AN INVESTIGATION OF THE SIGNIFICANCE

OF CLIENT-CENTERED PLAY THERAPY

AS A COUNSELING TECHNIQUE

APPROVED:

Graduate Committee:

Carl R. Hayes
Major Professor

Harold D. Holloway
Committee Member

A A Daniel
Committee Member

Geo C Beamer
Committee Member

Duane Kingery
Dean of the School of Education

Robert B. Toulouse
Dean of the Graduate School

AN INVESTIGATION OF THE SIGNIFICANCE OF CLIENT-CENTERED PLAY THERAPY AS A COUNSELING TECHNIQUE

DISSERTATION

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

DOCTOR OF EDUCATION

By

William Beryl West, B. S., M. Ed.

Denton, Texas

May, 1969

TABLE OF CONTENTS

Page

LIST OF TABLES v

Chapter

I. INTRODUCTION 1

Basis of the Study
Statement of the Problem
Purpose of the Study
Significance of the Study
Hypotheses
Definition of Terms
Description of Sample Population
Description of the Instruments
Procedures for Collecting Data
Scoring Procedures
Procedures for Treating Data

II. SURVEY OF RELATED LITERATURE 27

Introduction
General Research
Research on the Process of Client-Centered Therapy
Play Therapy in the Treatment of Physical Ailments
Play Therapy in the Treatment of the Retarded
Play Therapy in the Treatment of Social and Personality Problems
Play Therapy in the Treatment of Learning Difficulties
Play Therapy in the Treatment of Emotional Problems
Research on the Results of Play Therapy

III. PRESENTATION AND ANALYSIS OF DATA 85

Methods of Statistical Analysis
Results and Discussion of:
Wechsler Intelligence Scale for Children

Page

Goodenough-Harris "Draw-A-Person"
"Sociometric Measure"
Self-Esteem Inventory
School Apperception Method
Additional Analysis

IV. SUMMARY, CONCLUSION, AND RECOMMENDATIONS . . 108

Summary
Conclusions
Recommendations

APPENDIX 111

BIBLIOGRAPHY 115

LIST OF TABLES

Table		Page
I.	Summary of Analysis of Variance of Verbal Scores on the Wechsler Intelligence Scale for Children	86
II.	Summary of Analysis of Variance of Performance Scores on the Wechsler Intelligence Scale for Children	86
III.	Summary of Analysis of Variance of Total Scores on the Wechsler Intelligence Scale for Children	87
IV.	Summary of Analysis of Variance of Man Scores on the Goodenough-Harris "Draw-A-Person"	88
V.	Summary of Analysis of Variance of Woman Scores on the Goodenough-Harris "Draw-A-Person"	89
VI.	Summary of Analysis of Variance of Mean Scores on the Goodenough-Harris "Draw-A-Person"	89
VII.	Summary of Analysis of Variance of Self Quality Point Scores on the Goodenough-Harris "Draw-A-Person"	90
VIII.	Summary of Analysis of Variance of Social Choice Scores on the "Sociometric Measure"	91
IX.	Summary of Analysis of Variance of Work Choice Scores on the "Sociometric Measure"	92
X.	Summary of Analysis of Variance of Play Choice Scores on the "Sociometric Measure"	92
XI.	Summary of Analysis of Variance of the Self-Esteem Inventory.	93

Table		Page
XII.	Summary of Analysis of Variance of the School Apperception Method by Rater A .	95
XIII.	Summary of Analysis of Variance of the School Apperception Method by Rater B .	95
XIV.	Summary of the Mean, Standard Deviation, and Range Dispersion of the Total Scores of Wechsler Intelligence Scale for Children	96
XV.	Summary of the Mean, Standard Deviation, and Range Dispersion of Total Scores of Goodenough-Harris "Draw-A-Person". . . .	98
XVI.	Summary of the Mean, Standard Deviation, and Range Dispersion of the Total Scores of the "Sociometric Measure". . .	100
XVII.	Summary of the Mean, Standard Deviation, and Range Dispersion of the Total Scores of the Self-Esteem Inventory. . .	101
XVIII.	Summary of the Mean, Standard Deviation, and Range Dispersion of the Total Scores of the School Apperception Method by Rater A	104
XIX.	Summary of the Categories of Referral Diagnosis	105

CHAPTER I

INTRODUCTION

Basis of the Study

For many years counselors and educators have recognized the need for an effective evaluation of the merits of various counseling techniques. A continuing need exists for the adequate assessment of various counseling techniques which are utilized with children. There is an increasing interest today in the study of different aspects of play therapy as a counseling technique and its effect in behavior modification, increased responsiveness to learning, and total development of the child. Little has been done to assess the effectiveness of play therapy as a counseling technique. Research to ascertain the relative merit of the specific client-centered play therapy type as a distinguishing method of work with children with learning difficulties and emotional problems has long been needed.

The use of play therapy as a counseling technique has a diverse and interesting history. Anna Freud used play therapy with children as a simple entree to psychoanalysis. Prior to this Rousseau reportedly studied the play therapy of children to gain insight and understanding of his psychology (35, p. 197). Play therapy of the client-centered

orientation evolved from the teaching and techniques of Carl R. Rogers (48). The literature abounds with studies of play therapy of various types. Many prior studies have been severely hindered because of some bias favoring a particular method. This criticism has been pointed at those who use client-centered play therapy (15, 31). The critic's logic seems to be that a favorable attitude would not only enhance the claims for its effectiveness, but would severely handicap objectivity and the value of scientific research as a contribution.

Investigation into the effectiveness of client-centered play therapy faces the same problem as with all research using human subjects. The investigations have the added social problems of the institutions of the public education system. Many experimental designs have been so modified in order to fit the subjects and the institutions that their original experimental intent is lost.

There has long existed a need for assessment in the area of client-centered play therapy. Haim Ginott indicates a current and growing interest in play therapy as the most effective treatment for children (18). Axline (3, p. 9) describes play therapy as a method of helping children help themselves. This is an opportunity in the natural medium of self-expression where a child can "play out" feelings and problems just as in client-centered adult therapy an individual "talks out" his difficulties. The child feels free to face

himself and life situations in a more individualized, self-determining, spontaneous, satisfying manner (39, p. 227).

Statement of the problem

The problem of this study was an attempt to appraise critically the effectiveness of client-centered play therapy as a counseling technique. In order to ascertain the effects of client-centered play therapy with children who have emotional problems, learning difficulties, and behavior problems, this study was conducted. Public school children from one county in the first through the fifth grades were identified as having some or all of these noted problems by their teachers, elementary school counselors, and their principals and were referred to the Pupil Appraisal Center of North Texas State University for further diagnosis and therapy. The subjects referred to the Pupil Appraisal Center, who had received no prior therapy, were the population for this study.

Purpose of the Study

The basic purpose of this study was to investigate and evaluate certain effects of short-term client-centered play therapy. This evaluation was based upon the measurement of gain on five criteria by pre- and post-testing, using an experimental, a placebo, and a deferred control group. The purpose of this study was to determine the effects of short-term client-centered play therapy in aiding learning

effectiveness, and modifying or eliminating behavior and emotional problems as measured by instruments on five criteria.

Significance of the Study

The contribution of this study is in its evaluation of short-term client-centered play therapy. Research indicates that the problem of experimentally researching the effects of client-centered play therapy is needed. Adequate populations engaged in actual client-centered settings under experimental conditions with effective controls are difficult to find. Many children with behavior, emotional, and learning difficulties are in need of help and some are being referred to various clinics. It is widely recognized among counselors and school psychologists that various therapeutic techniques need assessment in order to enhance their usage and determine their limitations.

Counselors and educators are concerned with the increasing number of children who exhibit poor social adjustment or have educational problems. This concern is echoed by the report from "The Mid Century White House Conference on Children and Youth" (1950), which states that, "One fourth of all elementary school children need some kind of special treatment for social maladjustment" (43, p. 7). These children with problems have responded to their environment in ways unsatisfying to themselves and unsatisfactory to

society. Their social relationships indicate poor peer interaction and many have been rejected or isolated. Proven therapy techniques indicating adequate research and methodology are needed.

The growth and development of the field of elementary counseling has further emphasized the need to deal with some children more intensively and extensively. The history of therapy seems to indicate increasing emphasis on intensive short-term counseling as a means of aiding and abetting these educational difficulties.

A national survey made in 1962-1963 of elementary schools relating to the work of the child development consultant indicated:

> By far, the largest number of elementary school principals reported that their child development consultants worked more with teachers or parents. Three-fourths of the principals mentioned children with emotional-social problems as one of the three groups receiving the most attention from child development consultants. Ninety-one per cent of these principals in advantaged areas reported that their child development consultants gave high priority to children with emotional-social problems with 81 per cent in disadvantaged areas so reporting (21).

Recent studies have shown a need for continuing evaluation of various therapeutic methods. The review of the literature indicated the amounts of research conducted and the strengths and weaknesses of previous empirical analysis of client-centered play therapy as a counseling technique. Most of the past studies reveal extremely small population

sampling. The initial population of thirty which due to attrition was cut to twenty-six is admittedly a smaller population than might be desired. However, this is proportionately larger than anything else that has been done.

Play therapy programs have been considered quite successful and reported as such mostly by people actively participating in the study. Lebo (31) reasserts this criticism and equates it with a propagandist's persuasive appeal to acceptance. Following a sufficient experimental time, this researcher has sought to eliminate this criticism.

A unique aspect of this study was the use of a second control, placebo group. This would eliminate or account for certain Hawthorne effects. One such study by Harrower (23, p. 12) simply used psychodiagnostic testing with 622 subjects and as a result of test, retest rated the groups showing Good Improvement, Moderate Improvement, Slight Improvement and No Improvement at all. The test, retest after six months was about the same as a ten-year test, retest.

The importance of this study is its evaluation of an actual ongoing process of client-centered play therapy in a child guidance center. The results of this study should be valued by counselors, teachers and administrators as indicative of certain effects of client-centered play therapy. Further, this study should contribute to the literature of experimental research in child growth and development.

Heuristically, this study may generate other studies of the processes of client-centered play therapy.

Hypotheses

The following hypotheses were tested:

1. The experimental group will demonstrate a statistically significant increase in the full scale Wechsler Intelligence Scale for Children scores as compared with either the placebo group or the deferred control group.

2. The experimental group will demonstrate a statistically significant increase in the intelligence score as measured by the Goodenough-Harris "Draw-A-Person" Test as compared to either the placebo group or the deferred control group.

3. The experimental group will demonstrate a statistically significant increase on scores reported by a "Sociometric" test as compared with either the placebo group or the deferred control group.

4. The experimental group will demonstrate a statistically significant increase in self concept as measured by the Self-Esteem Inventory as compared with either the placebo group or the deferred control group.

5. The experimental group will demonstrate a statistically significant increase on perception of school role through the School Apperception Method instrument as compared with either the placebo group or the deferred control group.

Definition of Terms

The following definitions apply to certain selected terms used throughout the study:

Play Therapy--The term "play" does not mean recreation, but carries the connotation of freedom to act and react, suppress and express, suspect and respect (18, p. 7).

> "Play therapy has been devised for young children because of the inadequacy of language as a medium of expression. When the child is supplied with appropriate materials, he conveys symbolically his fantasies and preoccupations. ...Children can overcome certain states of traumatic tension of recent origin by abreacting in a properly equipped environment with appropriate furnishings and materials. ...In children...acting out is a natural means of communication because of their psycho-organic development. Every form of psychotherapy in which play and activity are used is a means of reaching a child's conflicts" (51, pp. 145, 181).

Axline (3, p. 16) agrees that play being the natural medium for self-expression gives the child "the opportunity to play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, and confusion."

Deferred Group--A control group referred to the Pupil Appraisal Center from their school because of learning and behavior or emotional problems and diagnosed as needing help, but returned to their classrooms for normal routine during the period of experimentation. This group received no treatment except the initial diagnosis given by the Pupil Appraisal Center--the test and retest for this study.

Placebo Group--Technically, an inactive substance administered in such a way that the client believes he is receiving actual treatment. Margaret Blaker (6) has indicated that the placebo effect in evaluative research furnishes a more stringent control. This additional control group was used in order to account for the Hawthorne effect and any extraneous variables. This group was administered all of the test battery and came to the treatment center in order to be in the environmental condition of the experimental group but did not receive play therapy (16).

Description of Sample Population

The study was conducted at the Pupil Appraisal Center at North Texas State University. The subjects were selected from the eighty-two referrals to the Pupil Appraisal Center from the Denton County schools during the Spring and Summer of 1968. There were sixty-nine boys and thirteen girls from which the twenty-nine subjects were chosen. Due to attrition, the final population numbered twenty-six. The subjects involved in this study were nineteen boys and seven girls, ages six through eleven years, from grades one through five, representing eleven different schools. There were 73 per cent boys, or a three-to-one ratio. They were in the normal intelligence range and were referred for therapy because of learning difficulty and behavior problems. (See Table XIX.)

Description of the Instruments

The Wechsler Intelligence Scale for Children represents a standard and accepted psychodiagnostic instrument in order to assess intellectual functioning. This distinct test contains standardized scores for verbal, performance and total scale. The scaled score equivalents for raw scores change with each three months so that retest measurement would minimize practice effect by placing the student in a new age group population after three months.

The Goodenough-Harris "Draw-A-Person" test is a standardized well-accepted projective and objectively scored measure of intellectual maturity. Full-scale raw scores are converted from the seventy-three man point scale and the seventy-two woman point scale. The standardized samples were constructed in order to center at the mid-year of each age group. The score expresses the child's relative standing on the test in relation to his own age and sex group. Besides a man and woman score, a mean score of the two is indicated as a more reliable score. Although the self drawing with a point scale has not been standardized, the tentative measure of maturity and comparison with the parent of the same sex is accepted and has precedent as a third estimate of intellectual maturity. These four empirical measures were assessed by this test.

The "Sociometric Measure" asked each child in the class to choose from all the children in the class on three choices

indicating social, work, play. It was possible for each child to choose three other children in each of the three items. Thereby a sociometric diagram would indicate on a continuum from isolates to those most often chosen. The total score of each of the three measures indicates the child's ranking in the class by his peers.

The Self-Esteem Inventory is a fifty-eight item instrument developed by Stanley Coopersmith on which the subject rates himself on a two-point scale by checking "like me" or "unlike me" (5). This self esteem inventory has five subscales: self (26 items); social (8 items); home (8 items); school (8 items); and a lie scale (8 items) for internal consistency. The total scores for this scale by test, retest were used to indicate gains by each group and the subscales were not used. This is one of the newer self concept instruments and probably has better validity and reliability research substantiation.

The School Apperception Method is the most recent projective personality technique presented. It was developed by Dr. Irving L. Solomon and Dr. Bernard D. Starr and was published in 1968. This projective personality technique is closely related to other apperceptive techniques such as the Thematic Apperception Test and the Children's Apperception Test. Its point of divergence is the exclusive emphasis of the School Apperception Method pictures on the school situation. Only the twelve standard pictures were

used because of validation studies by the authors, and the remaining ten scenes pictured biracial groups and other highly sensitive areas relative to adjustment in school. This latter assessment was deemed by the administration of the Pupil Appraisal Center to be too sensitive to use at this time. Bellak's (1) ten categories were given to the clinical scorers along with the manual to use as a framework for evaluating responses. Clinical scorers were asked to follow the nine guidelines in the manual in order to determine change. Scores by two independent raters were handled as objective data for analysis of gains between the groups. Scorers read the manual which describes each picture and the problem area each is designed to emphasize. Scorers were asked to keep in mind the nine analysis criteria and look at each picture, read the initial response, and compare the post-test response, classifying it as 0, about the same; - a poorer response; and + , a healthier or improved response. The School Apperception Method (52) manual suggestions were as follows:

1. Formal Qualities. Reaction time, manner of expression, length of stories, complexity of stories, handling of the cards, etc. The SAM, like all thematic projective techniques, can reveal basic styles of relating to the environment. Useful questions are: How does the child begin his story? Does he plunge into fantasy, hesitate, vacillate, or is he obsessive?

2. Attitudes toward the Teacher and Other Authorities. Is the teacher seen as permissive, vindictive, indifferent, harsh, structured or unstructured? How does the teacher respond to misbehavior, aggression, passivity, dependence, and other styles

of behavior? Does the child react toward authority with compliance, defiance, grudging acceptance, covert anger? What other qualities are projected onto the teacher? Is she interesting, boring, attractive, etc.? Does the child seem to like or dislike teachers? Are there any indications of the specifics of his likes and dislikes? Does the child seem to seek approval from the teacher? Are there any suggestions of attempts to manipulate the teacher or monopolize her time and attention?

3. Attitudes toward Schoolmates. What is the quality of projected interactions among children? What are the values and interests of peers? How are peers described in relation to the main character? Are they sympathetic, judgmental, angry, trusting, emphatic, competitive, passive? Is a sense of group feeling or cohesiveness projected?

4. Attitudes toward Academic Activity. Any references to academic activities (or lack of reference) can reflect on the child's perception of school. For example, a story about children arguing over who was the 28th President of the United States might reflect a certain involvement in school work. Are academic tasks perceived as pleasurable? What kinds of school work are described as painful? Is successful academic work projected as a source of pride and self-esteem? Does academic achievement serve other ends, such as anxiety, competition, status? Are there any indications of academic achievement being a driving force? How does the child feel about performing academically before the teacher and peers? Are there projections of competence or incompetence in the learning situations?

5. Aggression. How does the hero handle his anger - toward or away from himself? What situations seem to trigger anger? The manner in which aggression is expressed is important. Is aggression portrayed as verbal or physical, and what is the quality of the expression, e.g., mild or intense? Is guilt projected when aggression is depicted? What kind of punishment for aggression is elicited? What are the reactions of peers to aggressive outbursts?

6. Frustration. What activities or situations are described as frustrating? What is the projected response to frustration? In the face of frustration, do regressive or constructive activities take place?

How are frustrating situations resolved? What is the perceived role of the teacher in frustrating situations? Is she supportive, rejecting, unsympathetic, etc.?

7. Anxiety and Defense Mechanisms. While anxiety can be part of the other descriptive categories, it is so central to most personality theories that indications of anxiety should also be looked for independently. In this regard, any references to worrying, fearfulness, flight, and any indications of defenses against anxiety or loss of self-esteem should be noted.

8. Home and School. References to parents can often reveal some of the roots of the child's difficulties. Responses such as "his mother is gonna beat him up when he gets home" or "no television for two weeks with that report card" are important indicators of the extent of internalization of values and attitudes, specific fears, problems of identification, and the child's general orientation toward school. Particular attention should be paid to projections indicating the parents' interest and involvement in school affairs. Is such interest sincere or superficial?

9. Punishment. This area, too, will be touched upon in conjunction with responses falling into some of the other descriptive categories. The frequency and quality of references to punishment are often crucial in conveying the child's psychic representation of school. What kinds of activities lead to punishment? Are there situations described where one would expect punishment? Are there situations described where one would expect punishment, but no mention of it is made? What is the projected concept of punishment and the response to it? Is punishment seen as inevitable or avoidable? Are there any expressions of underlying feelings about punishment? Is punishment viewed as fair or unfair?

For analysis indicating direction of change - was recorded as 1, 0 as 2, and + as 3. Initial responses were considered neutral, or 24. Post-tests were totalled and compared statistically. (See Table XVII).

Procedures for Collecting Data

At the beginning of the 1968-1969 school year, two of the twenty-nine students allotted by the Pupil Appraisal Center administration for this study had moved away. The twenty-seven students of this study were assigned to three groups randomly. Their names were placed on cards and, face down, sorted into three groups. The three groups were an experimental group consisting of eleven students, a deferred control group consisting of ten students, and a placebo control group consisting of six students. Only one student was lost due to attrition during the period of study.

All subjects for this study were administered the diagnostic test battery by counselors at the Pupil Appraisal Center. This initial pretesting included the following research items: the Wechsler Intelligence Scale for Children, the Goodenough-Harris "Draw-A-Person," and the Self-Esteem Inventory. The "Sociometric Measure" was taken by the regular classroom teacher, both pre- and post testing. The clinical measure, the School Apperception Method, was administered in the local school because of the nature of the projective technique and its relation to the school setting. Only the twelve standard or regular cards were administered. A private room, usually the counselor's or principal's office, was used. The procedure used was standardized with the manual of instructions. Student responses were tape recorded and protocols typed for each pupil.

The three groups were balanced after the random sorting on the basis of Wechsler Intelligence Scale for Children scores and degree of severity of problem, as ascertained from the California Personality Assessment, and Behavior Rating Scale by teachers. The quality of these three groups thus established was correlated by computing an analysis of variance for the small groups of unequal size. No significant difference between the experimental play therapy group and either of the control groups was indicated. A non-significant difference existed between the placebo and the deferred group.

The parent of a child who had been selected for this study and randomly placed in the placebo group approached the school principal with questions about the diagnostic testing done with his son at the Pupil Appraisal Center. These questions to the principal were in response to a routine administrative letter from the Pupil Appraisal Center informing the parent that diagnosis had been completed and therapy would be forthcoming. The questions as to therapy and the desired outcome expressed by this parent brought about an administrative decision by the director of the Pupil Appraisal Center. This student was placed in the deferred group for the ten-week period of this study. This action was taken rather than to explain to the parent that his child would be a part of a research experiment that might disturb the parent and affect the outcome of this

and subsequent research. The nearest student in terms of intelligence scores and California Personality Assessment and grade level traded places from the deferred group into the placebo group for experimental purposes. After regrouping, another analysis of variance was computed to equate the groups again and no statistical difference between the groups was indicated.

