

The Effect of Child-Centered Play Therapy on Children with Anger Control Problems is true

Abstract

Background: Children's anger and aggressive behaviors become a problem for teachers and parents at home, in the classroom, or the playground. Pharmacological and psychotherapeutic approaches are recommended for children who cannot control their anger. Child-centered play therapy is one of these approaches. **Aim:** This study aimed to reveal the effect of child-centered play therapy on children with anger issues. **Materials and Methods:** The study group consists of 25 volunteer child clients with anger symptoms, and the control group consists of 25 volunteer child clients without anger symptoms. Each participant was given child-centered play therapy with 45-min sessions twice a week for 3 weeks during the research process. The Trait Anger-Anger Style Scale was administered to the participants before and after the therapy. **Results:** As a result of the study, it was shown that children with anger issues experienced a significant change and improved after child-centered play therapy. Children have become able to control their anger. At the same time, improvement was observed in the verbal and behavioral expression of anger. **Conclusion:** The results of this study indicate that child-centered play therapy can be an effective treatment option for children with anger issues and aggressive behaviors.

Keywords: Anger, anger control, anger style scale, child-centered play therapy

Afra Ahbab¹,
Büşra Özdoğan¹,
Gökben Hızlı Sayar¹

¹Department of Clinical
Psychology, Institute of Social
Sciences, Üsküdar University,
Istanbul, Turkey

Introduction

Anger is an emotional response that individuals give when frustrated, disappointed, or unmet needs or wants. However, when anger cannot be controlled, it causes many negative consequences for both the individual and society.^[1] Children's anger and aggressive behaviors become a problem for teachers and parents at home, in the classroom, or the playground.^[2] Pharmacological and psychotherapeutic approaches are recommended for children who cannot control their anger.^[3] One of the psychotherapeutic approaches is child-centered play therapy. Child-centered play therapy aims to help children with emotional and behavioral problems. The therapist accepts the child and the child's play unconditionally and empathizes with the child while following the principles of safety and structure.^[4] This therapy does not aim to change or control the child. In this approach, the aim is to make the child become aware of his own behavior

and to allow himself to be managed. The therapist relies on the child and his or her resources for change in therapy. The child uses this relationship between the therapist and the client to grow and develop.^[5] In the literature, there are studies investigating the effect of Child-Centered Play Therapy on behavioral and psychological problems in children. In Teber's study, Child-centered Play Therapy has been identified as anxiety, depression, social introversion, somatic complaints, breaking the rules, aggressive behaviors, social problems, thought problems, attention problems, heavy cognitive tempo, posttraumatic stress problems, obsessive-compulsive problems. It has been found to be effective in areas that are described as psychological problems.^[6] There are other studies showing that child-centered play therapy reduces anxiety/depression scores.^[7,8]

In the literature, research has been done on the effects of child-centered play therapy on anxious children, its comparison with other types of play therapy, its application

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Orcid

Afra Ahbab: {ORCID:

0000-0002-6003-5745}

Büşra Özdoğan {ORCID:

0000-0002-2449-9147}

Gökben Hızlı Sayar {ORCID:

0000-0002-2514-5682}

Address for correspondence:

Dr. Gökben Hızlı Sayar;

Üsküdar University- Altunizade

Üsküdar; İstanbul, Turkey.

E-mail: gokben.hizlisayar@

uskudar.edu.tr

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in developmental disorders. However, the effect of child-centered play therapy on children with anger issues has not been investigated. This study aims to reveal the effect of child-centered play therapy on children with anger issues.

Materials and Methods

The ethics committee approval has been obtained from the Uskudar University Noninterventional Research Ethics Committee (61351342-/2019-353).

The sample of this quasi-study and retrospective study, which examines the effectiveness of child-centered play therapy in children with anger issues, consists of 50 child clients aged 5–12 years who applied to the Aura Psychology and Counseling Center in Istanbul. The study group consists of 25 volunteer child clients with anger symptoms, and the control group consists of 25 volunteer child clients without anger symptoms. The criteria for inclusion in the study in the study group were not to have any neurological or physical disorders, have an anger problem, and be between the ages of 5–12. The criteria for inclusion in the study in the control group were not to have any neurological or physical disorders, not to have anger issues, and to be 5–12-year-old.

Each participant was given child-centered play therapy with 45-min sessions twice a week for 3 weeks during the research process. During the research, supervision support was received regarding therapeutic functioning. The Trait Anger-Anger Style Scale was administered to the participants before and after the therapy. The ethics committee approval has been obtained from the Uskudar University Noninterventional Research Ethics Committee (61351342-/2019-353).

Data collection tools

Sociodemographic Data Form: In this form, parents are first asked questions about their children's name, age, and gender, and then parents are asked to obtain sociodemographic information.

