

THE EFFECTIVENESS OF GESTALT GROUP PLAY THERAPY ON IMPROVEMENT OF BEHAVIOURAL PROBLEMS IN PRESCHOOL CHILDREN

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Abstract

The main purpose of this research was to determine the effect of gestalt group play therapy on improvement of behavioural problems in preschool children. In this research of quasi experimental, 20 children were selected as an accessible sample and randomly divided into control and experimental groups. The experimental group received the control group which did not receive any intervention. Preschool children behavioural problems questionnaire were administered to all subjects as the pre- and post- test. The results showed the difference between mean post- test scores of behavioural problems in the experimental group. The mean scores of the experimental group was less than that of control group. The gestalt group play therapy could be applied alongside other therapy methods as an effective method on improvement of behavioural problems in preschool children.

Keywords: Play Therapy, behavioural problems, Gestalt Play Therapy, Preschool Children.

1 Introduction

In view of child psychologists, pre-school ages (2-4 years old) is one of the most important periods of development since many of the capabilities of child are established during this same period. The emergence of language, self-awareness, relationship with peers and self-determination / independence and increasingly complexity of cognitive skills, social and motion-based plays of the child are the ground of new and often compact interactions of the child and environment (Schroeder & Gordon, 2002).

Given the importance and place to the children, it is noticeable to talk about problems and to fix them. Behavioral disorders would be one of the problems that today are widely considered by clinicians and psychologists. Behavioral disorders in children include the behaviors that are intense, chronic or persistent as well as inappropriate to individual's age and their wide spread includes hyperactivity and aggressive behavior to the behavior of reclusiveness. Such behavior characteristic is that first impacts negatively on the child's growth and adaption process to the environment and second makes inconvenience to the lives of others and their use of terms (Nelson and Israel, 2000).

The surveys conducted at the different cultures show a significant percentage of children, when being in school age and before that, involve in behavioral difficulties and many of these problems are mild in the children without diagnosed by the family or teacher (Khoddam, Modanloo, Ziaie and keshtkar, 2009). Children with this disorder get the family, school and community to face to various problems and difficulties and also they are themselves vulnerable against the turbulence of adolescence and adulthood (Zare and Ahmadi, 2007).

Most of the children and the adolescents with behavior disorders show negative feelings and make misbehavior to others, in most cases they would be repudiated by their teachers and classmates, consequently, resulting in reduced learning opportunities for them (Brown and Percy, 2007).

It is believed intervention to adjust treatment programs is more valuable for children with behavioral problems, during the pre-school. Since cognitive development of preschool children occurs faster than their language development, a method which helps as much speak as them should be adopted for treating children. The play is one of the ways to help the child speak. Children show their feelings through play, unfold their relationship, reveal dreams and reach self-actualization (Ansari, 2008).

Play-therapy and the therapeutic interventions derived from the play are a new intellectual school (Drewes, 2006). According to Landreth (1991; cited by Mc Guire, 2000), play-therapy is derived from the attempts of psychoanalysts in the treatment of children. Play-therapy is a consulting procedure which attempts to communicate with the child and to solve his/her problem through the toys (Snow, Hudspeth, Gore & Seale, 2007). This kind of therapy allows the child to express his/her feelings and communicate with the problematic conditions through the play.

In group play-therapy, children are able to learn some things about themselves, because they are allowed to communicate with the play, which is their natural language. They became aware of the importance of some problems; such as individualism and uniqueness, participation and fellowship, creativeness and genuineness. For many children, group play-therapy provides experiences similar to the structure of the family and acceptance by them (Sweeney & Homeyer, 1999).