Counselors for this study were three doctoral level students supervised by the Director of Counseling and Research at the Pupil Appraisal Center. These counselors were thoroughly qualified and competent in counseling relationships. They are regularly employed as graduate assistants at the Pupil Appraisal Center of North Texas State University. They did not know which of their regular counselees were a part of this experiment. Each counselor was also assigned two students of the placebo group for which he was responsible. Supervision of the counselors increased the liklihood that the counselor treatment would be very similar.

The experimental group and the placebo control group each attended fifty-minute sessions at the Pupil Appraisal Center each week for ten weeks. The experimental group members each engaged in client-centered play therapy, which is the regular approach of the Pupil Appraisal Center, in a well-equipped playroom following the Axline motif (1). No other program was given to any group beyond their regular

home and school routine until after the ten-week period of this study. Counselors and teachers in the public schools were asked not to initiate special programs for any of the twenty-six students in this study in order to ascertain more accurately the effects of the experiment.

The students in the placebo group came to the Pupil Appraisal Center for their sessions and sat in the lobby under the supervision of a counselor who made no attempt to establish rapport or engage in therapy. These subjects read comic books, or manipulated a puzzle of the states of the United States or "Flipper," or just sat quietly.

The third group was also a control group. Each member of this group was returned to his regular class routine after diagnosis and deferred for treatment until the end of the ten-week experimental period. Retesting for this deferred group began at the conclusion of fourteen calendar weeks. The experimental group and the placebo group members began their retesting after each had completed ten weekly sessions. Due to illness, school holidays and other interferences four months of calendar time were expanded to complete the ten weeks of testing. Only one student was lost due to attrition during the period of study.

Scoring Procedures

The Wechsler Intelligence Scale for Children, the Goodenough-Harris "Draw-A-Person" and the Self-Esteem

Counselors. Goodenough-Harris "Draw-A-Person" scores were computed following the manual of instructions by a doctoral level graduate assistant in the Psychology Department at Texas Woman's University. Her experience, background in elementary education, and competence with projective techniques thoroughly qualified her for this scoring. In her scoring no information which might cause bias was given. The name of each child appeared on each "Draw-A-Person" series, but age and whether or not it was test, retest was not indicated. The Self-Esteem Inventory was scored according to Stanley Coopersmith's scale as each test was completed. (See Appendix A.) The only deviation from instruction was that each first grader took this test verbally and the counselor recorded the responses. This was done because of reading difficulty.

The "Sociometric Measure" was taken by the student's teacher in his regular classroom. The three choices for play, work, and social rating were posted separately according to how many times the student was chosen on each item. (See Appendix B.) This researcher posted the peer group choices as indicated by the classroom teacher on test, retest.

The School Apperception Method was administered in the local school because of the nature of the projective technique and its relation to the school setting. Only the twelve standard or regular cards were administered. A

private room, usually the counselor's or principal's office, was used. The procedure used was standardized with the manual of instruction. Student responses were tape recorded and protocols were typed. Scoring was done by two clinical psychologists. A Ph.D. professor with a background in clinical psychology rated each response for each student comparing the retest to the initial test. He scored the item: 1 for a poorer response or regression, 2 for no indication of change, and 3 for an improved or better response. The second scorer was a Ph.D. professor with a background of clinical and child psychology. He scored each entire retest using the initial test as the basis and viewing the items collectively scored a 1 for a poorer response or regression, 2 for no indication of change, and 3 for an improved or better response. In computing these scores, the initial test and item was considered a 2 or neutral position for computation and comparison.

Procedures for Treating Data

The data were analyzed by the use of standard statistical techniques. Objective methods were used throughout, with the one exception necessitating the handling of the data on the School Apperception Method. Scores on this projective technique were handled quantitatively also. Test and retest means were computed for test representing each of the variables indicated as criteria for the

experimental, placebo, and deferred groups. Simple mean gain scores between groups were examined to indicate acceptance or rejection of the hypotheses. Comparison among groups was made by using analysis of variance. The five per cent level was accepted as statistically significant in the analysis of the data.

CHAPTER BIBLIOGRAPHY

1. Abt, Lawrence Edwin and Leopold Bellak, editors, Projective Psychology, New York, Grove Press, 1950.

2. Almy, Millie C., Edward Herden, and Paula Miller, Young Children's Thinking, New York, Columbia University Press, 1966.

3. Axline, Virginia, Play Therapy, New York, Houghton Mifflin Company, 1947.

4. Bass, B. M. and A. B. Irwin, Objective Approaches to Personality Assessment, New Jersey, D. Van Nostrand Company, 1959.

5. Bellak, L., B. A. Pasquarelli, and S. Braverman, "The Use of the Thematic Apperception Test in Psychology," Journal of Nervous and Mental Disorders, LXIV (1949), 110.

6. Blaker, Margaret, "Control Groups and the 'Placebo Effect' in Evaluative Research," Social Work, VII (1962), 52-58.

7. Bledsoe, Joseph C., "Self Concepts of Children and Their Intelligence, Achievement, Interests and Anxiety," Journal of Individual Psychology, XX (1964), 55-58.

8. Blumberg, Herbert H. and Clinton B. DeSoto, "Avoiding Distortions in Sociometric Choices," International Journal of Sociometry and Sociatry, V (1968), 90-95.

9. Boshier, Roger and Paul Homid, "Academic Success and Self Concept," Psychological Reports, XXII (1968), 1191-1192.

10. Boy, A. V., "An Experimental Study of the Effectiveness of Client-Centered Therapy in Counseling Students with Behavior Problems," Psychological Abstracts, XXI (1960), 2010.

11. Brown, Janet R., "An Explanatory Study of Change in Self Concept," Dissertation Abstracts, XXVIII (1968), 3990-3991.

12. Conn, J. H., "The Play Interview as an Investigative and Therapeutic Procedure," Nervous Child, VII (1948), 757-786.

13. Coopersmith, Stanley, The Antecedents of Self-Esteem, San Francisco, W. H. Freeman Company, 1967.

14. Dana, R. H., "An Application of Objective TAT Scoring," Journal of Projective Techniques, XX (1956), 159-163.

15. Dotta, Lois E. and Ann K. Drake, "Examined Sex and Sexual Differentiation in Pre-School Children's Figure Drawings," Journal of Projective Techniques and Personality Assessment, XXXII (1968), 397-399.

16. Eysenck, H. J., Handbook of Abnormal Psychology, New York, Basic Books, Inc., 1960.

17. Frank, L. K., Projective Methods, Springfield, Illinois, C. C. Thomas, 1948.

18. Ginott, Haim G., Group Psychotherapy With Children, New York, McGraw-Hill Book Company, 1961.

19. Goodenough, Florence L., "A New Approach to Measurement of the Intelligence of Young Children," The Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 185-211.

20. Griffith, Albert V. and Dorothy W. Lemley, "Teeth and Threatening Look on the Draw-A-Person Test as Indicating Aggression," Journal of Clinical Psychology, XXIII (1967), 489-492.

21. _____, editor, Guidance Services on Elementary Schools, A National Survey of United States Department of Health, Education, and Welfare, Office of Education, 1966.

22. Harris, Dale B., Children's Drawings as Measures of Intellectual Maturity, New York, Harcourt, Brace and World, 1963.

23. Harrower, Mary Rachel, Psychodiagnostic Testing: An Empirical Approach, Illinois, Charles C. Thomas Publisher, 1965.

24. Harrower, Molly, Melicen Roman, Pauline Vorhaus, and Gerald Bauman, Creative Variations in the Projective Techniques, Illinois, C. C. Thomas, 1960.

25. Hartman, A. A., "An Experimental Examination of the TAT in Clinical Diagnosis," Psychological Monograph, LXIII (1949), 303.

26. Henry, William E., The Analysis of Fantasy, TAT, New York, John Wiley and Sons, Inc., 1956.

27. Jenkin, Noel, George Spivock, Murray Levine, and William Savage, "Wechsler Profiles and Academic Achievement in Emotionally Disturbed Boys," Journal of Consulting Psychology, XXVIII (1964), 290.

28. Kasper, Joseph C., Frances M. Thorne, and Jerome L. Schulman, "A Study of the Inter-Judge Reliability in Scoring the Responses of a Group of Mentally Retarded Boys to Three WISC Subscales," Educational and Psychological Measurement, XXVIII (1968), 469-477.

29. Knight, Octavia B., "The Self Concept of Educable Mentally Retarded Children in Special and Regular Classes," Dissertation Abstracts, XXVIII, (1968), 4483.

30. Lebo, Dell, "The Development and Employment of VTAT's or Pictureless TAT's," Journal of Psychology, L (1960), 197-204.

31. Lebo, Dell, "The Present Status of Research on Non-Directive Play Therapy," in Mary R. Haworth, Child Psychotherapy, New York, Basic Books, Inc., (1964), 421-430.

32. Levine, Harold A. and Marilyn Gross, "Suitability of the Harris Revision of the Goodenough Draw-A-Man Test for a Psychiatric Population," Journal of Clinical Psychology, XXIV (1968), 350-351.

33. Lovinger, Sophie L., "The Interplay of Specific Ego Functions in a Six-Year-Old Child," Dissertation Abstracts, XXVIII (1968), 4760.

34. Lyle, J. G., "Errors of Retarded Readers on Block Designs," Perceptual and Motor Skills, XXVI (1968), 1222.

35. McDaniel, Henry Bonner, J. E. Lallas, J. A. Saum, and J. L. Gilmore, Readings in Guidance, New York, Holt, Rinehart and Winston, Inc., 1961.

36. McHugh, Ann F., "Sexual Identification, Size, and Associations in Children's Figure Drawings," Journal of Clinical Psychology, XVIX (1963), 380-382.

37. McKerracher, D. W. and R. A. Watson, "Validation of a Short Form WISC With Clinic Children," British Journal of Educational Psychology, XXXVIII (1968), 205-208.

38. Mischel, Walter, Personality and Assessment, New York, Wiley and Sons, Inc., 1968.

39. Moustakas, C. E., Psychotherapy With Children, New York, Harper, 1959.

40. Murphy, Gardner, Personality, New York, Basic Books, Inc., 1959.

41. Murstein, Bernard I., "Discussion for Current Status of Some Projective Techniques," Journal of Projective Techniques and Personality Assessment, XXXII (1968), 229-232.

42. Murstein, Bernard I., editor, Handbook of Projective Techniques, New York, Basic Books, Inc., 1965.

43. Peters, Herman J., Anthony C. Riccio, and Joseph J. Quaranto, Guidance in the Elementary School: A Book of Readings, New York, Maximillian Company, 1963.

44. Prentice, Norman M., "Individual Achievement Testing of Children with Learning Problems: A Clinical Guide," Journal of Projective Techniques and Personality Assessment, XXVIII (1964), 448-464.

45. Quereshi, M. Y., "Intelligence Test Scores as a Function of Sex of Experimenter and Sex of Subject," Journal of Psychology, LXIX (1968), 277-284.

46. Rabin, Albert I. and Mary R. Haworth, editors, Projective Techniques With Children, New York, Grune and Stratton, 1960.

47. Roback, Howard B., "Human Figure Drawings: Their Utility in the Clinical Psychologist's Armamentarium for Personality Assessment," Psychological Bulletin, LXX (1968), 1-19.

48. Rogers, Carl R., Client-Centered Therapy, Boston, Houghton Mifflin, 1951.

49. Rogers, Carl R. and Rosaline Dymond, editors, Psychotherapy and Personality, Chicago, University of Chicago Press, 1954.

50. Silverstein, A. B., "WISC and WPPSI IQ's for the Gifted," Psychological Reports, XXII (1968), 63-66.

51. Slavson, S. R., Child Psychotherapy, New York, Columbia University Press, 1962.

52. Solomon, Irving L. and Bernard D. Starr, School Apperception Method, New York, Springer Publishing Company, 1968.

53. Swensen, Clifford H., "Empirical Evaluations of Human Figure Drawings," Psychological Bulletin, LXX (1968), 20-44.

54. Thompson, Jack M. and Robert A. Sones, "The Education Apperception Test: A Preliminary Development," California Journal of Educational Research, XVIX (1968), 101-111.

55. Vacc, Nicholos A., "A Study of Emotionally Disturbed Children in Regular and Special Classes," Dissertation Abstracts, XXVIII (1968), 4499.

56. Wylie, Ruth C., "Children's Estimates of Their School Work Ability, as a Function of Sex, Race and Socioeconomic Level," Journal of Personality, XXXI (1963), 203-224.

CHAPTER II

SURVEY OF RELATED LITERATURE

Introduction

A comprehensive perusal of the psychological literature indicates play therapy has been rather heuristic. Predating the formal discipline of Wundt's 1879 beginnings, an interest in play stretches back into history. Lebo (100) reviews the philosophic interest in the theories of play found in the works of Aristotle, Schiller, Spencer, Mata, Groos, and Hall. More specifically, the interest in play therapy parallels that of psychoanalysis which Freud initiated. Rousseau (145, p. 71) indicated the belief in childhood as a period of growth and of great value because of its games. He encouraged teachers to join the games of children as a companion in order to properly understand and relate to the child. Lebo in the article "The Development of Play as a Form of Therapy from Rousseau to Rogers" does a brilliant job in tracing the historical development of play therapy (95).

The first actual case of recorded play therapy was "Little Hans", treated by Sigmund Freud. This five-year-old phobic boy (95, p. 418) was diagnosed and treatment prescribed from the data the parents collected in a diary for several years. The father followed the therapeutic play advised by Freud. An Oedepus conflict was diagnosed.

Typically the boy played horse and would fall down or would bite the father. The father allowed the boy to play out his feelings and established more mature relationships. Publication of his theory attributing sexual desires of a boy to possess his mother brought public censure to Freud. Freud was vindicated when "Little Hans" revisited him after thirteen years and was well, with no obvious inhibitions and a mature relationship with his parents. Most play therapy methods followed the Freudian motif with varying degrees of effectiveness until the late 1920's and 1930's.

Hurlock (82) presents an excellent survey of the early literature. Her bibliography is thorough, with a review of 128 titles prior to 1933. This was not just an evaluation of experimental studies but an organization of material on the basis of age-periods in play and the types of play involved in at various times by each sex. She reviews three 1898 studies: Croswell, "Amusements of Worchester School Children," Gulick, "Psychological, Pedagogical, and Religious Aspects of Group Games," Sheldon's "The Institutional Activities of American Children." Her earliest citing was the 1896 Ellis article in collaboration with Hall, "A Study of Dolls," (43).

Typical of the many early non-psychoanalytical studies of play were those by Lehman (102, 103, 104, 105). Hunt (81) made an appeal for equipment to be used in play in order for the most efficient development of muscular and

mental capacity of children. His article cites the importance of play in the writings of Rousseau, Froebel, Groos, Hall and Dewey. He strongly advocates the recognition of play as activity and never passive.

Anna Freud (115) was the foremost leader of the branch of psychoanalysis termed child analysis. Lebo (95, p. 419) points out that few psychoanalysts were capable of child analysis. They mostly collected observations and diagnosed children's behavior. Few psychiatrists even with warm and friendly approaches could get the child to bring up repressed episodes or participate in play therapy as free association. Even though the leading authorities such as Anna Freud and Von Hug-Hellmuth indicated that play analysis was absolutely essential, there were no established rules or techniques.

Melanie Klein formulated her psychological principles of infant analysis. She regarded the super-ego of the child as well developed and made immediate interpretation to reduce anxiety. Play was direct access to the unconscious. Anxiety was caused by immature and therefore naturally severe super-egos. Play was substituted for free association and much use was made of toys. A contrary psychoanalytical school developed after the publication a year later, in 1928, of Anna Freud's Introduction to the Technique of Child Analysis. Play was considered analogous to dream interpretation with adults. Unconscious emotions were behind the imaginative play, paintings and drawings.

Anxiety was the result of underdeveloped super-egos. The importance of the child's relationship and dependence upon the counselor was emphasized. Rapport was essential before any child play could be interpreted. Lebo (95, pp.419-420) points out these two contrasting theories and their development. The most recent development produced by psychoanalysis is called active play therapy.

By the late 1930's, Otto Rank (137) led in the establishment of relationship therapy. The major emphasis was on the curative power of the emotional relationship between the therapist and the client. The experience of play was important in itself and no insight necessary or explanations afforded.

> "Relationship therapy, while starting off as a vigorous movement, has merged almost completely into a newer therapeutic attitude and non-directive approach. The person responsible for the submergence of relationship therapy and the emergence of non-directive therapy is Carl Rogers" (95, p. 421).

Non-directive therapy (141) grew out of work with children's problems and play therapy. Rogers' client-centered philosophy and techniques have been successfully and thoroughly applied to play therapy by Virginia Axline (6).

Lebo (98) in "The Present Status of Research on Non-Directive Play Therapy" has brought to fruition his historical analysis of play therapy. Dorfman (41) points out the heritage of client-centered play therapy with the past. From the Freudian position, client-centered therapists took the meaningfulness of unmotivated behavior, permissiveness, catharsis, and presence

of repressions. From the theories of Rank they took the lessening of the authoritative positions of the therapist, the emphasis upon response to express feeling rather than content, and permitting the child to use the hour as he chooses. From both these and educators they took the theory that play was the natural language of the child.

Carl Rogers (94) and the disciples of client-centered therapy quickly departed from the diagnostic and directive trend of the pre-1930 era. The literature on play therapy in the client-centered milieu is limited but significant. The schools of therapy have interchanged much in technique, process and equipment. Harms (70) makes the valid observation that American studies of play, particularly of a psychoanalytic orientation, have ignored the scientific contribution and theory of European scholars of the past two centuries.

There are many and varied types of play therapy, all having much commonality. Filmer-Bennett and Hillson (47) sent a questionnaire to 290 outpatient child clinics. They got a forty per cent return of their questions as to the clinic's orientation, use of group therapy and the factors considered in prescribing play therapy. They concluded that the similarities tend to outweigh the differences in child play therapy practices. Ginott and Lebo (61) sent a questionnaire to 227 play therapists. They requested identification as to non-directive, psychoanalytic or other approaches to counseling. Compared on fourteen situations,

there was no consistent pattern apparent. Their orientation did not differ, while all used many varying limits. The literature abounds with various approaches and accents on the play therapy theme. All kinds of play therapy seeks special influence and recognition and each should stand on its strengths and weaknesses as valid research data.

> "Like client-centered counseling, play therapy is based upon the central hypothesis of the individual's capacity for growth and self-direction. The work of the client-centered play therapist is an attempt to test the validity of this hypothesis under varying conditions" (141, p. 238).

Play therapy is a method of treating children with emotional problems that for them are often more traumatic than those of adults. Horney (79, p. 41) agrees with other authorities that the child's tender developing personality is not equipped to handle extreme anxiety arising from internal or external forces. A child who has feelings of inadequacy or helplessness in a potentially hostile and strange world often develops an emotional disorder. Many divergent and adverse environmental factors produce this insecurity: direct or indirect domination, indifference, erratic behavior, lack of respect for the child's individual needs, lack of real guidance, disparaging attitudes, too much or too little responsibility, overprotection, isolation from other children, injustice, discrimination, unkept promises, hostile atmosphere, and many more.

Emotionally disturbed children develop many divergent unnatural behaviors in dealing with their problems (128, p. 338). Mussen, Conger, and Kagen continue their analysis by pointing out that any maladaptive behavior may become a rather permanent fixture of the personality. These emotional disorders often require special psychological treatment for alleviation or elimination. Most child therapists use play therapy as a therapeutic device to correct the consequences of complex disturbed family relationships or insufficient and inadequate school experiences. Axline (6) consistently applies Rogerian principles in her twelve publications and indicates that play therapy is the simplest method of helping an emotionally disturbed child to help himself. It is based upon the fact that play is a child's natural means of expression. This play therapy gives the child ample opportunity to play out his feelings, just as in client-centered adult therapy, the person talks out his difficulties.

Client-centered play therapy leaves the matter of responsibility and direction of the therapy to the child with the trained counselor relating as a guide. Although many therapists of other orientations also use play therapy as a counseling technique, they assume a responsibility for diagnosis, interpretation, and guidance in the use of this form of counseling. Research is considered and reviewed regardless of its orientation because of its applicability.

General Research Studies

Moustakes (122) presents a definition of play therapy most acceptable to the client-centered school:

> Play therapy is a relationship between the child and the therapist in the setting of a play-room where the child is encouraged to express himself freely, to release pent-up emotions and repressed feelings and to work through his fear and anger so that he comes to be himself and functions in terms of his real potentials and abilities.

Axline (6, pp. 75-76) establishes eight basic principles for the client-centered therapist's use as guidelines in contacts with the child. These principles are

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

2. The therapist accepts the child exactly as he is.

3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.

4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.

5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

Ginott (56) points out that a therapeutic relationship can be established and maintained effectively only if the therapist understands the child and what he is trying to communicate. However, the therapist will have difficulty in adequately relating to the child unless he understands completely all the child's play messages. A commitment to the client-centered approach brings avoidance to questioning which might cause ineffectiveness of play, resistance to the counselor, or silence by the child. Appropriate toys make it much easier for the therapist to understand the meaning of the child's play.

Lebo (115, p. 196) issued a rather critical view of play therapy, stating that

> Research in nondirective therapy with adults is sound and extensive. Research in nondirective play therapy with children is still meager, unsound, and frequently of a cheerful persuasive nature. It has seemed to the present writer that such articles could be more correctly classified as propaganda than as research.

He reports that most studies savor of a desire to support client-centered play therapy than they do experimental research.