Trait anger-anger expression style scale

The scale was adapted to Turkish, and its reliability and validity studies were conducted.^[9] The scale consists of three subscales and is evaluated with a four-point Likert type, consisting of 34 items. In this scale, the expressions suitable for the person himself/herself, "How much does it describe you?" In order to answer the question, they are asked to tick one of the options "Not at all," "Somewhat," "Quite much," and "Totally." "Does not describe at all" receives 1 point, "Describes somewhat" receives 2 points, "Quite describes" receives 3 points, and "Describes completely" receives 4 points. Anger control subscale scores are obtained by summing the scores of items 11, 14, 18, 21, 25, 28, 30, and 34; The anger in subscale score is calculated by adding the scores of items 13, 15, 16, 20, 23,

Table 1: Statistical comparison of the children's scores in the study group before and after child-centered play therapy

Children with anger issues (study group)					
	Mean	n	SD	Standard error	P
Trait anger scale					
Before therapy	33.56	25	2.844	0.569	0.0001
After therapy	13.40	25	2.160	0.432	
Anger control subscale					
Before therapy	12.08	25	2.397	0.479	0.0001
After therapy	22.08	25	3.628	0.726	
Anger control subscale score					
Before therapy	12.00	25	2.363	0.473	0.0001
After therapy	21.68	25	3.544	0.709	
Anger out subscale score					
Before therapy	25.72	25	3.781	0.756	0.0001
After therapy	13.08	25	2.676	0.535	

Values with $P < 0.05$ were considered statistically significant.

SD: Standard deviation, SE: Standard error

Table 2: Statistical comparison of the scores of the children in the control group before and after child-centered play therapy

Control group					
	Mean	n	SD	SE	P
Trait anger scale					
Before therapy	11.64	25	1.777	0.355	0.001
After therapy	10.52	25	0.823	0.165	
Anger control subscale					
Before therapy	28.40	25	1.633	0.327	0.0001
After therapy	30.80	25	1.291	0.258	
Anger control subscale score					
Before therapy	28.16	25	1.519	0.304	0.0001
After therapy	30.16	25	1.405	0.281	
Anger out subscale score					
Before therapy	9.24	25	1.332	0.266	0.007
After therapy	8.60	25	0.913	0.183	

Values with $P < 0.05$ were considered statistically significant.

SD: Standard deviation, SE: Standard error

26, 27 and 31. The anger out subscale score is calculated by adding the scores of items 12, 17, 19, 22, 24, 29, 32, and 33. Obtained by collecting.^[10]

Statistical analysis

IBM SPSS Statistics 17.0 (IBM Corp. Released. IBM SPSS Statistics for Windows, Armonk, NY: IBM Corp). The *t*-test was used in the analysis of normally distributed measurement data. A dependent-Paired Sample *t*-test was applied in the comparison before and after therapy within the same group. While comparing the parameters of both groups, matches were made, and Independent Samples (Student's) *t*-test was applied. $P < 0.05$ was accepted as a statistical significance level.

Table 3: Comparison of trait anger scale (first 10 items) scores between control and study groups

	Trait anger scale (10 items)				
	Mean	n	SD	SE	P
Before therapy					
Control group	11.64	25	1.777	0.355	0.006
Study group	33.56	25	2.844	0.569	
After therapy					
Control group	10.52	25	0.823	0.165	0.002
Study group	13.40	25	2.160	0.432	

Values with $P < 0.05$ were considered statistically significant.

SD: Standard deviation, SE: Standard error

Results

A total of 50 people, 8 girls and 17 boys ($n = 25$) in the study group (children with anger issues) and 15 girls and 10 boys ($n = 25$) in the control group, participated in the research. The age range of the study and control groups was 5–12; the mean age was 8.44 ± 1.08 for the study group and 8.12 ± 1.12 for the control group. When the marital status of the parents (married/divorced) was examined, it was seen that they were in the study group (married $n = 19$, divorced $n = 6$) and in the control group (married $n = 25$). When it was asked whether there were individuals with anger issues in their families, it was observed that the study group (present $n = 24$, no $n = 1$) and the control group (present $n = 3$, no $n = 22$). Statistical comparison of the children's scores in the study group and the control group before and after child-centered play therapy are given in Table 1, 2 and 3.

Discussion

In this study, the effect of child-centered play therapy on the anger problem of children aged 5–12 was investigated. The Trait Anger-Anger Style Scale was applied to the children before and after the therapy, and the effectiveness of the therapy was investigated.

