

Effect of play therapy on reduction of social anxiety and increasing social skills in preschool children in Omidiyeh

Fatemeh Mollamohammadi, Fariba Yazdkhasti¹

Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, ¹Department of Psychology, Faculty of Psychology and Educational Sciences, University of Isfahan, Isfahan, Iran

ABSTRACT

Aim: The aim of this study is to evaluate play therapy on social skills and social anxiety in preschool children. **Methodology:** The methodology of this study was experimental with a pretest-posttest in case and control groups. The statistical population consists of all preschool children. The subjects included 15 persons in the control group and 15 persons in the case group. Multistage cluster sampling method is a kind of method in which samples are randomly selected and assigned to two groups. First of all, the samples respond to children anxiety inventory made by Spence *et al.* (2001) and checklist of social skills by Yazdkhasti and then the intervention of play therapy was performed in the case group during ten sessions and every session lasted 45 min. Finally, two groups were tested and covariance analysis was used to analyze the data. The statistical analysis shows that there is significant difference in posttest. **Result:** The results indicated that play therapy could be effective in reduction of anxiety and improvement of three subscales of social skills including, group following, participation in group and non verbal skills. However, play therapy did not change the feeling perception and partner search. **Conclusion:** The findings imply that play therapy can be helpful in solving the problems related to social anxiety and social skill disorders and hence improve the engaged subjects' social skills and reduce their social anxiety.

Key words: Play therapy, preschool children, social anxiety, social skills

Address for Correspondence:

Dr. Fariba Yazdkhasti,
Department of Psychology, Faculty
of Psychology and Educational
Sciences, University of Isfahan, Azadi
Square, Hezarjerib Ave., Isfahan, Iran.
E-mail: faribayazdkhasti@yahoo.com

Introduction

Anxiety disorders are the most common psychiatric disorders in childhood. Approximately 5% of all children experience diagnostic criteria for an anxiety disorder during their childhood experience and more than 20% of the people have clinical problems before the age of 16.^[1] Children anxiety has many various forms. The anxious child always lives with an ambiguous feeling of fear. He is afraid of happening terrible events.^[2] Some children have preoccupations of horrible thoughts (and nonprobable affairs) which may happen to them or their families. Overall social anxiety indicates that anxious person disgusts contact to others and even avoids long talks to others.^[3] These children in the early years have fewer

problems. However, during the late preschool years and the elementary school years, while they are expected to actively and quickly respond in the class and among their peer groups, they have intense fear and their behavior is slow and constrained.^[4] According to social anxiety criteria based on the diagnostic and statistical manual of mental disorders-V, children with social anxiety occurs also in the presence of peers, not merely in interaction with adults. In these children, this anxiety may be presented as crying, making noise, staying motionless, or piping in social situations.^[3] Social anxiety is one of the most common anxiety disorders and there are some evidence indicating that prevalence of this disorder is increasing. Some believe

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that social anxiety is not diagnosed in some children so that they avoid going to school. This anxiety initiates relatively early so that even some 8-year-old children are diagnosed with this disorder, and most children with social anxiety do not remember that they did have social anxiety in their life period.^[5]

Social anxiety can disrupt their social skills. Social skills are a collection of skills which are necessary for compatibility and coping with different social situations, nurture healthy relations, and influence total performance.^[6] Training social skills which constitute essence of one's behavior in the future should be initiated since early ages along with start of one's first interactions. Thus, preschool period is the best period for formation of these interactions, because one starts social interaction with his peers.^[7] These skills which often aim at developing social-emotional skills of children and increasing proper children interaction are accompanied by training cases such as emotion management, empathy skill, problem solving skill, and self-control.^[8] Children learn many social skills through playing with their peers. Skills such as understanding social roles, participation, communication, appropriate reaction to the situation,^[9] verbal interactions,^[10] cooperation, altruism, waiting for one's turn, arguing, and even crying and making noise.^[8] The play is regarded as a key aspect in all areas of development including social skills.^[11]