Many studies have confirmed the effectiveness of play-therapy on the disturbed behaviours of children. One of these studies is a trans-analysis, which was performed by Bratton, Ray, Rhine & Jones in 2005. The result of this study showed that, children who had received play-therapy outperformed 80 percent better than children, who had not received these services. Play therapy also is widely used to treat children's emotional and behavioural problems because of its responsiveness to their unique and varied developmental needs (O'Connor & Braverman; 1997)

So far, different procedures were proposed in respect of play-therapy, such as: child-based play therapy, behavioural-cognitive play-therapy, Adlerian play-therapy and Gestalt play-therapy. One of these procedures is Gestalt play-therapy. Spach (2012) defined Gestalt play-therapy; as a Psycho-therapeutic technique which is established, based on a number of the principles of Gestalt and gives the child this opportunity to express his/her excitements verbally and non-verbally to represent his/her problems symbolically and shall be placed into a relationship along with confidence and ultimately, he/she makes his/her deviated behaviours as normal. According to Van zijl (2008), there are definite theoretical concepts in Gestalt therapy, which are especially applied in Gestalt play-therapy. These concepts include: totalism, vital balance, organism, self-regulation and awareness here and now. He also declares that there are different techniques in Gestalt play-therapy, which by using them, the feeling of child about himself/herself is reinforced. These techniques include: clarification, focus on symmetry and using of imagination. In view of Spach (2012), the goals of Gestalt play-therapy are exactly parallel to the concepts of awareness and the consolidated function at present and represents that an ideal health person is an individual, who is able to move in his/her environment easily, and continue his/her development as spirited and powerful achieve the effective and great contrastive methods to encounter with internal and external problems. He believes that the therapist has the role of facilitator in this play-therapy method, and attempts to find the existing obstacles on the awareness and performance of the client and informing the client, he tries to conduct his/her attempts to remove the obstacles and to reach the right direction. The creation of a correct, non-judgmental and spirited environment for children is necessary in this kind of play-therapy. The effectiveness of play-therapy on decreasing the disturbed behaviours of pre-school children is strongly supported. At present, Gestalt play-therapy is one of the important procedures in this domain, but it has less research support than other procedures. Among a few performed researches, the supportive effect of a few performed researches, the supportive effect of Gestalt play-therapy on children with learning disability (Wren, 2006), the effectiveness of Gestalt play-therapy on decreasing social fear (Farahzadi, Zarei, Abadi and Mohammadifar, 2011), and the effectiveness of Gestalt play-therapy on the flexibility of homeless children (Hossain, 2007) can be referred.

Since behavioural problems causes the loss of educational, social and affectionate performances of children, the necessity of selecting some methods to decrease these problems is inevitable. It is obvious that; regarding to verbal, cognitive and social capacities of children, the best intervention in this level will be play-therapy, because play-therapy considers therapeutic methods proportional to the child growth (Pascarella,

2012). In addition, regarding to the special characteristics of Gestalt procedure in play-therapy and using of the interested plays of children; such as: painting, playing with mud, storytelling and..., it is expected this kind of play-therapy would be an effective method to improve social skills of children. Because of slight use of Gestalt play-therapy method in Iran, this research was performed with the goal of the effectiveness of Gestalt play-therapy on the improvement of social skills in a sample of pre-school children.

2 Methodology

The present research is experimental, and it was performed based on quasi-experimental design of pre-test, post-test with control group. The participants were 20 girl children with the age of 3-5 years old (mean= 4), and they were selected randomly from a kindergarten and placed into two experimental and control groups (each group including 10 persons), then preschool children behavioural problems questionnaire was filled out by children's parents. After performance 14 sessions of Gestalt play-therapy of 90-minute on the experimental group, this questionnaire was completed again.

Preschool children behaviour problems questionnaire: This includes 27 items. In structuring the questionnaire, in order to assess the validity of structure, the factors' analysis was used, except the content validity which was ascertained through a survey of experts. This process was the result of three factors which are: aggression, inattention and childish behaviour, withdrawal and anxiety, respectively. The questionnaire's reliability coefficient is for the first, second and third factors, 67%, 44%, 58%, respectively and for the total questionnaire 64%. Accordingly, we can say that they are significant in all cases and are desirable coefficients to the young children's behavioural questionnaires. The alpha coefficient was calculated for triple factors. This coefficient is 89%, 80% and 70% for factors of aggression, the childish behaviour and withdrawal and anxiety, respectively. These findings are suggesting the credit questionnaire (Saatchi, Kamkari and Asgarian, 2011).