Hare (69), in a study "Shortened Treatment in a Child Guidance Clinic: The Results of 119 Cases," compared psychotherapy and play therapy given for six one-half hour sessions with various time lengths of therapy up to two

years. At discharge, one half were pronounced recovered and twenty-eight unimproved. After two years 75 per cent had remained cured. A strong case is made for short sessions and shorter, earlier diagnosed play therapy.

Studies made by various researchers in the 1930's (22, 31, 42, 44, 52, 80, 83, 111, 153) revealed increasing interest in the research on play activity with children. The need by children to play as a natural means of development and communication, as well as experimentation with their environment, is emphasized. Adult standards cannot be placed upon the activities of the children or meaning of their play.

Ginott (59) and in another similar study, Ginott and Lebo (61) investigated the limits that could be set upon play therapy. In the latter study a fifty-four item questionnaire on limits of play therapy received responses from 227 play therapists. The orientation included one hundred psychoanalyses, forty-one nondirective and eighty-six ecclectic therapists. Two patterns were revealed. Play therapists showed greater permissiveness in areas prohibited by society at large. They allowed utterances of profanities, which included the writing of four-letter words, drawing, painting, and making obscene objects. The children were allowed to make racial slurs. Therapists would not allow yelling of profanity at passersby or blatant physical aggression to be expressed in the playroom. Children were not allowed to

destroy costly furnishings or equipment or to make physical attacks on the therapist.

Greenacre (64) hypothesizes that many anxiety-provoking problems in current life become the child's source of play. Children reduce their severe anxiety through illusory mastery and further maturational developments. Some play developments may constitute stages in developing potential neurosis. This work lead Greenacre to believe that creative people are not only playful but restless and markedly responsive to the new in an unusual degree. The role of anxiety in connection with creativity and the artistic product varies according to the special nature of the interlocking relationship between the personal self and the artistic self in a creative individual.

Research on the Process of Play Therapy

The greatest criticism offered by Lebo (115, p. 197) is that "a determination of the process of play therapy, as contrasted with the results of play therapy, has been the subject matter for only three known research studies." These three studies,made prior to 1953, deal with the process and just what takes place in client-centered play therapy, as against other studies which deal with the results of play therapy.

The first of these articles was by Landisberg and Snyder (115) and is titled "Non-Directive Play Therapy," and is a study of the protocols of three successful and one incomplete

case. In this study of five- and six-year-old children, they analyzed what took place in client-centered therapy, using adult categories for description. They found that these children released more feelings as the sessions progressed. The children's actions became more directed to others than to themselves or the counselors. No insightful statements were made by the children whose records were studied.

The next study, by Helene Finke (115, p. 198), is reported by Dell Lebo. It is entitled "Changes in the Expression of Emotionalized Attitudes in Six Cases of Play Therapy," and was her 1937 master's thesis at the University of Chicago. This study analyzed children's non-directive play therapy protocols, but developed new classifications instead of adult ones previously used. The children's age range was from five to eleven years of age. Six different therapists each treated a child revealing similar treatment, trends of action, and very similar results. Finke found that different children, undergoing therapy with different therapists, showed similar trends, which tended to divide play therapy into three stages:

1. Child is either reticent or extremely talkative. He explores the playroom. If he is to show aggression at any time during therapy, a great deal of it will be exhibited in this stage.

2. If aggression has been shown, it is not lessened. This child tests the limitations of the playroom. Imaginative play is frequently indulged in here.

3. Most of the child's efforts are not expended into attempted relationship with counselor. The child tries to draw the therapist into his games and play.

Like Landisberg and Snyder, Finke found no trends for positive statements. Unlike them, she found no trends for negative statements. The verbal characteristics of adult counseling sessions did not appear. Finke concluded that non-directive play therapy had its own characteristic pattern, which was repeated in case after case.

The third study was by Dell Lebo (115, pp. 198-199) himself. He used Finke's categories to describe these results. Twenty children were given three play therapy sessions by the same therapist in the same playroom. The children were equated for intelligence and social adjustment. Five age groups were ranged with two boys and two girls in each group: four, six, eight, ten and twelve years of age. Fifteen pages of verbatim notes were selected by a table of random numbers from 166 pages of protocol, and then categorized by three therapists. The percentages of agreement were similar. All the protocols were then analyzed by Dell Lebo. His results indicated that maturation seems to account for trends in statements and types of play as children grow older. Older children told therapists fewer of their decisions, spent less time exploring limits, and made fewer attempts to involve the therapists in their play.

> The three studies, while not strictly comparable, would seem to indicate that non-directive play therapy is an objectively measurable process; that children's emotional expressions are altered in a discernible manner; and that maturation appears to be related to the type of expression of therapeutic change. Beyond such statements

the studies substantiate few of the philosophical aspects of play therapy.

Axline (11) deals with what happens to the child as a possible result of a play therapy experience. In a very lucid style of writing she cites excerpts from three case studies which she concluded increased the child's feeling of adequacy to cope with increased self understanding. Due to obvious changes in behavior and parent's report of better adjustment for these children ages four and a half, five, and seven years, glowing claims for play therapy are made. She suggests that the play therapy experience freed the child from the chains of past experiences and gave him a safety zone within which to operate. She implies that new attitudinal habits allowing adjustability and preventing rigidity of adjustment have brought about the obvious emotional relaxation and feelings of security and independence within these children.

Siegel (155) studied the process of aggression in child's play as affected by the presence of an adult. His hypothesis was that aggression decreases in the absence of an adult and increases in the presence of an adult, in play between boys. For his experiment eighteen pairs of boys ages four to seven years were observed in two play sessions. The rate of aggression of the eldest of each pair of boys was measured by an observer and the hypothesis was supported. Ginott (58) suggests the establishment of common-sense policy for maintenance of the playroom. He discusses the

problem of initial contact and separating the mother and the child in order to establish rapport.

Axline (10) studied the process of play therapy by an analysis of recorded play therapy sessions and follow-up studies. Her conclusions are typically client-centered as to the results of giving a child the opportunity to learn about himself. Lebo (93) evidently had this type of research in mind when he offered the criticism that quantitative research on what takes place in play therapy has been meager.

In the previously mentioned study by Axline, her research seems to be the interspersion of anecdotes from children engaged in play therapy. She concludes and reinforces her study

> In play therapy experiences, the child is given the opportunity to learn about himself in relation to the therapist. The therapist will behave in ways that he intends will convey to the child the security and opportunity to explore not only the room and the toys but himself in this experience and relationship. ...There are many glib, overly simplified terms applied to the process of psychotherapy. The use of the term "permissiveness" has sometimes seemed to put a stamp of approval on completely uncontrolled behavior. It seems more appropriate to define "permissiveness" functionally as the opportunity to utilize the capacities within the individual for the expression of emotionalized attitudes and thoughts and feelings when channelized into symbolic, legitimate activities by the sensible use of limitations in the hope that the child learns responsible freedom of expression. ...There needs to be sensitive communication between therapist and client. ...The limitations of time and space seem important. If the child experiences consistent, predictable boundaries of time and place, he gains a sense of stability and security (10, pp. 620-624).

This type of assertion without experimental research will never satisfy criticism such as that offered by Lebo.

In another study taking excerpts from three play therapy experiences, Axline (11) seeks to show what happens to a child as a result of play therapy. This study, previously cited, concludes that it contains sufficient evidence to assert that the child perceives himself in the relation to others and is dependent upon his present feelings of adequacy to cope with environmental situations.

The Influence of Materials and Locale Upon the Process

Some research attention has been given to the setting and initial interview as it affects the process of play therapy. Setting limitations and screening the clients are customary with most play therapists. Despert (37), Conn (32), Ginott (59), Slobin (158), and others discuss observations, research, and common-sense opinion about the initial meeting and establishment of rapport. This seems to be an area of commonality among all types of play therapists. Franklin and Benedit (50) have published a book Play Centers for School Children: A Guide to Their Establishments and Operation. A common practice of most child guidance clinics is the preparation of handbooks for orientation and explanation of their processes and therapeutic methods.

In a study by Boynton and Wang (25), a play inventory list for checking games liked and games disliked was presented

to eighteen hundred children in the fourth, fifth, and sixth grades. The children's economic status was ranked from school data on the home and family. Three economic groups were identified as very low, middle, and very high. This study sought to show the influence of economic background upon the play interest of the child. Out of 216 possible differences in preference, the study indicated nineteen consistent relationships between economic status and game preference enjoyment. This was only a slight indication of significant difference. Such studies as this tend to support the client-centered therapists' contention for the universality of their method.

Van Alstyne (168) sought to establish a rating scale of play behavior on twenty-five types of materials used by children in a free-play situation. His population included seventeen two-year olds, twenty-five three-year olds, twenty four-year olds, and fifty five-year olds. There were some indications of directions towards establishing a rating scale. In 1938 Kawin (87) published The Wise Choice of Toys, advocating increased use of educationally oriented toys. Lebo (96, 99) calls the lack of educationally oriented toys in play an international problem.

Ginott (55) and Axline (6) have gone to great lengths to present both a rationale for and suggestion of toys to be used most effectively in play therapy. Gilmore (54), from the psychoanalytic viewpoint, suggests that according to

Piaget's theory, children play with toys on the basis of their relevance to anxiety. Case studies are cited to indicate that the most anxious child chooses to play on the basis of the novelty of the toy. He indicates that the novelty does not interest the child in the preference, but that the anxiety affects his attraction to novelty toys. Slavson, Thaun, Tendler, and Gabriel (157) follow the same reasoning, indicating that a child's need results from a weak ego. Play things are a means of communication and self expression to the child which aid in strengthening the personality structure.

Nickols (130, 131) has engaged in the practical presentation of how to equip a play therapy room. He gives specifications for a space saving examination table that can be used for drawing, testing, platform for doll houses, or folded out of the way for target games. He also suggests certain target games as techniques for examination and as play therapy activities.

Doll play as a concomitant to play therapy has been a major area of research. Levin and Wardwell (108) have investigated five areas of methodology of doll play. Axline (6) recognizes this important area of material influencing the therapy situation. Soloman (161) describes two distinct types of play in the therapy situation as active and passive. The use of doll play between the therapist and the child is described and embellished with case study references. He

contends that there should be modification of techniques in order to arrive at a symptomatic picture of the child at the beginning of therapy.

Phillips (134) investigated doll play as it related to realism and length of therapy session. The experiment included forty children age three to six. He varied two characteristics, the kind of material and the duration of the study. The dolls differed only in respect to realism. Four matched groups were arranged, with ten children assigned to each of the four experimental conditions. The experimenter recorded the behavior and did his own computations. He concluded that children engage in more exploratory behavior which is less organized with more realistic material than they do with toys which are less realistic. Aggression did not vary significantly as a function of any of the experimental conditions.

Robinson (140) experimented with fifty subjects age three to six years. He examined the differing effects of projection on standard dolls as against projection on dolls of a child's own family constellation. He explored the direction of aggression, and the amount and type of thematic play and indications of identification under the experimental condition. He found that the number of significant identifications was statistically greater with dolls of a child's own family constellation. The kinds of aggression and the amounts of thematic play were not significantly different.

Moore and Ucko (119) investigated doll-play techniques with 115 children tested at four years of age and retested again at six years of age. The test, retest was a structured doll-play situation. The situations were very similar and boys were more anxious. Sears (150) investigated doll-play with normal pre-school children. She studied 150 pre-school children in doll play in order to ascertain the influence of sex, age, sibling status, and father's absence. She found that boys were more aggressive than girls. Girls showed aggression by producing psychological harm but not physical. Sibling status directly affects aggression. Absence of a father affected the behavior patterns of boys but not of girls. Sargent (146) observed the spontaneous doll play of a normal nine-year old boy. His examination was unobserved and he cites instances of the child's behavior. He concluded that the subject appears to project his personal problems in the same way that neurotic children do in a therapy session. These conclusions support the contention that play of a child's own accord is important. This kind of spontaneous play aids the child in solving conflicts and problems as well as in making adequate adjustments to life. This seems to indicate that play is a good diagnostic technique which needs further empirical investigation.

Pintler (135) investigated the relationships of a child's interaction with the therapist and the method of initial organization of play materials. Ten children were placed in

four different groups. Age of the subjects ranged from three to six years. Factors under investigation were the way the materials were presented, organized or disorganized, and the degree of therapist's interaction, slight or high level. She found that amounts of exploratory and tangential and stereotyped thematic play were not affected by either variable. Greater amounts of aggressive play were found under the conditions of high interaction and well organized situations, as against conditions of low interaction and unorganized situations. This seems to accord with the studies of democratic and laissez-faire and authoritarian leadership by Lippett and White.

Woltman (170) did one of the handful of studies on puppetry as it related to child learning and expressiveness. Levinson (109) investigated the relationship of a child playing with pets in a therapeutic situation. He suggests a theoretical basis for the effectiveness of this technique in play therapy.

The Influence of Subprofessional Counselors Upon the Process

Alexander (1) suggests that case studies of play therapy are invaluable to the total education program of future teachers. Child-teacher relationships can be made more meaningful by such case studies. The observation of play therapy by teachers would bring about a recognition of therapy as an attitude rather than a technique in which the child finds he can transfer experiences to life beyond the therapeutic situation.

Guerney (66) has experimented with the use of training parents as play therapy counselors. In groups of six to eight, parents were trained to engage in therapy with their emotionally disturbed young children. His orientation and methodology are client-centered. Parents continue to conduct play at home and come to the center for training sessions. This approach with two groups suggests that the method deserves further exploration as a tool for gaining insight into child fantasy and the child-parent relationship. This appears to be an approach poignant with research possibilities. Stollak (162) takes a similar approach but does experimentation on the effects and advantages of training college students to serve as play therapists.

Play Therapy in the Treatment of Physical Ailments

Very little research has been done in the area of physical ailments. Most of that which has been done has been with handicapped people or in relationship to rehabilitation. These areas of therapy for the most part have dealt with recreation and development of skills and not with play therapy *per se*. The meager investigations have been mostly psychoanalytical or directive in nature, with little or no research from an unstructured or client-centered perspective. Rothschild (144) is typical of those who have investigated play therapy with the blind. He investigated the activities of play and discussed various approaches as to what kind of

play would be most effective with blind children. Axline (12) recognizes this as an area of need.

Smith (159) and Bernstein (16) are significant in presenting research findings pertinent to the use of play therapy in hospital settings. The latter article examines the use of play therapy as to its limitations in usage by pediatricians. He discusses diagnosis, investigations, equipment, and the therapeutic aspect of play as normal expressions of the child in relationship to medical treatment.

Gibbs (53) discusses the relative success of group play with children ages four through twelve in England. He appraised the success of play therapy with sixty-three children referred to three different British clinics between 1940 and 1942. He indicates that group play was not successful in many cases as compared with the results of individual play therapy. He presents an interesting, well-documented case of a nine-year old boy troubled with chronic asthma. After twenty-two individual play therapy sessions, covering a period of one and a half years, the boy was dismissed as cured. He suggests that group play therapy can be recommended for certain educational difficulties and for cases of generalized anxiety, and for cases of behavioral disorder related to school and home.

Harms (71) has made a serious attempt to create a systematic play diagnosis which shows the inter-relationships of the psychology of the child, the philosophy and psychology of the therapy, and the mental health of the child. He

concludes that little is known about play diagnosis and the research that has been done in using play as a diagnostic instrument which has yielded meager results. Axline and Rogers (13) present a detailed case history of a maladjusted six-year-old boy whose problems included a throat constriction that prevented eating. As the case history unfolds, the teacher-therapist, acting in a client-centered motif, aids the child to progress to maturity and gain insight into his life which allows a more successful adjustment. Problems aided by this play therapy were of an anti-social nature: infantile actions, eating problems, rejection of family relationships, and personal adjustment. This is probably the kind of rehabilitative therapy with which client-centered techniques can most effectively be used in medical situations.

Play Therapy in the Treatment of the Retarded

Play therapy as a technique has been successfully employed with profoundly retarded children. Axline (115, p. 199) and Carlson and Gingland (29) all report improved development for these retarded children in such areas as physical, mental, social, or home development. Bell (14) found that play therapy techniques used with severely retarded children provided healthy social relations, reduced anxiety, and restored elements of growth previously restricted.

Benoit (15) explains the role of parents in the use of play with their retarded children. Mundy (126) investigated

measured increases in IQ as a result of play therapy. Fifteen cases comprising the 1937 Binet Intelligence Scale and the degree of disturbance were matched with ten control cases. An increased mean score of a group by test, retest would indicate significant change to accept the hypothesis. The treated group showed significant intelligence scale gains on retest after nine to thirteen months. Another scale using the Drever-Collins performance test IQ's for physically handicapped proved insignificant. Social improvement by the experimental group was noted and described.

Mehlman (116) studied thirty-two institutionalized mentally retarded children. He divided them into three matched groups in order to investigate personal and intellectual changes and the inter-relationships between such changes as a result of non-directive group play therapy. Subotnik and Callahan (164) did a similar study. Eight retarded boys, ages eight to twelve years, who were referred by teachers and parents, were given a short-term series of individual play therapy sessions. Eight weeks prior to the play therapy pretesting was done. This testing included children's anxiety pictures, auditory memory for digits, vocabulary, "Draw-A-Person," and the Bender Gestalt tests. Pretesting was given at the beginning of therapy. Subjects were retested after eight weeks of therapy. Another retest was made after eight weeks of follow-up. Comparable improvements were made for the four eight-week periods. Results of all tests showed

no significant change. Teacher ratings of the six categories showed some improvement, but even this was not significant.

Tilton and O'Hinger (166) compared the toy play of children with behavior problems, normal children, and retarded children. Twenty-minute play periods were observed and observations recorded on sixty items relative to the subject's toy play repertoire. Normal and retarded children exceeded the autistic children in amount and variety of play. Normal children exceeded all of the population in play and in combination of usage of toys in unstructured play sessions.

Leland, Walker, and Taboada (106) investigated group play therapy with eight boys, ages four and a half to nine and one half years. Other therapies had proved ineffective with this group of post-nursery male retardates. All possessed behavior problems and social maladjustments. Pre- and post-tests were made with a six-week interval of group play therapy. The Vineland Scale of Social Maturity and Wechsler Intelligence Scale for Children were administered. In all, ninety hours of group play therapy were engaged in during the six-week experiment. The authors concluded that play therapy did activitate an intelligence potential which was untapped before play therapy. No significant change in the level of social maturation was found.

Play Therapy in the Treatment of Social and Personality Problems

Client-centered play therapy has had rather wide usage with children who have been institutionalized because of delinquency and with those who have social and personality disorders. Maisner (114, pp. 235-250) describes the use of play therapy used as a part of a re-educative program at the Wayne County Training School. This study involved children between eight and thirteen years of age referred for bad behavior and indications of maladjustment. The personality difficulties presented were varied, including autistic-schizoid adaptations, negativisms, destructiveness, hyperactivity, and aggression. The children had been in residence from one month to three years; IQ's ranged from forty-one to eighty-six. Each child was seen for a minimum of six individual play therapy contacts and most were seen for additional individual or group play. The play therapy program was considered to have been quite successful on the basis of test results and progress reports from cottage workers. Maisner stated that "...every one of the fifteen children... has shown some major indication of improved adjustment" (114, p. 249).

Lebo (97) contends that delinquency largely emphasizes single positive factors. Miller (118) describes the influence of institutional environments in restricting a child. In the study he contends that play therapy can successfully overcome institutional deprivation and aid rehabilitation.

Harris and Odoroff (74) began the construction of questionnaires on play activities of teenage boys that would serve as indicators of potential delinquents. Harris (72, 73) constructed a 125-item questionnaire with certain items discriminating sharply between delinquent and non-delinquent boys. His follow-up study supports this play interest discrimination with an institutionalized population. His known population of delinquent boys ranged from twelve to nineteen years of age. His conclusions reveal that participation in activities society deems as transgression indicates delinquency and non-participation non-delinquency. The "Play Activities Blank," which he titled his 125-item questionnaire, would seem to have a value in school situations to screen boys and channel them into special attention for school guidance and recreational services.

Lebo (91) hypothesized that the more aggressive children were the more expansive and were in need of a greater amount of space in life in order to function. The size of the room, the number of words used, and the size of drawing would indicate this need for increased space. Eighty children were subjects and were ranged chronologically into groups four, six, nine, and twelve years of age. These children were categorized according to scores indicating aggressiveness, intermediate state, and non-aggressive tendencies. The study revealed that space desired and the number of words used indicated the relationship of aggression and the amount of

space required. Drawing size did not relate significantly to the hypothesis of needed space as a correlation of aggression.

With little children there have been a few significant studies. Burlingham (27) conducted a two-and-one-half-year study for the Family Society of Philadelphia on the therapeutic effects of play groups for pre-school children. He reviews eight cases to illustrate the effects of the therapy of play to modify behavior. He concludes that group play therapy is best suited to mild problems where parents can help modify the environment. Wright (173) studied seventy-eight children, ages three to six years. He grouped them into eighteen pairs of strong friends and twenty-one pairs of weak friends in order to study constructiveness of play as affected by group organization and frustration. His study was rather inconclusive.

Despert (36) studied eighteen pre-school children, ages two to five years. He had a knowledge of family and personal history. He observed each child for a period of twenty-four hours. One-third of this time was in the nursery school setting. He sought to evaluate the experimental play schedules pertaining to verbal, motor, and affective responses. He describes doll-play, and to a lesser extent, drawing by a child, as characterizing his affective family relationships and revealing verbal and motor expressiveness.