During the play, the child discovers his environment and according to Kline, playing can reduce social anxiety by creating perception of power and ability for external inhibition including anxiety and social anxiety. Also, the first steps are taken for acquiring social skills by the child through playing, he would learn to help the group, and learn social concepts such as taking turn, patience, respect for others' rights, and self-confidence, victory, and failure through playing. In addition, he would learn establishing social relationship with people other than his family members and solve problems related to such relationships. These are transferred through group playing and children achieve necessary social development.^[12]

According to the review of literature, some studies investigated effectiveness of play therapy on social anxiety disorder and social skills. For example, Yazdanipour addressed the effect of group games on social skills and intelligence of preschool children. The results showed that playing has caused an increase in the social skills and intelligence of the involved subjects.^[13] Whited (2011) examined how social and familial risk factors can flaw the social development of children, that is, the skills by which children control their behavior in school environments. He

presented a number of strategies through which teachers can help those children who suffer from academic failure due to lack of social skills. A number of these strategies are attending to training basic skills such as (a) emotion management, (b) empathy skill, (c) problem solving skill, and (d) self-control.^[14] In line with the previous studies, FathAli Pouri examined the effect of play therapy on reducing anxiety and social phobia of female elementary school students. The results indicated that play therapy reduces anxiety and social phobia of the subjects.^[15] In another study, Ghasemin Siyah Kal Roudi (2015) focused on the effectiveness of group play therapy on self-esteem and social skills of a female elementary school student. The results showed that the group play therapy increases self-esteem and social skills of these subjects.^[16]

Taking into an account the conducted research, the present study aims at examining the effect of play therapy on treatment of social anxiety disorders and improvement of social skills.

Methodology

The methodology of this study is experimental pretest-posttest in case and control groups. The statistical population consists of all preschool children during academic year 2014–2015. Multistage cluster sampling method is a kind of method in which samples are randomly selected and assigned to two groups. First it was divided into two districts, and one district was randomly selected. Kindergarten was randomly selected among kindergartens in district 1. Then, preschool children between 3 and 6 years were randomly selected. The subjects included 15 persons in the control group and 15 persons in the case group. Following questionnaires were used for data collection:

Social anxiety inventory: In this research, anxiety scores mean scores which are obtained by the person at preschool scale (Spence *et al.*, 2001). This scale is made of 28 items which was completed by the teachers and parents. Frequency of child behavior is scored based on five-point Likert scale. Five items are related to general anxiety disorder, six items are related to social anxiety, five items are related to obsessive-compulsive disorder, seven items are related to fear about physical injuries (as a phobia), and five items are related to separation anxiety disorder. Convergence validity of Spence's Children Anxiety Inventory is significantly correlated to revised children anxiety scale ($r = 0.71$). Internal consistency reliability of the scale was obtained as 0.92 using Cronbach's alpha, and retest reliability during 6 months was obtained as 0.60.^[11]

Social skills checklist: Social skills scores in this research mean scores which are obtained in the checklist of children social skills. Matson *et al.*, checklist of social skills (2004)^[6] was developed in the USA in order to measure social skills and it was completed by parents and teachers of 3–6-year-old children. The internal consistency coefficient of the test was 0.88 as calculated in Iranian context (Yazdkhasti, 2009). Moreover, the Cronbach alpha coefficient used to measure the reliability of the questionnaire in Iran was between 0.50 and 0.77 and its validity or the results of Pearson's correlation between the subscales and the total score was between 0.25 and 0.77, all of which were significant. Similarly, in this study, the Cronbach alpha coefficient used to measure the reliability of the checklist was 0.58-0.83 and the validity or the results of Pearson's correlation between the subscales and the total score was between 0.41 and 0.73, all of which were significant.^[17]

Intervention Method

First social anxiety and social skill test was conducted to all children and then children with high social anxiety score and low social skill were selected as sample. Thirty of them were randomly assigned in case and control groups ($n = 15$). Pretest was conducted on each group and then ten sessions of play therapy for 45 min were performed for case group, while the control group was exposed to no intervening variable (play therapy). Following completion of sessions, posttest was conducted on both groups. Testing and intervention were done by the assistant who was not aware of the research objectives. Each session's games were selected in such a way that in addition to taking into account the primary and secondary objectives of the study, they match with children's developmental characteristics as well as their age. For each session, three to four games were considered and after two sessions, one of the games was removed and replaced with a new one. At the beginning of each session, the games that were supposed to be played in that session were declared to children. Because of the familiarity of the therapist with the working environment with children, at first, he attempted to prepare children by conducting the game which maximized children's level of physical activity. By doing so, in addition to the removal of children from recession, it led to the spontaneity, creation of a supportive environment along with confidence and group solidarity. Before the implementation of each game, the therapist practically taught the children how to implement it. For example, the details of one of the sessions (the second session) are provided. The games of this session were balloons and paper games, chair game, napkins game, and playing birthday party role. In playing all these games, the