2.1 The goal and concept of Gestalt play-therapy sessions

In the following table, the goals and concepts of each play-therapy session are summarized.

Table 1. A Summary of play-therapy sessions.

Session	Goal	Concept
First	Familiarity with children and primary evaluation	Familiarity of members with the therapist and goals and rules of the group.
Second	Recognition of main feelings	Introducing different feelings to the children, using of imagination and storytelling.
Third	Training of group work and increasing the correlation among the group members.	Imagination and group story telling along with the expressed feelings.
Fourth	Decreasing the anxiety, aggression depression and interference to the peers.	Introducing the negative feelings and the methods for discharging them, using of playing with paste.
Fifth	Increasing self-esteem, decreasing aggression, vibration and isolation.	Group designing and discussion about the designing of group and the existing shapes in it.
Sixth	Helping the growth of internal structures for self-regulation, the ability to suffer negative feelings, increasing self-esteem and positive changes in self-assumption.	Performing doll-based playing by the therapist and teaching the tranquillity to the children by it.
Seventh	Providing same way for implementation of language,	Giving different objects to the children to build what they like

	learning contrastive mechanisms, completion and reinforcement of group work.	and asking some questions from the children about handcrafts.
Eighth	Development of group work, discharging negative feelings, providing the children, with an opportunity in commitment and practicing it.	Examining the anger, problems which cause to create it, and the methods for its discharge, by throwing pieces of paper in the air and destruction of cubic tower.
Ninth	Increasing physical and non-verbal growth, increasing the affectionate expression development, discovery of focus power in increasing self-esteem.	Using of storytelling to control physical states and asking for the child to coordinate himself/herself with the incidents inside the story.
Tenth	Training the participation, collective job, observation of turn and the method of participation into group work	Group painting by children and making story for it
Eleventh	Facilitation in the expressed feeling, discharging the negative excitements, learning contrastive skills against the anger.	Using of artificial flower and building what children like and making story for the object built by each child.
Twelfth	Exciting discharges, activation of internal resources for encountering with the problems	Giving artistic tools to the child, creation of image by the child and talking about it.
Thirteenth	Communication, controlling mental damages and fear understanding and overcoming on life changes, increasing self-esteem and verbal relationship	Selection of an object among five playing objects and storytelling with it by the child, retelling the story as problem-solving by the therapist and discussion about it with the children.
Fourteenth	Familiarity with different dimensions of character, evaluation of behaviour outcomes, recognition of different skills for problem-solving and decision-making.	Giving different roles to each child and performance of group show by them and discussion about it.

3 Results

Descriptive statistics (mean) and deductive statistics (independent t-test and F-test) were used for data analysis. Descriptive characteristics of the studies variables before and after the experimental work are listed in table 2.

Table 2, average scores of the research variables

Variable	Experimental group		Control group	
	Pre-test	Post-test	Pre-test	Post-test
Behavioural	33	19.072	45.1	39.928

problems				
Aggregation	16.2	8.748	22.2	18.252
Inattention and childish behaviours	8.3	2.921	7.7	7.979
withdrawal and anxiety	8.5	7.069	15.2	12.431

Table 2 shows the mean of scores obtained in behavioural problems and its sub-scales in post-test of the experimental group is lower than in that of the control group. To control and neutralize the effects of pre-test, analysis of covariance was used. The results of this analysis are presented in Table 3.

Table 3, inter-cases effects of the research variables

Variables	Resource	df	Ss	Ms	F	Sig
Behavioural problems	Pre-test	1	624.194	624.194	135.121	0.000
	Group	1	1192.655	1192.655	210.806	0.000
	Error	17	96.179	5.658		
Aggression	Pre-test	1	253.287	253.287	54.843	0.000
	Group	1	290.766	290.766	62.958	0.000
	Error	17	78.513	4.618		
Inattention and childish behaviour	Pre-test	1	183.818	183.818	396.478	0.001
	Group	1	126.863	126.863	273.631	0.000
	Error	17	7.883	0.462		
Withdrawal and anxiety	Pre-test	1	133.995	133.995	145.043	0.000
	Group	1	67.024	67.024	72.55	0.000
	Error	17	15.705	0.924		

The case for the effects of variables As can be seen in Table 3, Gestalt play-therapy was effective in improving behaviour problems ($F=210.806$). In other words, after adjusting for pre-test and post-test scores, there is a difference between experimental and control groups. As well, Gestalt play-therapy has been effective on behaviour problems i.e. the aggression ($F=62.958$), inattention and childish behaviour ($F=273.631$), withdrawal and anxiety ($F=72.55$), because there is statistically significant difference between the scores of the experimental and control groups.