Frank (49) says that personality development is enhanced by play. Play contributes to the way an organism becomes a human being and learns to live in a social order and symbolically cultured world. Rose (142) indicates that play style reveals the non-goal man or alienated man. Play arises from social processes and mutually satisfying experiences. He continues that play has an intrinsic value which is revealed by its content and interaction with other persons. Cox (35) studied the sociometric status of fifty-two orphans, ages five to thirteen years, who had been institutionalized. He contended that sociometric status was an effective index of adjustment and sensitivity and a valid index of behavioral change. He sought to reinforce the belief that play therapy would increase adjustment. He found a significant increase in sociometric ratings after play therapy.

Bloomberg (20) studied two groups of five children, each selected on the basis of poor school adjustment. The groups met one hour each week for play therapy sessions throughout the school year. Her results are presented in a case history of a participant. Reymert (139) presents cases from Mooseheart which indicate the helpfulness of play therapy with children who have behavior problems. Of particular significance is the help for a boy who stutters, a case which is documented.

Axline (6) gives case histories of four groups involved in play therapy once a week for one-hour-sessions. This

research on non-directive play sessions is designed to experimentally analyze permissive play and racial discrimination. The author concludes that race discrimination somewhat ameliorated itself in a few play sessions. Records of five sessions are presented. A Negro girl and a Jewish boy were members of the two groups which sometimes produced severe racial prejudices and frustration. The permissive atmosphere aided the children in accepting responsibility for their attitudes and actions. Open expression encouraged the acceptance of others and alleviated racial distinctions.

Play Therapy in the Treatment of Learning Difficulties

Boy (23) examined junior high school students with learning difficulties and behavioral problems. Thirty-six students engaged in a twelve-week period of client-centered therapy divided into three groups. He indicates that greater peer acceptance, improved teacher behavior ratings, marked vocational objectives, and higher congruence between self and ideal-self concepts were indicated.

Coopersmith (33) found in a study of fifth and sixth grade children that a correlation as high as .36 could be found between positive self concept and school achievement. Children with low self esteem tend to be more anxious and less well adjusted, less effective in groups, and in the tasks of life as compared with a child having self esteem. In Coopersmith's (34) most recent study, he continues to point out that the type of self esteem an individual acquires,

whether high or low, realistic or defensive, is an important factor in his developing a sense of identity, and maintaining satisfying relationships with others.

Subotnik (163) studied the behavioral changes of an eight-year-old boy brought about through identification with a counselor. Four clinical psychologists observed the therapy to determine if the counselor of the same sex brought about better relationship in transference. They found no less avoidance or tension in the subject.

Mendes (117) studied six pre-adolescent girls with marked behavioral problems in group play therapy meeting once a week for a year. Their academic retardation and progress are described in the sessions, and processes are illustrated.

Nicholson's (129) investigation survey found that the ratio of boys to girls referred for school psychological services in the lower elementary grades was three to one. This indication of the predominance of boys referred as problem children with learning or emotional difficulties is recognized by many clinicians. He also raises the question as to whether or not client and counselor should be matched in sex for the greatest benefit.

Lebo (101) gives the verbatim records of twenty children selected for the normality study. Age changes in response categories were indicated as significant. Schiffer (147) studied therapeutic play groups in eight elementary

schools. The study indicates how the teachers and group workers were trained for the school setting to aid maladjusted children with learning difficulties. Woody (171) studied one sixth grade laboratory school setting and one regular public school fifth grade group. He compared the two schools as to types of games and various distractions in games according to sex and race.

One of the most significant areas of client-centered play therapy has been in the realm of remedial reading. Bills (17, 18) describes two significant studies with reading problems. In the former, he examined eight third graders with normal IQ who engaged in non-directive play therapy. These retarded readers made significant changes in reading ability as shown by grade level reading. Personal changes occurred and were observable after as few as six sessions. No common personality problems existed among the eight third graders. In the latter study of play therapy with well adjusted retarded readers, Bills' hypothesis was that a significant increase in reading ability would occur when given play therapy. Eight pupils in the third grade were given individual play therapy. Pupils did not make significant gain in reading ability as a result of play therapy.

Bixler (19) presents the case of a ten-year-old boy of average intelligence who was retarded in reading performance. He asserts that diagnostic data were not essential nor was questioning a part of the therapy. The contention that

play therapy aids in the improvement of reading performance is bolstered by the presentation of various case studies.

Axline (5, 7) has done two significant bits of research on play therapy and reading problems. The latter research analyzes three children with reading problems. This study describes how they were aided through play therapy to relieve emotionalized attitudes that contributed to learning difficulties, thereby improving their reading. The former research describes play therapy with thirty-seven second graders who were poor readers or non-readers. Eight of the children were left-handed. Eight were girls and twenty-two were boys. Four of the children had serious eye difficulties. Eleven had speech defects. Five were colored children. The intelligence quotients ranged from eighty to one hundred forty-eight according to the Stanford-Binet test. A matched group was compared and both groups were given the Gray Reading Test. The therapeutic approach for the experimental group followed Axline's foundation of non-directive psychotherapy. Her basic philosophy holds a deep respect for the integrity of the individual and a belief in the capacity of an individual to help himself when that capacity is given optimum release. This respect implies that the individual has reason for what he does and that he alone knows what he is doing, how he feels, what he wants, and why he feels the way he feels. Through permissiveness, release of tensions, and self-expression the classroom group therapy of poor readers

cleared the way for more positive and constructive growth. Case studies and statistical tables of comparisons are presented for the experimental and control groups. Tests and retests were given at the outset of the program and at its conclusion. There were three and one half months between tests. The results are interesting when compared to the normal expectancy gains of 3.5 points. Four children made significant gain. No remedial reading instructions were given for the experimental group or the control group. Attendance was voluntary for the experimental reading group. There were over two hundred easy library books in the room of both experimental and control groups. The author claims this evidence supports the thesis that client-centered therapy might be helpful in solving certain reading problems.

Play Therapy in the Treatment of Emotional Problems

Several studies of the use of play therapy in the treatment of emotional disorders indicate some effectiveness of play therapy. In a psychoanalytically oriented study Glatzer (63) used play therapy to alleviate castration fears of an eleven-year-old boy. The boy was encouraged to act out his castration fears and express his unconscious conflicts. This presentation of a case study indicates a lessening of anxiety and elimination of guilt feelings. The experimenter indicates the effectiveness of play therapy in enabling his client to use his energy effectively. Guilt and anxiety

were seen as restrictive elements. Schneershon (148) defines the fundamental nature of neurosis in adults from the psychoanalytic viewpoint and applies it to children. He indicates that play and group activities are indications of psychic health or neuroses. Andriola (4) presented a case study of a ten-year-old patient in a guidance clinic. This boy through play with a social worker was able to reduce his aggression toward his family.

Client-centered play therapy claims some success in treating emotional problems. Despert (39) very early suggested some technical approaches using the playroom in the treatment of children with emotional problems. Lebo (92) makes a strong case indicating that age and aggression are not important to non-directive play therapy as a method. He indicates that aggression varies with each individual child. His twenty-two bibliographic references are significant. In another study Lebo made this theme the area of his doctoral dissertation.

Sutton-Smith and Rosenberg (165) found that highly anxious children had a more than ordinary interest in toys of the opposite sex. They suggest that anxiety related to the sex role identification is what is worked through in child's play. The game choices of highly anxious boys were feminine and also immature. The same game choice indications of highly anxious girls were masculine and above average in age choice maturity. Greig (65) concludes that play to

some children may be the compulsive ritual they perform in order to avoid becoming involved in anything more than the superficial. He draws this conclusion from the three case studies he presents: one of hyper-activity, another of hypo-activity, and the third of a widespread diffusion and ambivalence.

Moustakas (120, 124) gave considerable consideration to play therapy as a therapeutic technique as well as a good gauge of the emotional status of children. In one study he compared nine well adjusted and nine disturbed children on matched characteristics of play. He examined the frequency of those play interests which were expressive of negative attitudes. He found that the disturbed child showed greater intensity, diffusion, and pervasiveness of negative attitude. Heathers (77) described the shift in time of interest and dependency of nursery school children at play. The normal sequence for child play is from early passive independence upon adults to later assertive dependence upon peers.

When Jackson and Todd (84) published their British study in America, Child Treatment and the Therapy of Play, they contended that play was but an avenue of therapy and in itself not therapy. Their contention is the typical analytic position that counseling in child play with children is comparable with free association with adults. Nevertheless Wright (172), in a Menninger Clinic study, emphasized the therapeutic function of play. In a case study of an

emotionally disturbed six-year-old boy, she described how little Dickie played with his trains. In three one-hour sessions each week for one year, the emotionally disturbed boy engaged in play therapy, and this psychiatrist gives an account of the happenings leading to mental health.

Lambert (88) describes how in play a child, by dramatizing disturbances, relieves his anxieties and worries, working out satisfactory solutions. She concludes that a rich play life is the essential social basis for emotional health. Boynton and Wang (26) engaged in a study of the relationship between children's play interests and their emotional stability. They investigated 938 girls and 862 boys who were in the fourth, fifth, and sixth grades. An inventory of play interest and preferences was compared to an emotional inventory which each child filled out. The correlations showed that no significant differences existed. Fortuitous variations in the data indicate that there is little relationship between emotional stability and children's play interest.

Rosenberg and Sutton-Smith (143) studied the differences between boys and girls in play activity. Their study was a contrast to Terman's 1926 study, which indicated that female self concept was more masculine oriented in proportion to the amounts of masculine activity in which they took part. Their checklist presented to school children to distinguish masculine-feminine differences yielded eighteen items differentiating

boys from girls and only forty items differentiating girls from boys. The play preference checklist did not significantly differentiate between boys and girls.

Werner (169) presents a case of a five-year-old girl who had become mute because of an unfortunate family situation. This little girl was treated in a play situation where the counselor repeated sounds representing the noise of toys. The child's first produced sounds were those of animals, which the therapist also repeated. After continual experience in weekly play therapy situations for one year, some success was evident. The therapist did not force responses or engage in personal references. The child was gradually brought to the point from which normal development of speech was predicted.

Research on the Results of Play Therapy

A number of studies indicate investigation on the outcome of play therapy (17, 122, 156). Ginott (56) points out a serious shortcoming of Dorfman's play therapy study as lacking data on behavioral changes expected after therapy such as improved interpersonal relationships, more mature behavior, and more adequate use of intellectual capacities. Ginott calls for research in the area of behavioral changes following play therapy, particularly in view of a large-scale investigation which reported no positive behavioral outcomes as a result of therapy.

Lebo (98) gives a most thorough critique of the research stemming from studies on non-directive play therapy up to 1952. He caustically points out the weaknesses in methodology of play therapy research, and concludes that further research on play therapy should be more objective, more thorough in experimental design, with application of controls and stringent interpretation of data.

In another study Lebo (90) investigated play activities of twenty children. The population of the study included four children in each age group four, six, eight, ten, and twelve. There were ten normal girls and ten normal boys. In three one-hour non-directive play therapy sessions, or a total of sixty sessions, the children made 4,092 statements. The twelve-year-olds spoke less in their therapy sessions than did the younger children. The twenty-three-item bibliographic citations on non-directive play therapy emphasizing play materials adds to the merit of this research.

Fleming and Snyder (48) assessed various social changes following non-directive play therapy. Their group consisted of three girls and four boys who met twice each week for one-half hour for six weeks. The girls showed greater improvement than the boys and greater personal than social adjustments. Hellesberg (78) sought to assess a child's growth in play therapy from a psychoanalytical viewpoint. She compared the cases of two children and the role of the therapist. Her play therapy related constriction in play

to compulsive neuroses. She gave keen observation to sensory, tactile, and motor muscular needs.

Moustakas (123) investigated two cases of normal children faced with a disturbing family situation. Their disturbance was the arrival of new babies. He indicated the adequacy of help through play. He concluded that gains in adjustment were made due to the children's insight.

Tolar (167) took pre- and post-test ratings by teachers of twenty-five elementary children engaged in short-term intensive play therapy. The author found improvement on all of the fifteen scales from which teachers rated the children's adjustment. The significant findings were at the .05 level.

Seeman, Barry, and Ellinwood (152) took two groups of elementary children and divided them into experimental and control groups in order to assess non-directive play therapy. The pupils' teachers rated the children, and the children rated each other on a reputation test which the researcher scored as a measure of adjustment. In the experimental group there was significant improvement shown in retest by the reputation measure. The teachers' ratings were marginal and not significant. However, the teachers rated aggression of the experimental group significantly lower than in the experimental group.

Landisberg and Snyder (89) analyzed client and counselor responses in four cases of client-centered play therapy. The children were five- and six-year-olds of average intelligence.

Observers rated the frequency of various types of responses occurring during a brief part of the play period. This assessment used one-fifth of the time of each session. They compared the relationship of the type of counselor responses with client responses. They found that the information given by children was much more frequent after non-directive counselor responses than after lead-taking non-directive counselor responses. The child's frequency of expressed positive attitudes toward others changed little, and there was no statistical significance. The child's frequency of expressed negative attitudes toward others increased initially, then decreased slightly. There was no statistical significance. About the only effect the authors noted was that of a generalized catharsis. The children made no insightful statements.

Scholsberg (149) suggests that the critics of play therapy do not go far enough. Contemporary client-centered therapists received the brunt of his scathing denunciation. Thresholds of learning could best describe and examine play activities of all kinds. He contends that other claims by therapists and their exaggerated claims for play therapy should be described in more specific stimulus-response terms.

Ginott and Lebo (60) did an ecological study comparing the case load of child clinics in the south to case loads of northern clinics. Indications of the sex of the child,

race, occupation of parent, residence area, religion, number of children in the family, and reason for referral were called for. Four hundred southern clinics responded. The services offered were to white middle and lower socio-economic groups. There were more representative strata of three different religious groups. Northern clinics responded with an equivalent number. The northern clinics catered mostly to white middle class and upper classes as indicated socioeconomically. The northern clinics predominated behavior problems were of the aggressive nature, whereas in the south they were nonaggressive. Similarities indicated an over-representation of boys, an under-representation of single child families, and an under-representation of Negroes.

Fuchs (51), in an interesting adjunct to research on play therapy, presents an article on play therapy at home. This article contains a letter from Carl Rogers to his daughter concerning the toilet training of his grandchild. Play therapy is advised and utilized. The mother engages the child in play. She describes the behavior and development of her child and gives evidence of a successful outcome.

Axline (9) presents excerpts from case studies during play therapy. She presents remarks made directly to therapists and in letters of a follow-up nature after the conclusion of therapy. She concludes that the therapeutic experience for these children was an emotional experience

which increased the awareness of self as a feeling, worthwhile person. Through the further experiences, the child has solved his problems, but not by some prescribed therapy. A letter selected as representative of adolescence presents a sensitive description of Maryellen's reaction to therapy.

> And the quietness was around both of us like a clean white shawl giving us warmth but not smothering. I washed myself clean in that silence. I crept back bit by bit into the world of color. It had been all black and gray before (9, p. 62).

Axline, in this article, calls for a careful and objectively analyzed study of recorded interviews of many children during therapy and from follow-up interviews in order to fully evaluate the results of play therapy.

> A consideration of this kind of material might add to our studies of human behavior and personality development that might give to us all ways of understanding how feelings can "twist and turn and lose their sharp edges" and perhaps bring a bit of functional psychology to bear upon the problems of all interpersonal relations--and make a contribution that will enhance the efforts of educators who are beginning to think of ways of implementing theories of building and living in a world community (9, p. 63).

CHAPTER BIBLIOGRAPHY

1. Alexander, E. D., "School Centered Play Therapy Program," Personnel and Guidance Journal, XLIII (1964), 256-261.

2. Alexander, Franz, "A Contribution to the Theory of Play," Psychoanalytic Quarterly, XXVII (1958), 175-193.

3. Amen, Elisabeth W. and Nancy Renison, "A Study of the Relationship Between Play Patterns and Anxiety in Young Children," Genetic Psychological Monograph, L (1954), 3-41.

4. Andriola, J., "Release of Aggressions Through Play Therapy for a Ten-Year-Old Patient at a Child Guidance Clinic," Psychoanalytic Review, XXXI (1944), 71-80.

5. Axline, Virginia, "Nondirective Therapy for Poor Readers," Journal of Consulting Psychology, XI (1947), 61-69.

6. Axline, Virginia, Play Therapy, New York, Houghton Mifflin Company, 1947.

7. Axline, Virginia, "Play Therapy . . . A Way of Understanding and H lping 'Reading Problems'," Childhood Education, XXVI (1949), 156-161.

8. Axline, Virginia, "Play Therapy and Race Conflict in Young Children," Journal of Abnormal Social Psychology, XLIII (1948), 300-310.

9. Axline, Virginia, "Play Therapy Experiences as Described by Child Participants," Journal of Consulting Psychology, XIV (1950), 53-63.

10. Axline, Virginia, "Play Therapy Procedures and Results," American Journal of Orthopsychiatry, XXV (1955), 618-626.

11. Axline, Virginia, "Some Observations on Play Therapy," Journal of Consulting Psychology, XII (1948), 209-216.

12. Axline, Virginia, "That the Blind May See," Teacher's College Record, LV (1954), 249-252.

13. Axline, Virginia and Carl R. Rogers, "A Teacher Therapist Deals with a Handicapped Child," Journal of Abnormal Social Psychology, XL (1945), 119-142.

14. Bell, J. E., Projective Techniques, New York, David McKay and Company, 1947.

15. Benoit, E. Paul, "The Play Problem of Retarded Children," American Journal of Mental Deficiency, LX (1955), 41-55.

16. Bernstein, Isidor, "Use of Play on the Treatment of Children," Journal of Pediatrics, XXIX (1951), 503-508.

17. Bills, Robert E., "Non-Directive Play Therapy With Retarded Readers," Journal of Consulting Psychology, XIV (1950), 140-149.

18. Bills, Robert E., "Play Therapy With Well-Adjusted Retarded Readers," Journal of Consulting Psychology, XIV (1950), 246-249.

19. Bixler, R. H., "Treatment of a Reading Problem Through Nondirective Play Therapy," Journal of Consulting Psychology, IX (1945), 105-118.

20. Bloomberg, Claire M., "An Experiment in Play Therapy," Childhood Education, XXV (1948), 177-180.

21. Bonte, E. B. and M. Musgrave, "Influences of War as Evidenced in Children's Play," Child Development, XIV (1943), 179-200.

22. Bowman, L. E., "The Play World of the City Child," Child Study, VII (1929), 67-69.

23. Boy, A. V., "An Experimental Study of the Effectiveness of Client-Centered Therapy in Counseling Students with Behavior Problems," Psychological Abstracts, XXI (1960), 2010.

24. Boynton, P. L. and F. A. Ford, "The Relationship Between Play and Intelligence," Journal of Applied Psychology, XVII (1933), 294-301.

25. Boynton, P. L. and J. D. Wang, "Relation of the Play Interests of Children to Their Economic Status," Journal of Genetic Psychology, LXIV (1944), 129-138.

26. Boynton, P. L. and J. D. Wang, "Relationship Between Children's Play Interests and Their Emotional Stability," Journal of Genetic Psychology, LXIV (1944), 119-127.

27. Burlingham, S., "Therapeutic Effects of a Play Group for Pre-School Children," American Journal of Orthopsychiatry, VIII (1938), 627-638.

28. Capobianco, R. J., "Diagnostic Methods Used with Learning Disability Cases," Exceptional Children, XXXI (1964), 187-193.

29. Carlson, B. W. and D. R. Gingland, Play Activities for the Retarded Child, New York, Abingdon Press, 1961.

30. Carter, Thomas M., "The Play Problems of Gifted Children," School and Society, LXXXVI (1958), 224-225.

31. Cockerell, D. L., "A Study of the Play of Children of Pre-School Age by an Unobserved Observer," Genetic Psychology Monographs, XVII (1935) 377-469.

32. Conn, J. H., "The Play Interview as an Investigative and Therapeutic Procedure," Nervous Child, VII (1948), 757-786.

33. Coopersmith, Stanley A., "A Method for Determining Types of Self Esteem," Journal of Abnormal Consulting Psychology, XIV (1950), 53-63.

34. Coopersmith, Stanley A., The Antecedents of Self Esteem, San Francisco, W. H. Freeman Company, 48-70.

35. Cox, F. N., "Sociometric States and Individual Adjustment Before and After Play Therapy," Journal of Abnormal Social Psychology, XLVIII (1953), 354-356.

36. Despert, J. L., "A Method for the Study of Personality Reactions in Pre-School Age Children by Means of Analysis of Their Play," Journal of Psychology, IA (1940), 17-29.

37. Despert, J. L., "Play Therapy's Remarks on Some of Its Aspects," Nervous Child, VII (1948), 287-295.

38. Despert, J. L., "Protocol of an Individual Play Session," Journal of Nervous and Mental Disorders, XCVIII (1943), 133-147.

39. Despert, J. L., "Technical Approaches Used in the Study and Treatment of Emotional Problems in Children, Part V: The Playroom," Psychiatric Quarterly, XI (1937), 677-693.

40. Dittman, Allen T. and Howard L. Kitchner, "The Life Space Interview Workshop, 1957. II Life Space Interviewing and Individual Play Therapy: A Comparison of Techniques," American Journal of Orthopsychiatry, XXIX (1959), 19-26.

41. Dorfman, Elaine, "Personality Outcomes of Client-Centered Child Therapy," Psychological Monograph, LXXII (1958), 1-21.

42. Dow, M. L., "An Observational Study in a Playground Situation of Differences in Autistic Personality at the Child Level," Proceedings of the Iowa Academy of Science, XL (1933), 197.

