1987), there is no specific definition of refugee children; so in general term, a refugee in spite of age or gender refers to an individual who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a specific social group or political opposition, is outside the country of his/her nationality, and is unable or unwilling to assistance himself/herself of the protection of that country of origin.

Operational definition: Refugee children refer to Farsi-speakers who are 8 to 12 years old and left their countries due to either forcefulness or insecurity and were recognized as protection seeker in Kuala Lumpur, Malaysia under United Nations protection and have joined Sahabat Support Centre as an appointed partner of UNHCR in Kuala Lumpur, Malaysia.

1.5.2 Social-emotional development

Conceptual definition: According to Erikson (1959), social-emotional maturation contains an eight-stage model of psychosocial development spanning infancy to adulthood and each developmental phase required the individual to resolve a conflict between ego development and social factors. Everyone's development follows the same path, but each individual experiences varying (positive or negative) outcomes during each phase, and a child suffering negative setbacks will have to deal with unresolved crises in later life.

Operational definition: Social and emotional development refer to the changes the refugee children with anxiety have experienced in their thoughts, emotions and behaviors through the process internally and externally.

1.5.3 Child- Centered Play Therapy (CCPT)

Conceptual definition: According to Landreth (2012), child-centred play therapy is a non-pathologizing method to support children communicate their inner experiences through the utilization of toys and play. CCPT is grounded on the theoretical background that children have the internal drive to attain wellness in the various age range. The process happens while children fully express and explore his/her feelings, thoughts, experiences, and behaviours through play as his/her own natural medium of communication for optimal growth and development.

Operational definition: CCPT refers to the non-directive therapeutic process which is provided via selected materials like sand tray and other selected toys to let the refugee children with anxiety to express and explore their feelings, thoughts, experiences and behaviors in a playful, enjoyable manner to manage and revise them in a safe and supportive environment.

1.6 Scope of study

The first area of study was the culture and language aspects. Due to the initial requirement in CCPT, being familiar with the cultural and language background to understand the issues played a significant role. Therefore the researcher and the participants should come from similar cultural and language background. The shared cultural and language background was the initial point.

The second area of study highlighted as the age range. The age range of 8 to 12 used in the current study. The age range benefited the study in order to have a more homogenous and also specified group in a case study research.

The third and final area of study was the location of study and the number and sequence of sessions. The CCPT sessions conducted in the Sahabat Center counseling room for the current study based on established trust between the guardians and the center. The center as an authorized group monitored the whole process. The ten weekly CCPT sessions per participants took place based on the fundamental rules that sessions should follow the routine weekly schedule.

1.7 Chapter summary

Through this chapter the background of study is followed by problem statements, which raised the research questions. The objectives of study and significance of study were mentioned in sequence. And later on, the definition of terminology was presented with the scope of the current study.

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