4 Conclusion

As it was said, the goal of the present research is to determine the effectiveness of Gestalt play-therapy on the improvement of behavioural problems in pre-school children. The results showed that; Gestalt play-therapy is effective on the improvement of this group of problems. The obtained result is parallel to the research findings by Farahzadi et.al. (2011), Myrick & Grren (2012), Blanco, Ray & Holliman (2012), Swenson (2010), Harden (2009), Baggaly & Jenkins (2009), Moore & Russ (2008), Hossain (2007), Danger & Land reth (2005), Mc Guire (2000, and Brandt (1999), in respect of the effectiveness of play-therapy on the improvement of different kinds of problems in children. Based on the findings of the present research and other researches, it can be concluded that children often accept therapeutic interventions and this is probably resulted from their flexibility and shorter period of their behavioural or affectionate problems. Since the play is the axial activity of childhood, which occurs in all times and places, many of problems can be taught by the play to children many of their problems can be solved. The play is an appropriate and powerful developmental intermediate for children, to be able to develop the relationship with the adults, critical thinking to control the shock, the process of stressful experience and learning social skills in themselves (Chaloner, 2001). Play-therapy is established based on this belief that; the play is the natural language of

child and using of it, the child expresses the problems and difficulties which cause his/her disturbance (Landreth, 1991).

Therefore, play-therapy is an appropriate therapeutic dimension for children; which has been used less. Play-therapy helps the child to mitigate his/her psychological (mental) stresses through an intermediate (interface) named as play, and by psychological purification and elimination of the effects of problems, he/she can again experience the correct affectionate experiences and motivations and use his/her maximum capacities and skills in the life and generalize the learnt behaviors to the environment outside of the therapeutic situation and maintain the learned adaptation behaviors after finishing the treatment. Different procedures are applied in play-therapy of children, but irrespective of special orientation, almost all of them have a common belief: Using of play or play environment is the inevitable characteristic of the diagnosis and therapy (treatment) of children, who have some problems (Hughes, 1999), Schaefer (1999), summarized the effectiveness of play-therapy in several points: Self-expression, exciting discharge, overcome on the stress, contrastive conditionalism, purification, exaltation, attachment and increasing the relationships, ethical judgment, sympathy, control, merit and self-control, creative solution. In order to achieve the general goal of the present research which was the improvement of behavioral problems of children, some goals were determined for each session. By this, the process of change in – every session in the studied children was observed. After creating therapeutic relationship along with the confidence and encouragement of children to express their thoughts and feelings during preliminary sessions, each child expressed some of his/her denied feelings; such as: fear and anger and shared them in the group and he/she also observe the similar feelings in other children. In intermediate sessions and by deepening the process of therapy and creating the desired ground for expression of internal and external interferences, the opportunity for extrusion of the suppressed and inhibited (forbidden) inclinations and feelings was provided for children. This caused to intensify the externalized behaviors of the child, which was followed by the worries of the parents and teachers. Ultimately, during final sessions, children were able to revise their behaviors and implement more adaptable methods for expression and contrast. In this way, Gestalt play-therapy is an effective method on improvement of behavioral problems in pre-school children. In the process of play-therapy, communicational and social skills of children will develop and a safe attachment pattern becomes dominant in the child-therapist relationships. Low number of the sample group, lack of pursuing the results and the used method in play-therapy are considered (regarded) as the most important limitations of this research, which can cause the interpretation and generalization of the results would be encountered with the limitation. Therefore, the performance of this therapeutic method in a more extensive group of children will add to the pursuance of results and selection of other methods of play-therapy on the spread and richness of the obtained data (information).

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