therapist's primary approach was conducting practical and group games to improve subjects' social skills with respect to participation in the group, following it, strengthening the partnership and cooperation, and reducing social anxiety; however, in addition to this main objective, there were some secondary aims as well. For example, there was a child who had trouble controlling the behavior and attention in relation with others; moreover, he was severely deficient in the context of group activity. Hence, the therapist took into account this issue and tried to direct the child toward group activities, cooperation, and collaboration by increasing his control over his behavior and anxiety.

To do so, the therapist engaged him more in group games to teach him that in order to achieve more success; he has to cooperate with his friends. Furthermore, there were two children with very high levels of social anxiety who did not want to join the groups and were clearly excluded from the groups. To reduce social anxiety of these children and to improve their ability of participation in the groups as well as their acceptance by the other children, the therapist, for example, deliberately started and stopped the track in the flow of the chair game in such a way that the intended children win the games. Another strategy was using lottery to split the groups and assign the members to prevent the exclusion of those children.

The obtained data were analyzed using the software SPSS 22 (IBM corp. USA). To determine the characteristics of the data, common descriptive statistics (mean, median, mode, standard deviation, and frequency table) were used. To investigate the hypothesis and to explore the effect of the intervention, analysis of covariance was applied.

Results

Table 1 indicates descriptive statistics including number, mean, standard deviation for case and control groups in pretest and posttest situations.

Data analysis indicates posttest social anxiety scores in case group reduced compared to pretest scores and social skill scores of posttests increased compared to scores of pretest. That is, it can be stated that intervention (play therapy) has been effective on social anxiety reduction and social skill increase. However, results showed two subscales or social skill (feeling perception and partner search) had no significant difference. But, results on three other subscales of social skill including group following participation in group and nonverbal skill showed significant differences. Results are given in Tables 2 and 3.

Table 1: Structure of therapy sessions in play therapy

Session number	Subject
1	Introduction and familiarity (free game)
2	Performing plays of paper balloon, chair, paper, birthday party show
3	Performing plays of chairs, statues, train game, balloon launch, birthday party show
4	Performing plays of train game, balloons and paper, balloon launch, pantomime (gift giving), restaurant show
5	Performing plays of ball, stories and pictures, paper games, pantomime (objects), restaurant show
6	Performing plays of hat, ball, pantomime (fights and reconciliation), store show
7	Performing plays of color wolf, hats, the ball and the basket, who changed place? (individual), store show
8	Performing plays of color wolf, yarn, and needles, who changed place? (individual)
9	Performing plays of color wolf, yarn and needles, closed eyes, the ball and the basket, holiday visit show
10	Performing plays of closed eyes, fight of roosters, pantomime (jobs), holiday visit show, ending celebration

Table 2: Descriptive indexes of pretest and posttest scores of social anxiety in terms of group membership

	Control		Case	
	Mean	SD	Mean	SD
Social anxiety				
Pretest	12.27	2.09	12.80	2.11
Posttest	10.53	3.18	6.13	1.77
Feeling perception				
Pretest	18.67	4.03	18.13	6.08
Posttest	18.67	4.12	18.67	5.12
Partner search				
Pretest	5.13	1.46	4.13	1.25
Posttest	5.13	1.35	5.33	0.9
Group following				
Pretest	7.8	2.08	7.87	2.13
Posttest	8.27	1.94	9.87	1.76
Participation in group				
Pretest	4.73	1.03	4.40	1.50
Posttest	4.8	1.21	6.13	0.91
Nonverbal skill				
Pretest	10.73	1.39	11.73	1.87
Posttest	11.13	1.19	13.20	2
Total skill				
Pretest	65.93	14.63	61.67	17.38
Posttest	72.47	23.43	87	16.61