In this study, when the parents' marital status (married/divorced) was examined, it was determined that the scores of the children whose parents were divorced and who had anger issues from the Trait Anger-Anger Style Scale were statistically significant significantly different from the control group. The most common emotions in children going through a family divorce process are anger, fear, anxiety, and guilt.^[11,12] In this study, it was seen that the anger issue is severe in children of divorced parents. In this study, it is seen that the family anger issues are severe in the families of the children in the group with anger issues. It can be said that this situation causes constant anger issues in children. It has been stated that children express their anger when their emotions are triggered by internal or external events under certain conditions.^[13] Studies have observed that parental attitudes and emotions strongly cause children's anger issues.^[14] In the literature, child-centered

play therapy has proven to be an effective intervention to support the recovery of children who have been exposed to domestic violence, and it is an appropriate approach to treatment.^[15-19]

This study determined a statistically significant decrease in the scores of the children with anger issues in the study group from the Trait Anger-Anger Style Scale before and after child-centered play therapy. Child-centered play therapy is a developmentally appropriate method that allows children to express a wide variety of emotional expressions, including anger, that can be used effectively to regain their sense of control and empowerment in their lives.^[17,20] The fact that a significant change was observed in angry children after child-centered play therapy in our study reveals the effectiveness of this therapy. This study also observed that child-centered play therapy improved the way children with anger issues reflected their emotions and behaviors. When the anger control subscale results were examined, a statistically significant increase was observed in the values of children with anger issues before and after child-centered play therapy. This finding shows that children can control their anger after therapy. In their study, Perryman and Bowers examined the effectiveness of child-centered play therapy on four different types of behavior (task distribution, behavior control, assertiveness, and social ability).^[21] As a result, it was observed that child-centered play therapy effectively affected children's emotions and social behaviors. In this study, when the Anger-Out Sub-Scale was examined, the decrease in children's values with anger issues after child-centered play therapy indicates an improvement in children's verbal and behavioral expression of anger. In the study of Ray *et al.*, it was observed that child-centered play therapy caused improvement in children with aggressive behavior.^[22]

In this study, it was determined that there was a statistically significant decrease in the scores of the children in the control group from the Trait Anger Style Scale before and after child-centered play therapy. This finding shows that child-centered play therapy has a curative effect even in children without anger issues. According to the anger control subscale comparison results, a statistically significant increase was observed in the children's values in the control group before and after child-centered play therapy. This finding shows that the children in the control group were able to control their emotions better. In the comparison results of the anger inside subscale, an increase was observed in the pre- and post-therapy values of the children in the control group, and a significant decrease was observed in the anger-out subscale. Studies in the literature have shown that child-centered play therapy is an effective tool for treating internalization and externalization problems.^[23,24] In the literature, there are also studies in which children who experience emotional difficulties after child-centered play therapy show improvement, but the curative effect is not seen in the control group.^[25]

However, in a study examining the effect of child-centered play therapy on primary school children with and without aggressive behavior, it was found that there was an improvement in aggressive behavior in both groups.^[22]

When the Trait Anger Scale, Anger Control Sub-Scale, Anger Inside Sub-Scale, and Anger-Out Sub-Scale data were compared in the control and study groups, there was a statistically significant difference in the values of the control group and children with anger issues before the therapy. At the same time, this scale was found in children with anger issues after therapy. Values were found to be close to control values. However, the difference between the control group and children with anger issues is still statistically significant. It has been stated that child-centered play therapy is a developmentally appropriate intervention method that focuses on the relationship between play therapists and children and supports children's ability to solve problems using their innate potential for self-direction and growth.^[23,26] Studies in the literature have shown that play therapy has beneficial effects in the short and long term.^[27] This study showed that children with anger issues experienced a significant change and improved after child-centered play therapy.

Conclusion

In this study, the effect of child-centered play therapy on the anger problem of children in the 5–12 age group was examined. The Trait Anger-Anger Style Scale was applied to the children before and after the therapy, and the effectiveness of the therapy was investigated. As a result of the study, it was shown that children with anger issues experienced a significant change and improved. Improvement was observed in the verbal and behavioral expression of anger and the ability to control anger.

This research has some limitations. This study needs to be repeated with a larger sample group. Thus, it can be shown that child-centered play therapy is a proven intervention for children with anger issues and aggressive behaviors. In future research, studies can be conducted in which different types of play therapy are compared within themselves. In this way, it can be revealed which types of play therapy are more effective in child psychopathology.

Patient informed consent

Informed consent was obtained.

Ethics committee approval

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Conflicts of interest

There are no conflicts of interest.

Author contribution subject and rate

- Afra Ahbab (50%): Design the research, data collection, and analyses and contributed with comments on research design and manuscript.
- Büşra Özdoğan (30%): Design the research, data collection, analyses, and wrote the whole manuscript, contributed with comments on research design and manuscript.
- Gökben Hızlı Sayar (20%): Supervised the research, contributed with comments on research design and manuscript.

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