43. Ellis, A. C. and G. S. Hall, "A Study of Dolls," Pediatric Service for Psychology, IV (1896), 129-175.

44. Fales, E., "A Comparison of the Vigorousness of Play Activities of Pre-School Boys and Girls," Child Development, VIII (1937), 144-158.

45. Fales, E., "A Rating Scale of the Vigorousness of Play Activities of Pre-School Children," Child Development, VIII (1937), 15-46.

46. Farwell, L., "Reactions of Kindergarten, First and Second Grade Children to Constructive Play Materials," Genetic Psychology Monographs, VIII (1930), 431-562.

47. Filmer-Bennett, Gordon and Joseph S. Hillson, "Some Child Therapy Practices," Journal of Clinical Psychology, XV (1959), 105-106.

48. Fleming, Louise and William U. Snyder, "Social and Personal Changes Following Non-Directive Group Play Therapy," American Journal of Orthopsychiatry, XVII (1947), 101-116.

49. Frank, Lawrence K., "Play in Personality Development," American Journal of Orthopsychiatry, XXV (1955), 576-590.

50. Franklin, A. and A. E. Benedict, Play Centers for School Children: A Guide to Their Establishments and Operation, New York, Morrow, 1943.

51. Fuchs, Natalie Rogers, "Play Therapy at Home," Merrill-Palmer Quarterly, XIII (1952), 85-89.

52. Fuller, M. P., "Nine Children's Play Activities," Child Study, XVII (1929), 74-76.

53. Gibbs, J. M., "Group Therapy," British Journal of Medical Psychology, XX (1945), 244-251.

54. Gilmore, J. Bernard, "The Role of Anxiety and Cognitive Factors in Children's Play Behavior," Child Development, XXXVII (1966), 397-416.

55. Ginott, Haim G., "A Rationale for Selecting Toys in Play Therapy," Journal of Consulting Psychology, XXIV (1960), 243-246.

56. Ginott, Haim G., Group Psychotherapy With Children, New York, McGraw-Hill Book Company, 1961.

57. Ginott, Haim G., "Play Group Therapy: A Theoretical Framework," International Journal of Group Psychotherapy, VIII (1958), 410-418.

58. Ginott, Haim G., "Play Therapy: The Initial Session," American Journal of Psychotherapy, XV (1961), 73-88.

59. Ginott, Haim G., "The Theory and Practice of 'Therapeutic Intervention' in Child Treatment," Journal of Consulting Psychology, XXIII (1959), 160-166.

60. Ginott, Haim G. and Dell Lebo, "Ecology of Service," Journal of Consulting Psychology, XXVII (1963), 450-452.

61. Ginott, Haim G. and Dell Lebo, "Most and Least Used Play Therapy Limits," Journal of Genetic Psychology, CIII (1963), 153-159.

62. Ginott, Haim G. and Dell Lebo, "Play Therapy Limits and Theoretical Orientation," Journal of Consulting Psychology, XXV (1961), 337-340.

63. Glatzer, Henriette T., "A Study of Play Therapy With an Eleven-Year-Old Boy Suffering from Severe Castration Fears," Nervous Child, VII (1948), 304-310.

64. Greenacre, P., "Play in Relation to Creative Imagination," Child Study, XVII (1929), 74-76.

65. Greig, A. B., "Interrelationship of Play, Affect, and Learning Ability," Nervous Child, II (1943), 263-267.

66. Guerney, Bernard, Jr., "Filial Therapy: Description and Rationale," Journal of Consulting Psychology, XXVIII (1964), 204-210.

67. Gulick, L. H., "Psychological, Pedagogical, and Religious Aspects of Group Games," Pedagogical Seminary of Genetic Psychology, VI (1898), 135-151.

68. Hambridge, Gove, Jr., "Structured Play Therapy," American Journal of Orthopsychiatry, XXV (1955), 601-617.

69. Hare, Marjorie K., "Shortened Treatment in a Child Guidance Clinic: The Results of 119 Cases," British Journal of Psychiatry, CXII (1966), 613-616.

70. Harms, Earnest, "Children's Play and Abnormal Behavior," Nervous Child, VII (1948), 229-232.

71. Harms, Earnest, "Play Diagnosis: Preliminary Considerations for a Sound Approach," Nervous Child, VII (1948), 232-246.

72. Harris, D. B., "A Play Activities Blank as a Measure of Delinquency in Boys," Journal of Abnormal Social Psychology, XXXVII (1942), 546-559.

73. Harris, D. B., "Relationship Among Play Interests and Delinquency in Boys," American Journal of Orthopsychiatry, XIII (1943), 631-638.

74. Harris, D. B. and M. E. Odoroff, "The Relationship of Play Interests to Delinquency in Boys," Psychological Bulletin, XXXVII (1940), 474-475.

75. Hartley, Ruth E., Growing Through Play: Experiences of Teddy and Bud, New York, Columbia University Press, 1952.

76. Hawkey, M. L., "Play Analysis: Case Study of a Nine-Year-Old Girl," British Journal of Medical Psychology, XX (1945), 236-243.

77. Heathers, Glen, "Emotional Dependence in Nursery School Play," Journal of Genetic Psychology, LXXXVII (1955), 37-57.

78. Hellersberg, Elisabeth F., "Child's Growth in Play Therapy," American Journal of Psychotherapy, IX (1955), 402-502.

79. Horney, Karen, The Neurotic Personality of Our Time, New York, W. W. Norton and Company, Inc., 1937.

80. Hulson, E. L., "An Analysis of the Free Play of Ten-Year-Old Children Through Consecutive Observations," Journal of Juvenile Research, XIV (1930), 188-208.

81. Hunt, J. L., "Shall We Demand Efficiency in Play?," Progressive Education, III (1926), 305-311.

82. Hurlock, Elizabeth B., "Experimental Investigations of Childhood Play," Psychological Bulletin, XXXI (1934), 47-66.

83. Hutchins, M. R., "Learning to Play," Child Study, VII (1929), 76-77.

84. Jackson, Lydia and Kathleen M. Todd, Child Treatment and the Therapy of Play, New York, Ronald Press, 1950.

85. Johnson, Elizabeth Z., "Klopfer's Prognostic Scale Used with Raven's Progressive Matrices in Play Therapy Prognosis," Journal of Projective Techniques, XVII (1953), 320-326.

86. Johnson, Elizabeth Z., "The Clinical Use of Raven's Progressive Matrices to Appraise Potential for Progress in Play Therapy: A Study of Institutionalized Mentally and Educationally Retarded Children," American Journal of Orthopsychiatry, XXIII (1953), 391-405.

87. Kawin, E., The Wise Choice of Toys, Chicago, University of Chicago Press, 1933.

88. Lambert, Clara, "Identification Through Play," Childhood Education, XXV (1949), 402-405.

89. Landisberg, S. and W. V. Snyder, "Nondirective Play Therapy," Journal of Clinical Psychology, II (1946), 203-214.

90. Lebo, Dell, "Age and Suitability for Nondirective Play Therapy," Journal of Genetic Psychology, LXXXIX (1956), 231-238.

91. Lebo, Dell, "Aggressiveness and Expansiveness in Children," Journal of Genetic Psychology, C (1962), 227-240.

92. Lebo, Dell, "A Theoretical Framework for Nondirective Play Therapy: Concepts from Psychoanalysis and Learning Theory," Journal of Consulting Psychology, XXII (1958), 275-279.

93. Lebo, Dell, "Quantification of the Nondirective Play Therapy Process," The Journal of Genetic Psychology, LXXXVI (1955), 375-378.

94. Lebo, Dell, "The Development of Client-Centered Therapy in the Writings of Carl Rogers," American Journal of Psychiatry, CX (1953), 104-109.

95. Lebo, Dell, "The Development of Play as a Form of Therapy from Rousseau to Rogers," American Journal of Psychiatry, CXII (1955), 418-422.

96. Lebo, Dell, "The Expressive Value of Toys Recommended for Nondirective Play Therapy," Journal of Clinical Psychology, XI (1955), 144-148.

97. Lebo, Dell, "The Identification of Delinquent Needs," Journal of Correctional Education, VIII (1956), 42-44.

98. Lebo, Dell, "The Present Status of Research on Nondirective Play Therapy," Journal of Consulting Psychology, XVII (1953), 177-183.

99. Lebo, Dell, "The Question of Toys in Play Therapy: An International Problem," Journal of Education and Psychology, XIV (1956), 66-73.

100. Lebo, Dell, "The Relationship of Play to Play Therapy," Journal of Education and Psychology, XIII (1955), 114-121.

101. Lebo, Dell, "The Relationship of Responsive Guidance in Play Therapy to Chronological Age," Journal of Child Psychology, II (1952), 330-336.

102. Lehman, H. C., "A Comparison of Play Activities of Town and Country Children," Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 455-476.

103. Lehman, H. C., "Community Differences in Play Behavior," Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 477-490.

104. Lehman, H. C., "Extreme Versatility Versus Paucity of Play Interests," Pedagogical Seminary and Journal of Genetic Psychology, XXXIV (1927), 240-298.

105. Lehman, H. C. and Thelma Hill Anderson, "Social Participation Versus Solitariness in Play," Pedagogical Seminary and Journal of Genetic Psychology, XXXIV (1927), 279-289.

106. Leland, Henry, John Walker, and A. N. Taboada, "Group Play Therapy with a Group of Post-Nursery Male Retardates," American Journal of Mental Deficiency, LXIII (1959), 848-851.

107. Levin, Harry and Valerie F. Turgean, "The Influence of the Mothers' Presence on Children's Doll Play Aggression," Journal of Abnormal Social Psychology, LV (1957), 304-308.

108. Levin, Harry and Elinor Wardwell, "The Research Uses of Doll Play," Psychological Bulletin, LIX (1962), 27-56.

109. Levinson, Boris M., "Pets: A Special Technique in Child Psychotherapy," Mental Hygiene, XLVIII (1964), 243-248.

110. Lippman, Hyman S., Treatment of the Child in Emotional Conflict, New York, McGraw-Hill Book Company, 1956.

111. Liss, E., "Play Techniques in Child Analysis," American Journal of Orthopsychiatry, VI (1936), 17-22.

112. Lowenfield, M. and A. Maberly, "Discussion of the Failure of Play Therapy in Child Psychiatry," Proceedings of the Royal Society of Medicine, XXXIX (1946), 437-443.

113. Lowery, Lawson G., et. al., "Therapeutic Play Techniques, Symposium, 1954," American Journal of Orthopsychiatry, XXV (1955), 747-787.

114. Maisner, E. A., "Contributions of Play Therapy Techniques to Total Rehabilitative Design in an Institution for High Grade Mentally Deficient and Borderline Children," American Journal of Mental Deficiency, LV (1950), 135-250.

115. McDaniel, Henry Bonner, J. E. Lallas, J. A. Saum, and J. L. Gilmore, Readings in Guidance, New York, Holt, Rinehart and Winston, Inc., 1961.

116. Mehlman, Benjamin, "Group Play Therapy with Mentally Retarded Children," Journal of Abnormal Social Psychology, LXVIII (1953), 53-60.

117. Mendes Leal, Maria R., "Analytic Play Therapy with Predelinquent Girls," International Journal of Group Psychotherapy, XVI (January, 1966), 58-64.

118. Miller, Helen E., "Play Therapy for the Institutional Child," Nervous Child, VII (1948), 211-217.

119. Moore, Terence and L. E. Ucko, "Four to Six: Constructiveness and Conflict in Meeting Doll Play Problems," Journal of Child Psychology and Psychiatry, II (1961), 21-47.

120. Moustakas, Clark E., Children in Play Therapy: A Key to Understanding Normal and Disturbed Emotions, New York, McGraw-Hill, 1953.

121. Moustakas, Clark E., "Emotional Adjustment and the Play Therapy Process," Journal of Genetic Psychology, LXXXVI (1955), 79-99.

122. Moustakas, Clark E., Psychotherapy With Children, New York, Harper, 1959.

123. Moustakas, Clark E., "Situational Play Therapy With Normal Children," Journal of Consulting Psychology, XV (1951), 225-230.

124. Moustakas, Clark E., "The Frequency and Intensity of Negative Attitudes Expressed in Play Therapy: A Comparison of Well-Adjusted and Disturbed Young Children," Journal of Genetic Psychology, LXXXVI (1953), 309-325.

125. Moustakas, Clark E. and Henry D. Schalock, "An Analysis of Therapist-Child Interaction in Play Therapy," Child Development, XXVI (1955), 143-157.

126. Mundy, Lydia, "Therapy with Physically and Mentally Handicapped Children in a Mental Deficiency Hospital," Journal of Clinical Psychology, XIII (1947), 3-9.

127. Murphy, Albert T. and Ruth M. Fitz Simons, Stuttering and Personality Dynamics: Play Therapy, Projective Therapy and Counseling, New York, Ronald Press, 1960.

128. Mussen, Paul Henry, John J. Conger, and Jerome Kagen, Child Development and Personality, New York, Harper and Row, 1963.

129. Nicholson, C. A., "A Survey of Referral Problems in 59 Ohio School Districts," Journal of School Psychology, VI (1967), 14-22.

130. Nickols, J., "A Multi-Purpose Table for Testing and Play Therapy," Perceptual and Motor Skills, XIII (1961), 89-90.

131. Nickols, J., "Target Game Techniques for Examination and Play Therapy Activities with Children," Perceptual and Motor Skills, XIII (1961), 83-87.

132. Pasricha, Prem, "Play Therapy," Journal of Educational Psychology, XI (1953), 20-28.

133. Pechey, B. M., "The Play Interview as a Means of Diagnosis in the Treatment of Maladjusted Children," Journal of Social Research, I (1950), 43-51.

134. Phillips, R., "Doll Play as a Function of the Realism and the Length of the Experimental Session," Child Development, XVI (1945), 123-143.

135. Pintler, M. H., "Doll Play as a Function of Experimenter-Child Interaction and Initial Organization of Materials," Child Development, XVI (1945), 145-166.

136. Pollock, B. D., "The Effects of a Structured and Non-Permissive Play Therapy Program on a Group of Profoundly and Severely Retarded Children," unpublished master's thesis, School of Education, North Texas State University, Denton, Texas, 1967.

137. Rank, B. T., "The Therapeutic Value of Play," Understanding the Child, VII (1938), 19-23.

138. Redl, Fritz, "The Life Space Interview: Workshop 1957 Strategy and Techniques of Life Space Interview," American Journal of Orthopsychiatry, XXIX (1959), 1-18.

139. Reymert, Martin I., "Play Therapy at Mooseheart," Journal of the Exceptional Child, XIII (1946), 2-9.

140. Robinson, E. F., "Doll Play as a Function of the Doll Family Constellation," Child Development, XVII (1946), 99-119.

141. Rogers, Carl R., Client-Centered Therapy, Boston, Houghton Mifflin, 1951.

142. Rose, Alvin W., "Toward Understanding the Concept and Function of Play," Education Theory, VI (1956), 20-25.

143. Rosenberg, B. G. and B. Smith, "A Revised Conception of Masculine-Feminine Differences in Play Activities," Journal of Genetic Psychology, XCVI (1960), 165-170.

144. Rothschild, Jacob, "Play Therapy with Blind Children," New Outlook for the Blind, LIV (1960), 329-333.

145. Rousseau, J. J., Emile, New York, J. M. Dent and Sons, 1930.

146. Sargent, H., "Spontaneous Doll Play of a Nine-Year-Old Boy," Journal of Consulting Psychology, VII (1943), 216-222.

147. Schiffer, Mortimer, "The Use of the Seminar in Training Teachers and Counselors as Leaders of Therapeutic Play Groups for Maladjusted Children," American Journal of Orthopsychiatry, XXX (1960), 154-165.

148. Schneersohn, F., "Play and Neuroses of Children," American Journal of Psychiatry, CXII (1955), 47-52.

149. Scholsberg, Harold, "The Concept of Play," Psychological Review, LIV (1947), 229-331.

150. Sears, Pauline Snedden, "Doll Play Aggression in Normal Young Children: Influence of Sex, Age, Sibling Status, Father's Absence," Psychological Monograph, LXV (1951), iv-52.

151. Sears, Pauline Snedden and Margaret Holding Pintler, "Sex Differences in Doll Play Aggression," American Psychologist, II (1947), 420.

152. Seeman, Julius, Edyth Barry, and Charlotte Ellinwood, "Interpersonal Assessment of Play Therapy Outcome, Psychotherapy: Theory, Research and Practice, I (1964), 64-66.

153. Shallit, R., "The Dramatic Play of Ten Nursery School Children," Child Development, III (1932), 359-362.

154. Siegel, Alberta E., "Aggressive Behavior of Young Children in the Absence of an Adult," Child Development, XXVIII (1957), 371-378.

155. Siegel, Alberta E. and Lynette Gayle Kohn, "Permissiveness, Permission and Aggression. The Effect of Adult Presence or Absence on Aggression in Children's Play," Child Development, XXX (1959), 131-141.

156. Slavson, S. R., Child Psychotherapy, New York, Columbia University Press, 1952.

157. Slavson, S. R., Gusta Thaun, Diana Tendler, and Billy Gabriel, "Children's Activity in Casework Therapy," Journal of Social Casework, XXX (1949), 136-142.

158. Slobin, Dan I., "The Fruits of the First Season: A Discussion of the Role of Play in Childhood," Journal of Humanistic Psychology, IV (1964), 59-79.

159. Smith, A., "Psychologic Importance of Play in a Children's Hospital," Child Development Abstracts, XIV (1939), 816.

160. Soloman, Joseph C., "Play Techniques and the Integrative Process," American Journal of Orthopsychiatry, XXV (1955), 591-600.

161. Soloman, Joseph C., "Play Techniques as a Differential Therapeutic Medium," Nervous Child, VII (1948), 296-300.

162. Stollak, Gary E., "The Experimental Effects of Training College Students as Play Therapists," Psychotherapy: Theory, Research and Practice, V (1968), 77-80.

163. Subotnik, Leo, "Transference in Client-Centered Therapy," Psychology, III (1966), 2-17.

164. Subotnik, Leo and Roger J. Callahan, "A Pilot Study in Short-Term Play Therapy with Institutionalized Educable Mentally Retarded Boys," American Journal of Mental Deficiencies, LXIII (1959), 730-735.

165. Sutton-Smith, B. and B. G. Rosenberg, "Manifest Anxiety and Game Preferences in Children," Child Development, XXXI (1960), 307-311.

166. Tilton, James R. and Donald R. O'Hinger, "Comparisons of the Toy Play Behavior of Autistic, Retarded and Normal Children," Psychological Reports, (1964), 967-975.

167. Tolar, Alexander, "Teacher's Evaluations of Children in Short-Term Treatment with Subprofessionals," Journal of Clinical Psychology, XXIV (1968), 377-378.

168. Van Alstyne, D., Play Behavior and Choice of Play Materials of Pre-School Children, Chicago, University of Chicago Press, 1932.

169. Werner, L. S., "Treatment of a Child with Delayed Speech," Journal of Speech Disorders, X (1945), 329-334.

170. Woltman, A. G., "The Use of Puppets in Understanding Children," Mental Hygiene, XXIV (1940), 445-448.

171. Woody, G., "Similarities and Differences in the Play Activities in Two Public Schools with Contrasting Environments," Journal of Experimental Education, VII (1938), 145-157.

172. Wright, Dorothy G., "Dickie and His Trains: An Example of the Therapeutic Function of Play," Menninger Quarterly, IX (1955), 9-18.

173. Wright, M. E., "Constructiveness of Play as Affected by Group Organization and Frustration," Character and Personality, XI (1942), 40-49.

CHAPTER III

PRESENTATION AND ANALYSIS OF DATA

Methods of Statistical Analysis

Analyses of the results were made utilizing analysis of variance. A measure of the mean gain scores of each of the three groups from pre- to post-test on each of the five factors was made. A single classification analysis of variance on residualized scores on five variables was conducted. The .05 level of significance was accepted as the basis upon which the hypothesis would be accepted.

Wechsler Intelligence Scale for Children

As an indication of a measure of a child's intelligence, the verbal score for each child on the Wechsler Intelligence Scale for Children was computed. A comparison of gain scores of the experimental group, placebo group, and the deferred group was made. Results of the analysis of variance of gain scores between groups are shown in Table I. An F ratio of 1.1778 was obtained. This was not significant at the .05 level.

TABLE I

SUMMARY OF ANALYSIS OF VARIANCE OF VERBAL SCORES ON THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN

Source of Variation	SS	df	MS	F
Between	187.5128	2.	93.7564	1.1778
Within	1830.8334	23.	79.6014	
Total	2018.3462	25.		

As a further measure of a child's intelligence, the performance score for each child on the Wechsler Intelligence Scale for Children was computed. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table II. An F ratio of 1.6982 was obtained. This was not significant at the .05 level.

TABLE II

SUMMARY OF ANALYSIS OF VARIANCE OF PERFORMANCE OF SCORES ON THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN

Source of Variation	SS	df	MS	F
Between	272.5128	2.	136.2564	1.6982
Within	1845.3334	23.	80.2318	
Total	2117.8462	25.		

The total score for each child on the Wechsler Intelligence Scale for Children was computed. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table III. An F ratio of 2.2171 was obtained. This was not significant at the .05 level.

TABLE III

SUMMARY OF ANALYSIS OF VARIANCE OF TOTAL SCORES ON THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN

Source of Variation	SS	df	MS	F
Between	208.2666	2.	104.1333	2.2171
Within	1080.2334	23.	46.9666	
Total	1288.5000	25.		