SD: Standard deviation

Discussion and Conclusion

The results indicate the effectiveness of play therapy on reduction of social anxiety and increasing social skill in the case group in posttest stage. Research findings indicated that play therapy can be effective in reducing social anxiety. Considering the strong effect of intervention, it can be concluded that play significantly reduced social anxiety of the children. Results of the current research are consistent with findings of FathAli Pouri which examined the effect of play therapy on female elementary school students'

social stress and anxiety. This finding can be described in this way that since plays used in group manner were done with social direction, it caused that the person perceives himself in a small sample of the society in interaction with others. Thus, he would feel the anxiety which he has in the gathering and it causes that he is in more direct interaction with emotions and showing emotional conflicts in daily life. Hence, children can achieve a new view to the realities by play and it leads to reduction of unhealthy thoughts and attitudes toward the self and surrounding environment, establishment of more effective personal relationships and increasing group and social interactions and developing interpersonal experiences in the group, and consequently the negative emotions such as fear, anxiety, and worries including social anxiety are reduced.

The effectiveness of play therapy in increasing social skills is also consistent with findings by Yazdanipour (2010), Whitted (2011) and it can be justified in this way that people in play learn to achieve initiative and communicate to others in a motivated manner. In other words, playing facilitates learning social skills, especially it increases skills in interpersonal relationships and interactions. Training social skills through play is a kind of pattern making for the child. Friends and other people present in the child's social environment act as a pattern. Friends are considered as the main model especially in training social skills, because according to social learning theory, the behavior is learned through observation and modeling. Advocates for this theory maintain that when the person observes a behavior from others, he also observes its outcomes. If the outcomes are accepted by him or lead to problem solving, he also does the same behavior. Thus, overall it can be concluded that children learn main social skills which are needed in adulthood through playing, while children who are less involved in playing and especially group and social plays have many problems in their social interactions.

However, in addition to research findings, effectiveness play theory on subscales of social skill, that is, feeling perception and partner search are not consistent with findings by Yazdanipour (2010). This discrepancy is due to the time limitation which caused lack of play therapy influence on these two subscales in our study. Certainly if intervention sessions were longer, play therapy also influenced these two subscales. But the effectiveness of play therapy on subscales of social skills including group following participation in group and nonverbal skill is consistent with finding by Yazdanipour. In justification of these three hypotheses, it can be stated that the main element of group play and friendship is participation in group and group following. Through playing, the child observes examples and samples of participation objectively. Nonverbal skill is the other

Table 3: Covariance results for overall comparison of social anxiety and social skill and its aspects in terms of group membership

Change source	Mean of squares	F	Degree of freedom	Significant	Statistical power
Social anxiety	16/550	1.758	1	0.15	0/073
Feeling perception	6/224	1.311	1	0.068	0/219
Partner search	1/435	1.202	1	0.058	0/206
Group following	1/830	1.231	1	0.067	0/310
Participation in group	4/537	1.513	1	0.059	0/247
Nonverbal skill	28/282	1.778	1	0.066	0/238
Total skill	2/459	1.868	1	0.093	0/384

requirement of interaction and friendship with others. Major emotions can be taught through playing and changing gestures. For example, “when you do not pay attention to me, I would be sad,” or “when someone takes your toy without permission, how do you feel?”^[18]

Considering the weakness of children in collective relationships skills and group working, the therapist selected plays for intervention which were in line with these features. Thus, the main aspect of plays used in this research was their functionality. It allows the child to review the problem by playing instead of talking and find suitable solution for it. Hence, children practice skills such as compatibility, communication, cooperation and participation, group formation and compliance to its rules, flexibility, and problem solving in these plays.

Taken together, the results of this study and other studies have shown the relationship between social skills and social anxiety and the effect of play therapy on these parameters. It is suggested to examine the other age groups and educational levels; and as a practical suggestion it is recommended to take advantage of playing in the therapeutic centers as a therapeutic approach in solving children’s behavioral and communicative problems.

Of course, problems of working with children, lack of similar Iranian research works, time limitation, and lack of follow-up stage are limitations of this research study.

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Conflicts of interest
There are no conflicts of interest.

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