Hypothesis I stated that the experimental group would demonstrate a statistically significant increase in the full-scale Wechsler Intelligence Scale for Children scores as compared with the placebo control group and the deferred control group. There was no significant statistical difference. Therefore the hypothesis was not accepted.

Goodenough-Harris "Draw-A-Person"

As an indication of a measure of a child's intelligence, each child was asked to draw, in order, his father, his mother and himself. The intelligence score for each child's

drawing of a man was computed. A comparison of gain scores of the experimental group, the placebo group, and the deferred group was made. Results of the analysis of variance of gain scores between groups are shown in Table IV. An F ratio of .0305 was obtained. This was not significant at the .05 level.

TABLE IV

SUMMARY OF ANALYSIS OF VARIANCE OF MAN SCORES ON THE GOODENOUGH-HARRIS "DRAW-A-PERSON"

Source of Variation	SS	df	MS	F
Between	9.8051	2.	4.9025	.0305
Within	3693.7334	23.	160.5971	
Total	3703.5385	25.		

The intelligence score for each child's drawing of a woman was computed according to Goodenough-Harris "Draw-A-Person" scale. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table V. An F ratio of .4005 was obtained. This was not significant at the .05 level.

TABLE V

SUMMARY OF ANALYSIS OF VARIANCE OF WOMAN SCORES ON THE GOODENOUGH-HARRIS "DRAW-A-PERSON"

Source of Variation	SS	df	MS	F
Between	93.6615	2.	46.8307	.4005
Within	2688.8001	23.	116.9043	
Total	2782.4616	25.		

The mean intelligence score for each child's drawing of a man and a woman was computed according to the Goodenough-Harris "Draw-A-Person" scale, and the suggestion that this measure is the most reliable and one of the better indicies of intelligence. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table VI. An F ratio of .1896 was obtained. This was not significant at the .05 level.

TABLE VI

SUMMARY OF ANALYSIS OF VARIANCE OF MEAN SCORES ON THE GOODENOUGH-HARRIS "DRAW-A-PERSON" MAN AND WOMAN SCALE

Source of Variation	SS	df	MS	F
Between	37.9128	2.	18.9564	.1896
Within	2298.4334	23.	99.9318	
Total	2336.3462	25.		

The intelligence score for each child's drawing of himself was computed according to the Goodenough-Harris "Draw-A-Person" quality point scale. This was done because the point scale is not as highly validated as the full scale score, and is sometimes a shorter means of scoring. Should a gain score have been statistically significant, comparison of the self drawing with the parent of the like sex would have been meaningful. A comparison of self drawing gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table VII. An F ratio of .1007 was obtained. This was not significant at the .05 level.

TABLE VII

SUMMARY OF ANALYSIS OF VARIANCE OF SELF QUALITY POINT SCORES ON THE GOODENOUGH-HARRIS "DRAW-A-PERSON"

Source of Variation	SS	df	MS	F
Between	43.2051	2.	21.6025	.1007
Within	4932.8334	23.	214.4710	
Total	4976.0385	25.		

Hypothesis II stated that the experimental group would demonstrate a statistically significant increase in the intelligence scores as measured by the Goodenough-Harris "Draw-A-Person" test as compared with the placebo control group and the deferred control group. There was no significant statistical difference. Therefore the hypothesis was not accepted.

"Sociometric Measure"

To determine a measure of the child's sociometric status and peer relationships, a three-choice sociometric perference test was given to each child in his school room. The three choices were social, work, and play preferences. A comparison of the numbers of choices each child was given in the three areas was computed. A comparison for each item, social, work, and play, was computed. The gain scores of the experimental group, the placebo group, and the deferred group was made. Results of the analysis of variance of gain scores between groups on the social choice are shown in Table VIII. An F ratio of 1.2065 was obtained. This was not significant at the .05 level.

TABLE VIII

SUMMARY OF ANALYSIS OF VARIANCE OF SOCIAL CHOICE SCORES ON THE "SOCIOMETRIC MEASURE"

Source of Variation	SS	df	MS	F
Between	8.0820	2.	4.0410	1.2065
Within	77.0333	23.	3.3492	
Total	85.1153	25.		

A comparison for the Sociometric work choice score was computed. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between

groups are shown in Table IX. An F ratio of .2726 was obtained. This was not significant at the .05 level.

TABLE IX

SUMMARY OF ANALYSIS OF VARIANCE OF WORK CHOICE SCORES ON THE "SOCIOMETRIC MEASURE"

Source of Variation	SS	df	MS	F
Between	1.2051	2.	.6025	.2726
Within	50.8333	23.	2.2101	
Total	52.0384	25.		

A comparison for the Sociometric play choice score was computed. A comparison of gain scores of groups was made. Results of the analysis of variance of gain scores between groups are shown in Table X. An F ratio of .4174 was obtained. This was not significant at the .05 level.

TABLE X

SUMMARY OF ANALYSIS OF VARIANCE OF PLAY CHOICE SCORES ON THE "SOCIOMETRIC MEASURE"

Source of Variation	SS	df	MS	F
Between	1.8051	2.	.9025	.4174
Within	49.7333	23.	2.1623	
Total	51.5384	25.		

Hypothesis III stated that the experimental group would demonstrate a statistically significant increase on scores reported by a Sociometric test and compared with the placebo control group and the deferred control group. There was no significant difference. Therefore the hypothesis was not accepted.

Self-Esteem Inventory

To measure each child's self concept strength, scores were computed on Coopersmith's Self-Esteem Inventory. A comparison of gain scores of the experimental group, the placebo group, and the deferred group was made. Results of the analysis of variance of gain scores between groups are shown in Table XI. An F ratio of .8205 was obtained. This was not significant at the .05 level.

TABLE XI

SUMMARY OF ANALYSIS OF VARIANCE OF THE SELF-ESTEEM INVENTORY

Source of Variation	SS	df	MS	F
Between	76.0512	2.	38.0256	.8205
Within	1065.8335	23.	46.3405	
Total	1141.8847	25.		

Hypothesis IV stated that the experimental group would demonstrate a statistically significant increase in self concept as measured by the Self-Esteem Inventory, as compared with the placebo control group and the deferred control group. There was no significant statistical difference. Therefore the hypothesis was not accepted.

School Apperception Method

In order to ascertain a relative description of each child's adjustment in school, the School Apperception Method was administered to each child. Protocols were transcribed. The difficulty of obtaining objective scores for projective measures was encountered. Two independent raters, with clinical experience, assessed the responses giving assigned weighted scores. This data was treated in an objective manner for comparisons indicating gain scores. A comparison of gain scores of the experimental group, the placebo group, and the deferred group was made. Results of the analysis of variance of gain scores between groups, as evaluated by rater A, are shown in Table XII. An F ratio of .2481 was obtained. This was not significant at the .05 level.

TABLE XII

SUMMARY OF ANALYSIS OF VARIANCE OF THE SCHOOL APPERCEPTION METHOD BY RATER A

Source of Variation	SS	df	MS	F
Between	3.0615	2.	1.5307	.2481
Within	141.9000	23.	6.1695	
Total	144.9615	25.		

The School Apperception Method as evaluated by rater B was scored. A comparison of gain scores of the groups was made. Results of the analysis of variance of gain scores between groups, as evaluated by rater B, are shown in Table XIII. An F ratio of .3518 was obtained. This was not significant at the .05 level.

TABLE XIII

SUMMARY OF ANALYSIS OF VARIANCE OF THE SCHOOL APPERCEPTION METHOD BY RATER B

Source of Variation	SS	df	MS	F
Between	.5538	2.	.2769	.3518
Within	18.1000	23.	.7869	
Total	18.6538	25.		

Hypothesis V stated that the experimental group would demonstrate a statistically significant increase in adjustment on perception of school role as assessed by the School Apperception Method, as compared with the placebo control group and the deferred control group. There was no significant statistical difference. Therefore the hypothesis was not accepted.

Additional Analysis

The additional analysis of the data is pertinent in addition to the several statistical analyses. Obviously, the range of scores within each group on each instrument influenced the results. This spread of results is presented:

TABLE XIV

SUMMARY OF THE MEAN, STANDARD DEVIATION, AND RANGE DISPERSION OF THE TOTAL SCORES OF WECHSLER INTELLIGENCE SCALE FOR CHILDREN

GROUP I		GROUP II		GROUP III	
Test	Retest	Test	Retest	Test	Retest
75	93	99	101	104	100
92	93	80	99	101	99
97	102	93	99	83	77
84	95	88	91	85	93
101	104	95	86	109	109
97	105	112	122	96	105
91	99			93	83
87	93			96	101
133	136			120	125
123	135			119	127
Mean 98	105.5	93.333	99.666	100.6	101.9
St. Dev. 16.709	15.609	9.655	11.279	12.043	15.142
Test Range	75-133		80-112		83-120
Retest Range	93-136		86-122		77-127

Group I had ten subjects and the entire group evidenced gain in the scores. Group II, the placebo control group, had five subjects who increased their scores and one who decreased. Group III, the deferred control group, had four subjects who decreased their scores, one who stayed the same, and five subjects showing increase in scores as a result of test, retest.

Table XIV allows for comparison of extremities. Individual scores may be compared to the extremities as the mean of his group. The possible effects of play therapy for the experimental group may be better appreciated by a perusal of the scores made by students showing the greatest increase. This indication reveals some adequate results of play therapy.

Analyzing the Goodenough-Harris "Draw-A-Person" scores gives somewhat more latitude for comparison within the range because of its projective nature. Comparison of the self drawing with the parent of the same sex also yields a good comparison with the position and score on the self concept instrument, the Self-Esteem Inventory. Table XV depicts the range and dispersion of the total scores of the Goodenough-Harris "Draw-A-Person" for comparative purposes.

TABLE XV

SUMMARY OF THE MEAN, STANDARD DEVIATION, AND RANGE DISPERSION OF THE TOTAL SCORES OF GOODENOUGH-HARRIS "DRAW-A-PERSON"

GROUP I		GROUP II		GROUP III	
Test	Retest	Test	Retest	Test	Retest
81.5	100.5	80.5	77.5	59.0	62.5
91.5	90.0	82.0	108.0	75.0	78.0
96.5	97.0	87.0	89.0	81.5	78.5
99.0	93.0	97.0	78.5	83.0	95.5
100.0	94.5	113.0	114.5	89.0	95.5
101.5	109.0	120.5	119.5	91.5	88.5
102.0	96.0			97.5	85.5
102.5	102.5			106.0	110.5
104.0	100.5			108.5	93.0
109.5	115.0			113.0	102.0
Mean 98.8	99.8	96.666	97.833	90.400	88.950
St. Dev. 7.294	7.187	15.302	16.910	15.787	12.952
Test Range	81.5-109.5		80.5-120.5		59.0-113.0
Retest Range	90.0-115.0		77.5-119-5		62.5-110.5

Group I indicates five subjects having lower retest scores, four having an increase in scores, and one remaining the same. Group II indicates three of the subjects increased their scores and three decreased their scores as a result of test, retest. Group III indicates five of the subjects increased their scores and five decreased their scores as a result of test, retest.

The subjective nature of the Goodenough-Harris "Draw-A-Person" may be viewed as accounting for some of the range of scores and for variance between this instrument and the

Wechsler Intelligence Scale for Children. Although a qualified rater scored these instruments "blind," not knowing which test was test or retest, or the age, or school level of the child, some bias or subjectivity enters into the scoring. Group I had one subject whose scores were all greater than the Wechsler Intelligence Scale for Children. Five subjects on retest showed scores lower than the retest on the Wechsler Intelligence Scale for Children. In the placebo control group, two subjects showed scores less than the Wechsler Intelligence Scale for Children, and four greater. In the deferred control group three subjects' retest scores were less than those on the Wechsler Intelligence Scale for Children, and seven showed an increase.

The Sociometric data indicates all of the subjects had poor peer group relationships. Many were near isolates. Comparing the ratings of the three groups under study indicates that the subject most chosen had an increase of thirteen choices in the retest. This student was in the experimental group, Group I. His Wechsler Intelligence Scale for Children total scale scores were, on test 97, and on retest, 102. His Goodenough-Harris "Draw-A-Person" total scale scores were, on the test, 102, and on retest, 96. Group II, the placebo control group, had one student who showed an increase of six choices in retest. In the deferred control group, Group III, as compared with the experimental

group, the highest gain in sociometric choices was eight. The sociometric choices follow the trend indicating the greater number of choices indicated, the higher the intellectual capacity.

TABLE XVI

SUMMARY OF THE MEAN, STANDARD DEVIATION, AND RANGE DISPERSION OF THE TOTAL SCORES OF THE "SOCIOMETRIC MEASURE"

GROUP I		GROUP II		GROUP III	
Test	Retest	Test	Retest	Test	Retest
4	4	2	6	2	3
4	5	8	9	3	2
3	16	1	6	3	7
1	0	7	7	1	1
7	4	0	1	1	1
1	2	10	4	5	5
1	4			2	2
2	2			3	4
11	16			20	28
2	4			0	6
Mean 3.6	5.7	4.666	5.5	4.0	5.9
St. Dev. 3.039	5.330	3.815	2.5	5.485	7.621
Test Range	1-11		0-10		0-20
Retest Range	2-16		9- 9		1-28

Analysis of self concept as measured by the Self-Esteem Inventory also reveals quite a range in scores.

TABLE XVII

SUMMARY OF THE MEAN, STANDARD DEVIATION, AND RANGE DISPERSION OF THE TOTAL SCORES OF THE SELF-ESTEEM INVENTORY

GROUP I		GROUP II		GROUP III	
Test	Retest	Test	Retest	Test	Retest
33	29	30	26	30	34
33	34	24	22	33	23
24	21	24	23	34	42
24	22	29	31	40	37
38	44	24	25	24	25
41	46	42	43	43	45
24	24			31	26
24	27			36	43
24	27			24	23
29	35			24	23
Mean 29.4	30.9	28.833	28.333	31.9	32.1
St. Dev. 6.167	8.275	6.388	7.157	6.347	8.642
Test Range	24-41		24-42		24-43
Retest Range	21-46		22-43		23-45

The spread in Group I may indicate that as a result of therapy more realistic, but not necessarily more healthy, self concepts were attained. This instrument measures how one feels about himself and is a more sensitive measure of the affective processes. Day-by-day feelings will influence the scores greatly. The instrument is too difficult for first-grade children and not easy for second graders. The experiences with teachers and authority figures, as well as the counselor, obviously skew the scores of this instrument.

Self concepts may be altered, but this was not indicated as measured in this short-term therapy with the Self-Esteem Inventory. Perhaps upon reflection or as time passes an assessment of self concepts would be changed. Careful comparison of sociometric position and self concept rating would seem to indicate the more sensitively a direction of change than either instrument by itself.

In the experimental group, three subjects' self concept scores decreased, six increased, and one remained the same. The student in this group with the greatest self concept increase of six points had a sociometric rating increase of two choices. Another student with the same six-point self concept increase showed a loss of three sociometric choices. In the experimental group, the subject with the greatest decrease in self concept scores, four points, showed a sociometric choice rating of no increase.

In the placebo control group, three subjects showed a self concept score decrease and three increased. The subject with the greatest increase, two points, maintained the same sociometric choices, seven, on test, retest. The subject showing the greatest decrease in self concept scores, four points, showed an increase in sociometric choices of four points.

In the deferred control group, two subjects showed greater increases in self concept scale, with seven and eight points, respectively, than did either of the other groups.

Four subjects showed decrease in scores and six showed increase. In this group, the greatest decrease of ten points was also the largest decrease in any group taking the self concept scale. The subject showing an eight-point increase showed a four-point increase on the sociometric scale, and the student with a seven-point increase showed a four-choice gain. The subject with a ten-point decrease in self concept score had a one-point decrease in the sociometric measure.

The great flux and apparent inconsistency between the self concept measure and the sociometric measures, would indicate the need for further study. A lengthening of time of therapy and the intensity of the process of play therapy seem to be indicated. As previously called for, a retesting of these groups at a later date would seem desirable.

The analysis of the School Apperception Method was dependent upon the clinical evaluation of two raters. The raters were not informed as to the therapy or the grouping of these subjects. To facilitate scoring, they were asked to use the initial response as the criterion for comparison as to whether or not the retest indicated improved or more healthy responses, about the same, or a weaker or poorer response as the third choice. The clinicians both stated an awareness that all the subjects responded in ways that they would not expect normal, healthy, well-adjusted children to respond. Table XVIII indicates the summary of the range dispersion of the total scores on the School Apperception

Method as given by rater A. Rater B's dispersion was so similar that it is not included.

TABLE XVIII

SUMMARY OF THE MEAN, STANDARD DEVIATION, AND RANGE DISPERSION OF THE TOTAL SCORES OF THE SCHOOL APPERCEPTION METHOD BY RATER A

GROUP I		GROUP II		GROUP III	
Test	Retest	Test	Retest	Test	Retest
24	21	24	25	24	30
24	23	24	22	24	18
24	21	24	23	24	23
24	22	24	25	24	23
24	24	24	25	24	25
24	26	24	27	24	22
24	24			24	24
24	27			24	25
24	27			24	23
24	25			24	23
Mean 24.0	24.0	24.0	24.5	24.0	23.6
St. Dev. 0.0	2.1144	0.0	1.607	0.0	2.835

While subjective in nature, an empirical analysis indicating gain was made. Comparison of these scores within their range is interesting. In Group I, the experimental group, four subjects gave improved responses, four gave inferior, and two remained about the same level. In Group II, the placebo control group, four subjects gave improved responses, while two gave inferior responses. In Group III, the deferred control group, three showed increased scores, six inferior responses, and one remained at about the same level. This dispersion seems to substantiate the conclusion that the

subjects of this study were not well adjusted school students.

Students referred to the Pupil Appraisal Center were diagnosed and after a staffing session were recommended to receive therapy, as indicated in the categorical divisions in Table XIX. The coding order was from an alphabetical list which was randomized and has been consistent throughout the study.

TABLE XIX

SUMMARY OF THE CATEGORIES OF REFERRAL DIAGNOSIS

Student Code Number	Sex	Counseling	Reading	Speech-Hearing
		Group I		
04	M	X	X	X
05	F	X		
08	M	X	X	X
09	F	X	X	X
16	M	X	X	X
17	M	X		
20	M	X	X	
22	M	X	X	X
24	M	X	X	
25	M	X	X	
		Group II		
07	M	X	X	X
10	F	X	X	X
11	M	X	X	X
18	M	X		
23	M	X		
26	M	X	X	
		Group III		
01	M	X	X	X
02	M	X	X	X
03	M	X	X	X
06	M	X	X	X
12	F	X	X	
13	M	X	X	X
14	M	X	X	X
15	F	X	X	X
19	F	X		
21	M	X		

This original referral indicates the direction of the source of the subjects' problems. Sexually, the groups were predominately composed of boys. Group I contained seven boys and three girls. Group II contained five boys and one girl. Group III contained seven boys and three girls. The division of these groups was of nineteen boys and seven girls for a ratio of approximately three boys to one girl or 73 per cent boys. All subjects in all groups were recommended for counseling. In Group I, the experimental group, eight of ten were recommended for reading therapy and five of ten were recommended for speech and hearing assistance. In Group II, the placebo control group, four out of six were recommended for speech and hearing assistance. In Group III, the deferred control group, eight of ten subjects were recommended for speech and hearing help. Individual differences as perceived by teachers and by parents, as reported by interview and recorded on the Wickham-Olson Behavior Rating Scale, were reported in another study.

The number of subjects in this study is fewer than desired. This in no way hinders the adequacy of the analysis or limits the findings for this group. However, future studies should seek to investigate as large a population as can possibly be found to increase the significance of such research. Retesting of these three groups at a later date, and increasing the length of time for therapy, may yield more fruitful data.

More stringent control within the environment would enhance studies like this one. The experience of each subject in his individual class is significant. Obviously, some classes, groups, and teachers provide greater enrichment of learning opportunity than do others. The opposite also holds true. Subjects moving from class to class and school to school will affect the results of a study. The use of a placebo control group in order to account for the Hawthorne effect did exactly that. The results would be extremely interesting should this group be added to either the experimental or the deferred control group, and the two groups compared.

The age of the subjects seemed to be influential in the study. A more narrow range of age would probably yield more significant data. Some of the subjects were too young to adequately respond to the instrument. The older students were approaching adolescence or were already through puberty, adding another extraneous variable to the study.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Play therapy has been widely recognized as an area of help for children. Psychiatrists, psychologists, counselors, and educators in general have long advocated the use of play therapy for children with behavioral, emotional, and learning difficulties. A great deal of research seems to indicate its effectiveness. In order to evaluate and compare the effects of client-centered play therapy on children referred to a child guidance clinic with behavioral, emotional, and learning difficulties, this study was conducted.

Subjects of the study were twenty-six children, ages six through eleven, in grades one through five. The study was conducted at the Pupil Appraisal Center at North Texas State University. The experimental paradigm was a single classification analysis of variance on residualized scores. The children were randomly assigned to three groups. An experimental group consisted of ten children, a placebo control group consisted of six children, and a deferred control group consisted of ten children. Play therapy sessions were conducted for one hour each week for ten weeks of therapy. Pre- and post-tests were administered.

Increased mean score gains on the five variables indicating change as a result of play therapy were hypothesized.

Three counselors at the doctoral level served as therapists at the Pupil Appraisal Center. The method of treatment was client-centered therapy supervised by the Director of the Pupil Appraisal Center. Five hypotheses were formulated regarding the effect of client-centered play therapy upon the children in terms of intelligence scores, self concept, social adjustment, and perception of school adjustment. These were based on the need of empirical evidence as to the effects of client-centered play therapy on children.

The fortuitous data indicate that the experimental group engaged in play therapy did not benefit significantly. Perhaps follow-up studies or more stringent measures of assessment should be made with the experimental group. The hypotheses were rejected.

Conclusions

1. Play therapy for the experimental group was not of sufficient strength to be indicated by gain scores on the instruments measuring the five variables under consideration.

2. Some or all of the instruments used to measure gain scores in keeping with the hypotheses were inadequate to make the assessments desired.

3. Further research on the client-centered play therapy under investigation is needed

a. using other instruments of assessments,

b. using follow-up studies,

c. using a longer time of treatment,

d. using other treatments as an adjunct.

4. Considering the literature indicating favorable results with client-centered play therapy, even more rigorous experiments on its effectiveness need to be conducted and more critical consideration given concerning its claims.

Recommendations

In view of the findings of the study, the following recommendations are made:

1. That the goals and outcomes of client-centered play therapy need to be more clearly defined.

2. That more and better scales be developed to assess client-centered therapy.

3. That more extensive and intensive studies of client-centered therapy for individuals and groups be conducted.

4. That more intensive investigations as to the process and the place of the counselor in client-centered play therapy be conducted.

5. The results of this study should be made available to counselors, teachers, administrators and governmental officials to aid in assessing certain effects of short-term client-centered play therapy.

APPENDIX A

SELF-ESTEEM INVENTORY (SEI)
Stanley Coopersmith

Please mark each statement in the following way:

If the statement describes how you usually feel, put an X in the column, "Like Me."

If the statement does not describe how you usually feel, put an X in the column, "Unlike Me."

There are no right or wrong answers.

		Like Me	Unlike Me
1.	I spend a lot of time daydreaming.		X
2.	I'm pretty sure of myself.	X	
3.	I often wish I were someone else.		X
4.	I'm easy to like.	X	
5.	My parents and I have a lot of fun together.	X	
6.	I never worry about anything.		X
7.	I find it very hard to talk in front of the class.		X
8.	I wish I were younger.		X
9.	There are lots of things about myself I'd change if I could.		X
10.	I can make up my mind without too much trouble.	X	
11.	I'm a lot of fun to be with.	X	
12.	I get upset easily at home.		X
13.	I always do the right things		X
14.	I'm proud of my school work.	X	

		Like Me	Unlike Me
15.	Someone always has to tell me what to do.		X
16.	It takes me a long time to get used to anything new.		X
17.	I'm often sorry for the things I do.		X
18.	I'm popular with kinds my own age.	X	
19.	My parents usually consider my feelings.	X	
20.	I'm never unhappy.		X
21.	I'm doing the best work that I can.	X	
22.	I give in very easily.		X
23.	I can usually take care of myself.	X	
24.	I'm pretty happy.	X	
25.	I would rather play with children younger than me.		X
26.	My parents expect too much of me.		X
27.	I like everyone I know.		X
28.	I like to be called on in class.	X	
29.	I understand myself.	X	
30.	It's pretty tough to be me.		X
31.	Things are all mixed up in my life.		X
32.	Kids usually follow my ideas.	X	
33.	No one pays much attention to me at home.		X
34.	I never get scolded.		X
35.	I'm not doing as well in school as I'd like to.		X
36.	I can make up my mind and stick to it.	X	
37.	I really don't like being a boy-girl.		X
38.	I have a low opinion of myself.		X
39.	I don't like to be with other people.		X

		Like Me	Unlike Me
40.	There are many times when I'd like to leave home.		X
41.	I'm never shy.		X
42.	I often feel upset in school.		X
43.	I often feel ashambed of myself.		X
44.	I'm not as nice looking as most people.		X
45.	If I have something to say, I usually say it.	X	
46.	Kids pick on me very often.		X
47.	My parents understand me.	X	
48.	I always tell the truth.		X
49.	My teacher makes me feel I'm not good enough.		X
50.	I don't care what happens to me.		X
51.	I'm a failure.		X
52.	I get upset easily when I'm scolded.		X
53.	Most people are better liked than I am.		X
54.	I usually feel as if my parents are punishing me.		X
55.	I always know what to say to people.	X	
56.	I often get discouraged in school.		X
57.	Things usually don't bother me.	X	
58.	I can't be depended on.		X

X's indicate correct answers for scoring.

Lie Defensive Scale Items are: 6, 13, 20, 27, 34, 41, 48, and 55 (eight items). Maximum total score equal 50.

APPENDIX B

SOCIOMETRIC MEASURE

Three Choices

If we were to change the seating arrangement for our room, whom would you choose to sit near you?

A. _____

B. _____

C. _____

If we were to divide our class into small groups to work on class projects, whom would you choose to work with you?

A. _____

B. _____

C. _____

If we were to divide our class into small play groups, whom would you choose to play with you?

A. _____

B. _____

C. _____

BIBLIOGRAPHY

Books

Abt, Lawrence Edwin and Leopold Bellak, editors, Projective Psychology, New York, Grove Press, 1950.

Almy, Millie C., Edward Herden, and Paula Miller, Young Children's Thinking, New York, Columbia University, 1966.

Axline, Virginia, Dibbs: In Search of Self, New York, Houghton-Mifflin Company, 1964.

Axline, Virginia, Play Therapy, New York, Houghton Mifflin Company, 1947.

Bass, B. M. and A. B. Irwin, Objective Approaches to Personality Assessment, New Jersey, D. Van Nostrand Company, 1959.

Bell, J. E., Projective Techniques, New York, David McKay and Company, 1947.

Bowen, W. P. and E. D. Mitchell, The Practice of Organized Play, New York, Barnes Press, 1927.

Carlson, B. W. and D. R. Gingland, Play Activities for the Retarded Child, New York, Abingdon Press, 1961.

Coopersmith, Stanley, The Antecedents of Self-Esteem, San Francisco, W. H. Freeman Company, 1967.

Davis, J. E., Play and Mental Health: Principles and Practice for Teachers, New York, A. S. Barnes Publishing Company, 1938.

Davis, W. Allison and Robert J. Havinghurst, Father of the Man, Boston, Houghton Mifflin Company, 1947.

Eysenck, H. J., Handbook of Abnormal Psychology, New York, Basic Books, Inc., 1960.

Frank, L. K., Projective Methods, Springfield, Illinois, C. C. Thomas, 1948.

Franklin, A. and A. E. Benedict, Play Centers for School Children: A Guide to Their Establishments and Operation, New York, Morrow, 1943.

Ginott, Haim G., Between Parent and Child: New Solutions to Old Problems, New York, McMillan, 1965.

Ginott, Haim G., Group Psychotherapy with Children, New York, McGraw-Hill Book Company, 1961.

Harrower, Mary Rachel, Psychodiagnostic Testing: An Empirical Approach, Springfield, Illinois, Charles C. Thomas Publisher, 1965.

Harris, Dale B., Children's Drawings as Measures of Intellectual Maturity, New York, Harcourt, Brace and World, 1963.

Hartley, Ruth E., Growing Through Play: Experiences of Teddy and Bud, New York, Columbia Press, 1952.

Hartley, Ruth E., Lawrence Frank, and Robert Golderson, Understanding Children's Play, New York, Columbia Press, 1952.

Haworth, Mary R., editor, Child Psychology, New York, Basic Books, Inc., 1961.

Henry, William E., The Analysis of Fantasy, TAT, New York, John Wiley and Sons, Inc., 1956.

Horney, Karen, The Neurotic Personality of Our Time, New York, W. W. Norton and Company, Inc., 1937.

Jackson, Lydia and Kathleen M. Todd, Child Treatment and the Therapy of Play, New York, Ronald Press, 1950.

Kawin, E., The Wise Choice of Toys, Chicago, University of Chicago Press, 1938.

Kepler, Hazel, The Child and His Play: A Planning Guide for Parents and Teachers, New York, Funk and Wagnalls, 1952.

Lambert, Clara, Play: A Child's Way of Growing Up, New York, Play Schools Association, 1947.

Lehman, H. C. and P. A. Witty, The Psychology of Play Activities, New York, Barnes Publishing Company, 1927.

Leland, Henry and David E. Smith, Play Therapy with Mentally Subnormal Children, New York, Crane and Stratten, 1965.

Lippman, Hyman S., Treatment of the Child in Emotional Conflict, New York, McGraw-Hill Book Company, 1956.

McDaniel, Henry Bonner, J. E. Lallas, J. A. Saum, and J. L. Gilmore, Readings in Guidance, New York, Holt, Rinehart and Winston, Inc., 1961.

Mischel, Walter, Personality and Assessment, New York, John Wiley and Sons, Inc., 1968.

Moustakas, Clark E., Children in Play Therapy: A Key to Understanding Normal and Disturbed Emotions, New York, McGraw-Hill, 1953.

Moustakas, Clark E., Psychotherapy with Children, New York, Harper, 1959.

Murphy, Gardner, Personality, New York, Basic Books, Inc., 1947.

Murphy, Albert T. and Ruth M. Fitz Simons, Stuttering and Personality Dynamics: Play Therapy, Projective Therapy and Counseling, New York, Ronald Press, 1960.

Murstein, Bernard I., editor, Handbook of Projective Techniques, New York, Basic Books, Inc., 1965.

Mussen, Paul Henry, John J. Conger, and Jerome Kagen, Child Development and Personality, New York, Harper and Row, 1963.

Peters, Herman J., Anthony C. Riccio, and Joseph J. Quaranto, Guidance in the Elementary School: A Book of Readings, New York, Maximillian Company, 1963.

Rogers, Carl R., A Therapist's View of Personal Goals, Pennsylvania, Pendle Hill, 1960.

Rogers, Carl R., Client-Centered Therapy, Boston, Houghton Mifflin, 1951.

Rogers, Carl R. and Rosaline Dymond, editors, Psychotherapy and Personality, Chicago, University of Chicago Press, 1954.

Rousseau, J. J., Emile, New York, J. M. Dent and Sons, 1930.

Rabin, Albert I. and Mary R. Haworth, editors, Projective Techniques with Children, New York, Grune and Stratton, 1960.

Slavson, S. R., Child Psychotherapy, New York, Columbia University Press, 1952.

Van Alstyne, D., Play Behavior and Choice of Play Materials of Pre-School Children, Chicago, University of Chicago Press, 1932.

Articles

Alexander, E. D., "School Centered Play Therapy Program," Personnel and Guidance Journal, XLIII (1964), 256-261.

Alexander, Franz, "A Contribution to the Theory of Play," Psychoanalytic Quarterly, XXVII (1958), 175-193.

Altenberg, Henry E., "Changing Priorities in Child Psychiatry," Voices, IV (1968), 36-39.

Amen, Elisabeth W. and Nancy Renison, "A Study of the Relationship Between Play Patterns and Anxiety in Young Children," Genetic Psychological Monograph, L (1954), 3-41.

Andriola, J., "Release of Aggressions Through Play Therapy for a Ten-Year-Old Patient at a Child Guidance Clinic," Psychoanalytic Review, XXXI (1944), 71-80.

Arthur, Helen, "A Comparison of the Techniques Employed in Psychotherapy and Psychoanalysis of Children," American Journal of Orthopsychiatry, XXII (1952), 484-498.

Axline, Virginia, "Mental Deficiency--Symptom or Disease?," Journal of Consulting Psychology, XII (1949), 313-327.

Axline, Virginia, "Nondirective Therapy for Poor Readers," Journal of Consulting Psychology, XI (1947), 61-69.

Axline, Virginia, "Phenomenological Concepts in Nondirective Therapy," Journal of Consulting Psychology, XII (1948), 197-207.

Axline, Virginia, "Play Therapy . . . A Way of Understanding and Helping 'Reading Problems'," Childhood Education, XXVI (1949), 156-161.

Axline, Virginia, "Play Therapy and Race Conflict in Young Children," Journal of Abnormal Social Psychology, XLIII (1948), 300-310.

Axline, Virginia, "Play Therapy Experiences as Described by Child Participants," Journal of Consulting Psychology, XIV (1950), 53-63.

Axline, Virginia, "Play Therapy Procedures and Results," American Journal of Orthopsychiatry, XXV (1955), 618-626.

Axline, Virginia, "Some Observations on Play Therapy," Journal of Consulting Psychology, XII (1948), 209-216.

Axline, Virginia, "That the Blind May See," Teachers College Record, LV (1954), 249-252.

Axline, Virginia and Carl R. Rogers, "A Teacher Therapist Deals with a Handicapped Child," Journal of Abnormal Social Psychology, XL (1945), 119-142.

Baruch, D. W., "Aggression During Doll Play in a Pre-School," American Journal of Orthopsychiatry, XI (1941), 252-260.

Baruch, D. W., "Doll Play in Pre-School as an Aid in Understanding the Child," Mental Hygiene, XXIV (1940), 566-577.

Bellak, L., B. A. Pasquarelli, and S. Braverman, "The Use of the Thematic Apperception Test in Psychology," Journal of Nervous and Mental Disorders, LXIV (1949), 110.

Bender, L. and A. G. Woltman, "Play and Psychology," Nervous Child, I (1941), 17-42.

Benoit, E. Paul, "The Play Problem of Retarded Children," American Journal of Mental Deficiency, LX (1955), 41-55.

Bernstein, Isidor, "Use of Play on the Treatment of Children," Journal of Pediatrics, XXIX (1951), 503-508.

Bills, Robert E., "Non-Directive Play Therapy with Retarded Readers," Journal of Consulting Psychology, XIV (1950), 140-149.

Bills, Robert E., "Play Therapy with Well-Adjusted Retarded Readers," Journal of Consulting Psychology, XIV (1950), 246-249.

Bixler, R. H., "Treatment of a Reading Problem Through Nondirective Play Therapy," Journal of Consulting Psychology, IX (1945), 105-118.

Blaker, Margaret, "Control Groups and the 'Placebo Effect' in Evaluative Research," Social Work, VII (1962), 52-58

Bledsoe, Joseph C., "Self Concepts of Children and Their Intelligence, Achievement, Interests and Anxiety," Journal of Individual Psychology, XX (1964), 55-58.

Bloomberg, Claire M., "An Experiment in Play Therapy," Childhood Education, XXV (1948), 177-180.

Blumberg, Herbert H. and Clinton B. DeSoto, "Avoiding Distortions in Sociometric Choices," International Journal of Sociometry and Sociatry, V (1968), 90-95.

Bonte, E. B. and M. Musgrave, "Influences of War as Evidenced in Children's Play," Child Development, XIV (1943), 179-200.

Boshier, Roger and Paul Homid, "Academic Success and Self Concept," Psychological Reports, XXII (1968), 1191-1192.

Bowman, L. E., "The Play World of the City Child," Child Study, VII (1929), 67-69.

Boy, A. V., "An Experimental Study of the Effectiveness of Client-Centered Therapy in Counseling Students with Behavior Problems," Psychological Abstracts, XXI (1960), 2010.

Boynton, P. L. and F. A. Ford, "The Relationship Between Play and Intelligence," Journal of Applied Psychology, XVII (1933), 294-301.

Boynton, P. L. and J. D. Wang, "Relations of the Play Interests of Children to Their Economic Status," Journal of Genetic Psychology, LXIV (1944), 129-138.

Boynton, P. L. and J. D. Wang, "Relationship Between Children's Play Interests and Their Emotional Stability," Journal of Genetic Psychology, LXIV (1944), 119-127.

Britt, S. H. and S. Q. James, "Toward a Social Psychology of Human Play," Journal of Social Psychology, XIII (1941), 351-384.

Brown, Janet R., "An Explanatory Study of Change in Self Concepts," Dissertation Abstracts, XXVIII (1968), 3990-3991.

Buhler, C., "Play Therapy," Child Study, XVIII (1941), 115-116.

Cameron, W. M., "The Treatment of Children in Psychiatric Clinics with Particular Reference to the Use of Play Techniques," Bulletin of Menninger Clinic, IV (1940), 172-180.

Capobianco, R. J., "Diagnostic Methods Used with Learning Disability Cases," Exceptional Children, XXXI (1964), 187-193.

Carter, Thomas M., "The Play Problems of Gifted Children," School and Society, LXXXVI (1958), 224-225.

Cockerell, D. L., "A Study of the Play of Children of Pre-School Age by an Unobserved Observer," Genetic Psychology Monographs, XVII (1935), 377-469.

Conn, J. H., "The Play Interview as an Investigative and Therapeutic Procedure," Nervous Child, VII (1948), 757-786.

Conn, J. H., "The Treatment of Fearful Children," American Journal of Orthopsychiatry, XI (1941), 744-752.

Coopersmith, Stanley A., "A Method for Determining Types of Self Esteem," Journal of Abnormal Social Psychology, LIX (1954), 138-142.

Cox, F. N., "Sociometric States and Individual Adjustment Before and After Play Therapy," Journal of Abnormal Social Psychology, XLVIII (1953), 354-356.

Dana, R. H., "An Application of Objective TAT Scoring," Journal of Projective Techniques, XX (1956), 159-163.

Despert, J. L., "A Method for the Study of Personality Reactions in Pre-School Age Children by Means of Analysis of Their Play," Journal of Psychology, IX (1940), 17-29.

Despert, J. L., "Play Therapy's Remarks on Some of Its Aspects," Nervous Child, VII (1948), 287-295.

Despert, J. L., "Protocol of an Individual Play Session," Journal of Nervous and Mental Disorders, XCVIII (1943), 133-147.

Despert, J. L., "Technical Approaches Used in the Study and Treatment of Emotional Problems in Children, Part V: The Playroom," Psychiatric Quarterly, XI (1937), 677-693.

Dittman, Allen T. and Howard L. Kitchner, "The Life Space Interview Workshop, 1957. II Life Space Interviewing and Individual Play Therapy: A Comparison of Techniques," American Journal of Orthopsychiatry, XXIX (1959), 19-26.

Dorfman, Elaine, "Personality Outcomes of Client-Centered Child Therapy," Psychological Monographs, LXXII (1958), 1-21.

Dotta, Lois E. and Ann K. Drake, "Examined Sex and Sexual Differentiation in Pre-School Children's Figure Drawings," Journal of Projective Techniques and Personality Assessment, XXXII (1968), 397-399.

Dow, M. L., "An Observational Study in a Playground Situation of Differences in Autistic Personality at the Child Level," Proceedings of the Iowa Academy of Science, XL (1933), 197.

Ellis, A. C. and G. S. Hall, "A Study of Dolls," Pediatric Service for Psychology, IV (1896), 129-175.

Erikson, E. H., "Studies in the Interpretation of Play: Clinical Observation of Play Disruption in Young Children," Genetic Psychological Monograph, XXII (1940), 557-671.

Fales, E., "A Comparison of the Vigorousness of Play Activities of Pre-School Boys and Girls," Child Development, VIII (1937), 144-158.

Fales, E., "A Rating Scale of the Vigorousness of Play Activities of Pre-School Children," Child Development, VIII (1937), 15-46.

Farwell, L., "Reactions of Kindergarten, First and Second Grade Children to Constructive Play Materials," Genetic Psychology Monographs, VIII (1930), 431-562.

Filmer-Bennett, Gordon and Joseph S. Hillson, "Some Child Therapy Practices," Journal of Clinical Psychology, XV (1959), 105-106.

Fireman, Jo Ann, "Observations on the Development of Imaginative Play in Early Childhood," Journal of American Academy of Child Psychology, I (1962), 167-181.

Fleming, Louise and William U. Snyder, "Social and Personal Changes Following Non-Directive Group Play Therapy," American Journal of Orthopsychiatry, XVII (1947), 101-116.

Frank, Lawrence K., "Play in Personality Development," American Journal of Orthopsychiatry, XXV (1955), 576-590.

Fuchs, Natalie Rogers, "Play Therapy at Home," Merrill-Palmer Quarterly, XIII (1952), 85-95.

Fuller, M. P., "Nine Children's Play Activities," Child Study, XVII (1929), 75-76.

Gibbs, J. M., "Group Therapy," British Journal of Medical Psychology, XX (1945), 244-251.

Gilmore, J. Bernard, "The Role of Anxiety and Cognitive Factors in Children's Play Behavior," Child Development, XXXVII (1966), 397-416.

Ginott, Haim G., "A Rationale for Selecting Toys in Play Therapy," Journal of Consulting Psychology, XXIV (1960), 243-246.

Ginott, Haim G., "Play Group Therapy: A Theoretical Framework," International Journal of Group Psychotherapy, VIII (1958), 410-418.

Ginott, Haim G., "Play Therapy: The Initial Session," American Journal of Psychotherapy, XV (1961), 73-88.

Ginott, Haim G., "The Theory and Practice of 'Therapeutic Intervention' in Child Treatment," Journal of Consulting Psychology, XXIII (1959), 160-166.

Ginott, Haim G. and Dell Lebo, "Ecology of Service," Journal of Consulting Psychology, XXVII (1963), 450-452.

Ginott, Haim G., and Dell Lebo, "Most and Least Used Play Therapy Limits," Journal of Genetic Psychology, CIII (1963), 153-159.

Ginott, Haim G. and Dell Lebo, "Play Therapy Limits and Theoretical Orientation," Journal of Consulting Psychology, XXV (1961), 337-340.

Glatzer, Henriette T., "A Study of Play Therapy with an Eleven-Year-Old Boy Suffering from Severe Castration Fears," Nervous Child, VII (1948), 304-310.

Goodenough, Florence L., "A New Approach to Measurement of the Intelligence of Young Children," The Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 185-211.

Greenacre, P., "Play in Relation to Creative Imagination," Psychoanalytic Study of the Child, XIV (1959), 61-80.

Greig, A. B., "Interrelationship of Play Affect and Learning Ability," Nervous Child, II (1943), 263-267.

Griffith, Albert V. and Dorothy W. Lemley, "Teeth and Threatening Look on the Draw-A-Person Test as Indicating Aggression," Journal of Clinical Psychology, XXIII (1967), 489-492.

Guerney, Bernard, Jr., "Filial Therapy: Description and Rationale," Journal of Consulting Psychology, XXVIII (1964), 204-210.

Gulick, L. H., "Psychological, Pedagogical, and Religious Aspects of Group Games," Pedagogical Seminary of Genetic Psychology, VI (1898), 135-151.

Hambridge, Gove, Jr., "Structured Play Therapy," American Journal of Orthopsychiatry, XXV (1955), 601-617.

Hare, Marjorie K., "Shortened Treatment in a Child Guidance Clinic: The Results of 119 Cases," British Journal of Psychiatry, CXII (1966), 613-616.

Harms, Earnest, "Children's Play and Abnormal Behavior," Nervous Child, VII (1948), 229-232.

Harms, Earnest, "Play Diagnosis: Preliminary Considerations for a Sound Approach," Nervous Child, VII (1948), 232-246.

Harris, D. B., "A Play Activities Blank as a Measure of Delinquency in Boys," Journal of Abnormal Social Psychology, XXXVII (1942), 546-559.

Harris, D. B., "Relationship Among Play Interests and Delinquency in Boys," American Journal of Orthopsychiatry, XIII (1943), 631-638.

Harris, D. B. and M. E. Odoroff, "The Relationship of Play Interests to Delinquency in Boys," Psychological Bulletin, XXXVII (1940), 474-475.

Hartman, A. A., "An Experimental Examination of the TAT in Clinical Diagnosis," Psychological Monograph, LXIII (1949), 303.

Hawkey, M. L., "Play Analysis: Case Study of a Nine-Year-Old Girl," British Journal of Medical Psychology, XX (1945), 236-243.

Heathers, Glen, "Emotional Dependence in Nursery School Play," Journal of Genetic Psychology, LXXXVII (1955), 37-57.

Hellesberg, Elisabeth F., "Child's Growth in Play Therapy," American Journal of Psychotherapy, IX (1955), 482-502.

Hicks, Henry A., "Selected System Properties of Four Observed Psychotherapy Groups: A Quantitative Study of Interaction Processes of Children's Groups in Psychotherapy," Dissertation Abstracts, XXVIII (1968), 4312-4314.

Hodolin, Visnja, Vanja Jelic, and Nada Katanec, "Our Experiences in Group Psychotherapy with Children," Psychotherapy and Psychosomatics, XV (1967), 31.

Houde, Laurent, "Combined Treatment for Children with Learning Disorders," Canadian Psychologist, IX (1968), 174-186.

Hulson, E. L., "An Analysis of the Free Play of Ten-Year-Old Children Through Consecutive Observations," Journal of Juvenile Research, XIV (1930), 188-208.

Hunt, J. L., "Shall We Demand Efficiency in Play?," Progressive Education, III (1926), 305-311.

Hurlock, Elizabeth B., "Experimental Investigations of Childhood Play," Psychological Bulletin, XXXI (1934), 47-66.

Hutchins, M. R., "Learning to Play," Child Study, VII (1929), 76-77.

Jenkin, Noel, George Spivock, Murray Levine, and William Savage, "Weschler Profiles and Academic Achievement in Emotionally Disturbed Boys," Journal of Consulting Psychology, XXVIII (1964), 290.

Jessner, Lucie, Gason E. Blom, and Samuel Kaplan, "The Use of Play in Psychotherapy in Children," Journal of Nervous and Mental Disorders, CXIV (1951), 175-177.

Johnson, Elizabeth Z., "Klopfner's Prognostic Scale Used with Raven's Progressive Matrices in Play Therapy Prognosis," Journal of Projective Techniques, XVII (1953), 320-326.

Johnson, Elizabeth Z., "The Clinical Use of Raven's Progressive Matrices to Appraise Potential for Progress in Play Therapy: A Study of Institutionalized Mentally and Educationally Retarded Children," American Journal of Orthopsychiatry, XXIII (1953), 391-405.

Kasper, Joseph C., Frances M. Thorne, and Jerome L. Shulman, "A Study of the Inter-Judge Reliability in Scoring the Responses of a Group of Mentally Retarded Boys to Three WISC Subscales," Educational and Psychological Meaurement, XXVIII (1968), 469-477.

Kauner, L., "Play Investigation and Play Treatment of Children's Behavior Disorders," Journal of Pediatrics, XVII (1940), 533-546.

King, P. D. and R. Ekstein, "The Search for Ego Controls: Progression of Play Activity in Psychotherapy with a Schizophrenic Child," Psychoanalytic Review, LIV (1967), 83-92.

Knight, Octavia B., "The Self Concept of Educable Mentally Retarded Children in Special and Regular Classes," Dissertation Abstracts, XXVIII (1968), 4483.

Kohn, Herbert N. and H. L. Chodosh, "A Comprehansive Approach in a Child Guidance Clinic," Psychotherapy and Psychosomatics, XV (1967), 35-36.

Lambert, Clara, "Identification Through Play," Childhood Education, XXV (1949), 402-405.

Landisberg, S. and W. V. Snyder, "Nondirective Play Therapy," Journal of Clinical Psychology, II (1946), 203-214.

Lebo, Dell, "Age and Suitability for Nondirective Play Therapy," Journal of Genetic Psychology, LXXXIX (1956), 231-238.

Lebo, Dell, "Aggressiveness and Expansiveness in Children," Journal of Genetic Psychology, C (1962), 227-240.

Lebo, Dell, "A Theoretical Framework for Nondirective Play Therapy: Concepts from Psychoanalysis and Learning Theory," Journal of Consulting Psychology, XXII (1958), 275-279.

Lebo, Dell, "The Development and Employment of VTAT's or Pictureless TAT's," Journal of Psychology, L (1960), 197-204.

Lebo, Dell, "The Development of Client-Centered Therapy in the Writings of Carl Rogers," American Journal of Psychiatry, CX (1953), 104-109.

Lebo, Dell, "The Development of Play as a Form of Therapy from Rousseau to Rogers," American Journal of Psychiatry, CXII (1955), 418-422.

Lebo, Dell, "The Expressive Value of Toys Recommended for Nondirective Play Therapy," Journal of Clinical Psychology, XI (1955), 144-148.

Lebo, Dell, "The Identification of Delinquent Needs," Journal of Correctional Education, VIII (1956), 42-44.

Lebo, Dell, "Quantification of the Nondirective Play Therapy Process," The Journal of Genetic Psychology, LXXXVI (1955), 375-378.

Lebo, Dell, "The Present Status of Research on Non-Directive Play Therapy," in Mary R. Haworth, Child Psychotherapy, New York, Basic Books, Inc., (1964), 421-430.

Lebo, Dell, "The Present Status of Research on Non-Directive Play Therapy," Journal of Consulting Psychology, XVII (1953), 177-183.

Lebo, Dell, "The Question of Toys in Play Therapy: An International Problem," Journal of Education and Psychology, XIV (1956), 66-73.

Lebo, Dell, "The Relationship of Play to Play Therapy," Journal of Education and Psychology, XIII (1955), 114-121.

Lebo, Dell, "The Relationship of Responsive Guidance in Play Therapy to Chronological Age," Journal of Child Psychology, II (1952), 330-336.

Lebo, Dell and Elaine Lebo, "Aggression and Age in Relation to Verbal Expression in Nondirective Play Therapy," Psychological Monograph, LXXI (1957), 2-6.

Lehman, H. C., "A Comparison of Play Activities of Town and Country Children," Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 455-476.

Lehman, H. C., "Community Differences in Play Behavior," Pedagogical Seminary and Journal of Genetic Psychology, XXXIII (1926), 477-490.

Lehman, H. C., "Extreme Versatility Versus Paucity of Play Interests," Pedagogical Seminary and Journal of Genetic Psychology, XXXIV (1927), 240-298.

Lehman, H. C. and P. A. Witty, "A Study of Play in Relation to Intelligence," Journal of Applied Psychology, XII (1928), 367-398.

Lehman, H. C. and P. A. Witty, "Play Interests as Evidence of Sex Differences in Aesthetic Appreciation," American Journal of Psychology, XL (1928), 449-457.

Lehman, H. C. and Thelma Hill Anderson, "Social Participation Versus Solitariness in Play," Pedagogical Seminary and Journal of Genetic Psychology, XXXIV (1927), 279-289.

Leland, Henry, John Walker, and A. N. Taboada, "Group Play Therapy with a Group of Post-Nursery Male Retardates," American Journal of Mental Deficiency, LXIII (1959), 848-851.

Levin, Harry and Elinor Wardwell, "The Research Uses of Doll Play," Psychological Bulletin, LIX (1962), 27-56.

Levin, Harry and Valerie F. Turgean, "The Influence of the Mothers' Presence on Children's Doll Play Aggression," Journal of Abnormal Social Psychology, LV (1957), 304-308.

Levine, Harold A. and Marilyn Gross, "Suitability of the Harris Revision of the Goodenough Draw-A-Man Test for a Psychiatric Population," Journal of Clinical Psychology, XXIV (1968), 350-351.

Levinson, Boris M., "Pets: A Special Technique in Child Psychotherapy," Mental Hygiene, LXVIII (1964), 243-248.

Liss, E., "Play Techniques in Child Analysis," American Journal of Orthopsychiatry, VI (1936), 17-22.

Lovinger, Sophie L., "The Interplay of Specific Ego Functions in Six-Year-Old Child," Dissertation Abstracts, XXVIII (1968), 4760.

Lowenfield, M. and A. Maberly, "Discussion of the Failure of Play Therapy in Child Psychiatry," Proceedings of the Royal Society of Medicine, XXXIX (1946), 437-443.

Lowery, Lawson G., et. al., "Therapeutic Play Techniques, Symposium, 1954," American Journal of Orthopsychiatry, XXV (1955), 747-787.

Lyle, J. G., "Errors of Retarded Readers on Block Designs," Perceptual and Motor Skills, XXVI (1968), 1222.

Lyle, J. and S. B. Holly, "The Therapeutic Value of Puppets," Bulletin of Menninger Clinic, V (1941), 223-226.

Maisner, E. A., "Contributions of Play Therapy Techniques to Total Rehabilitative Design in an Institution for High Grade Mentally Deficient and Borderline Children," American Journal of Mental Deficiency, LV (1950), 135-250.

Masani, K. R., "Play Therapy in Child Psychiatry," Indian Journal of Social Work, 1942.

McDowell, M. S. and S. R. Howe, "Creative Use of Play Materials by Preschool Children," Childhood Education, XVII (1941), 321-326.

McHugh, Ann F., "Sexual Identification, Size, and Associations in Children's Figure Drawings," Journal of Clinical Psychology, XVIX (1963), 380-382.

McKerracher, D. W. and R. A. Watson, "Validation of a Short Form WISC with Clinic Children," British Journal of Educational Psychology, XXXVIII (1968), 205-208.

Mehlman, Benjamin, "Group Play Therapy with Mentally Retarded Children," Journal of Abnormal Social Psychology, XLVIII (1953), 53-60.

Mendes Leal, Maria R., "Analytic Play Therapy with Predelinquent Girls," International Journal of Group Psychotherapy, XVI (1966), 58-64.

Miller, Helen E., "Play Therapy for the Institutional Child," Nervous Child, VII (1948), 311-317.

Moore, Terence and L. E. Ucko, "Four to Six: Constructiveness and Conflict in Meeting Doll Play Problems," Journal of Child Psychology and Psychiatry, II (1961), 21-47.

Moustakas, Clark E., "Emotional Adjustment and the Play Therapy Process," Journal of Genetic Psychology, LXXXVI (1955), 79-99.

Moustakas, Clark E., "Situational Play Therapy with Normal Children," Journal of Consulting Psychology, XV (1951), 225-230.

Moustakas, Clark E., "The Frequency and Intensity of Negative Attitudes Expressed in Play Therapy: A Comparison of Well-Adjusted and Disturbed Young Children," Journal of Genetic Psychology, LXXXVI (1953), 309-325.

Moustakas, Clark E. and Henry D. Schalock, "An Analysis of Therapist-Child Interaction in Play Therapy, Child Development, XXVI (1955), 143-157.

Mundy, Lydia, "Therapy with Physically and Mentally Handicapped Children in a Mental Deficiency Hospital," Journal of Clinical Psychology, XIII (1957), 3-9.

Murstein, Bernard I., "Discussion for Current Status of Some Projective Techniques," Journal of Projective Techniques and Personality Assessment, XXXII (1968), 229-232.

Newell, H. W., "Play Therapy in Child Psychiatry," American Journal of Orthopsychiatry, XI (1941), 245-252.

Nickols, J., "A Multi-Purpose Table for Testing and Play Therapy," Perceptual and Motor Skills, XIII (1961), 89-90.

Nickols, J., "Target Game Techniques for Examination and Play Therapy Activities with Children," Perceptual and Motor Skills, XIII (1961), 83-87.

Nicholson, C. A., "A Survey of Referral Problems in 59 Ohio School Districts," Journal of School Psychology, VI (1967), 14-22.

Pangburn, W., "Play, the Business of Childhood," American Child, XI (1929), 29-31.

Pasricha, Prem, "Play Therapy," Journal of Educational Psychology, XI (1953), 20-28.

Pochy, B. M., "The Play Interview as a Means of Diagnosis in the Treatment of Maladjusted Children," Journal of Social Research, I (1950), 43-51.

Peck, M. L. and R. H. Stewart, "Current Practices in Selection Criteria for Group Play Therapy," Journal of Clinical Psychology, XX (1964), 146.

Phillips, R., "Doll Play as a Function of the Realism and the Length of the Experimental Session," Child Development, XVI (1945), 123-143.

Piller, Lili E., "Models of Children's Play," Mental Hygiene, XXXVI (1952), 66-83.

Pintler, M. H., "Doll Play as a Function of Experimenter-Child Interaction and Initial Organization of Materials," Child Development, XVI (1945), 145-166.

Prentice, Norman M., "Individual Achievement Testing of Children with Learning Problems: A Clinical Guide," Journal of Projective Techniques and Personality Assessment, XXVIII (1964), 448-464.

Quereshi, M. Y., "Intelligence Test Scores as a Function of Sex of Experimenter and Sex of Subject," Journal of Psychology, LXIX (1968), 277-284.

Rank, B. T., "The Therapeutic Value of Play," Understanding the Child, VII (1938), 19-23.

Rautman, A. L., "Children's Play in Wartime," Mental Hygiene, XXVII (1943), 449-553.

Redl, Fritz, "The Life Space Interview: Workshop 1957 Strategy and Techniques of Life Space Interview," American Journal of Orthopsychiatry, XXXIX (1959), 1-18.

Reymert, Martin I., "Play Therapy at Moosoheart," Journal of the Exceptional Child, XIII (1946), 2-9.

Roback, Howard B., "Human Figure Drawings: Their Utility in the Clinical Psychologist's Armamentarium for Personality Assessment," Psychological Bulletin, LXX (1968), 1-19.

Robinson, E. F., "Doll Play as a Function of the Doll Family Constellation," Child Development, XVII (1946), 99-119.

Robinson, E. S., "Play," Encyclopedia of Social Science, XII (1931), 160-161.

Rose, Alvin W., "Toward Understanding the Concept and Function of Play," Education Theory, VI (1956), 20-25.

Rosenberg, B. G. and B. Smith, "A Revised Conception of Masculine-Feminine Differences in Play Activities," Journal of Genetic Psychology, XCVI (1960), 165-170.

Rothschild, Jacob, "Play Therapy with Blind Children," New Outlook for the Blind, LIV (1960), 329-333.

Sargent, H., "Spontaneous Doll Play of a Nine-Year-Old Boy," Journal of Consulting Psychology, VII (1943), 216-222.

Schiffer, Mortimer, "The Use of the Seminar in Training Teachers and Counselors as Leaders of Therapeutic Play Groups for Maladjusted Children," American Journal of Orthopsychiatry, XXX (1960), 154-165.

Schneersohn, F., "Play and Neuroses of Children," American Journal of Psychiatry, CXII (1955), 47-52.

Scholsberg, Harold, "The Concept of Play," Psychological Review, LIV (1947), 229-331.

Sears, Pauline Snedden, "Doll Play Aggression in Normal Young Children: Influence of Sex, Age, Sibling Status, Father's Absence," Psychological Monograph, LXV (1951), iv-52.

Sears, Pauline Snedden and Margaret Holding Pintler, "Sex Differences in Doll Play Aggression," American Psychologist, II (1947), 420.

Seeman, Julius, Edyth Barry, and Charlotte Ellinwood, "Interpersonal Assessment of Play Therapy Outcome," Psychotherapy: Theory, Research, and Practice, I (1964), 64-66.

Shallit, R., "The Dramatic Play of Ten Nursery School Children," Child Development, III (1932), 359-362.

Silverstein, A. B., "WISC and WPPSI IQ's for the Gifted," Psychological Reports, XXII (1968), 63-66.

Simpson, G., "Diagnostic Play Interviews," Understanding the Child, VII (1938), 6-10.

Slavson, S. R., "Playgroup Therapy for Young Children," Nervous Child, VII (1948), 318-327.

Slavson, S. R., Gusta Thaum, Diana Tendler, and Billy Gabriel, "Children's Activity in Casework Therapy," Journal of Social Casework, XXX (1949), 136-142.

Slobin, Dan I., "The Fruits of the First Season: A Discussion of the Role of Play in Childhood," Journal of Humanistic Psychology, IV (1964), 59-79.

Smith, A., "Psychologic Importance of Play in a Children's Hospital," Child Development Abstracts, XIV (1939), 816.

Soloman, J. C., "Active Play Therapy: Further Experiences," American Journal of Orthopsychiatry, X (1940), 763-782.

Soloman, J. C., "Play Techniques and the Integrative Process," American Journal of Orthopsychiatry, XXV (1955), 591-600.

Soloman, J. C., "Play Techniques as a Differential Therapeutic Medium," Nervous Child, VII (1948), 296-300.

Soloman, J. C., "Trends in Orthopsychiatric Therapy, IV, Play Technique," American Journal of Orthopsychiatry, XVIII (1948), 402-413.

Stollak, Gary E., "The Experimental Effects of Training College Students as Play Therapists," Psychotherapy: Theory, Research, and Practice, V (1968), 77-80.

Subotnik, Leo, "Transference in Client-Centered Therapy," Psychology, III (1966), 2-17.

Subotnik, Leo and Roger J. Callahan, "A Pilot Study in Short-Term Play Therapy with Institutionalized Educable Mentally Retarded Boys," American Journal of Mental Deficiencies, LXIII (1959), 730-735.

Sutton-Smith, Brain, "Play Preference and Play Behavior: A Validity Study," Psychological Reports, XVI (1965), 65-66.

Sutton-Smith, Brain and B. G. Rosenberg, "Manifest Anxiety and Game Preferences in Children," Child Development, XXXI (1960), 307-311.

Swensen, Clifford H., "Empirical Evaluations of Human Figure Drawings," Psychological Bulletin, LXX (1968), 20-44.

Thompson, Jack M. and Robert A. Sones, "The Education Apperception Test: A Preliminary Development," California Journal of Educational Research, XVIX (1968), 101-111.

Tilton, James R. and Donald R. O'Hinger, "Comparisons of the Toy Play Behavior of Autistic, Retarded and Normal Children," Psychological Reports, (1964), 967-975.

Tolar, Alexander, "Teachers' Evaluations of Children in Short-Term Treatment with Subprofessionals," Journal of Clinical Psychology, XXIV (1968), 377-378.

Vacc, Nicholos A., "A Study of Emotionally Disturbed Children in Regular and Special Classes," Dissertation Abstracts, XXVIII (1968), 4499.

Watson, M., "Play Techniques," Journal of Pediatrics, XVII (1940), 674-679.

Weiss-Frankl, A. B., "Diagnostic and Remedial Play," Understanding the Child, VII (1938), 3-5.

Werner, L. S., "Treatment of a Child with Delayed Speech," Journal of Speech Disorders, X (1945), 329-334.

Whiles, W. H., "Treatment of Emotional Problems in Childhood," Journal of Mental Science, LXXXVII (1941), 359-369.

Woltman, A. G., "The Use of Puppets in Understanding Children," Mental Hygiene, XXIV (1940), 445-448.

Woody, G., "Similarities and Differences in the Play Activities in Two Public Schools with Contrasting Environment," Journal of Experimental Education, VII (1938), 145-157.

Wright, Dorothy G., "Dickie and His Trains: An Example of the Therapeutic Function of Play," Menninger Quarterly, IX (1955), 9-18.

Wright, M. E., "Constructiveness of Play as Affected by Group Organization and Frustration," Character and Personality, XI (1942), 40-49.

Wylie, Ruth C., "Children's Estimates of Their School Work Ability as a Function of Sex, Race and Socioeconomic Level," Journal of Personality, XXXI (1963), 203-224.

Public Documents

Children's Bureau, Ministry of Welfare, Case Work Yearbook with Children, Japan, Japanese Child Welfare Council, 1959.

U. S. Department of Health, Education, and Welfare, Guidance Services on Elementary Schools, Washington, Office of Education, 1966.

Unpublished Materials

Herd, Ruby, "Behavioral Outcomes of Client-Centered Play Therapy," unpublished doctor's dissertation, School of Education, North Texas State University, Denton, Texas, 1969.

Pollock, B. D., "The Effects of a Structured and Non-Permissive Play Therapy Program on a Group of Profoundly and Severely Retarded Children," unpublished master's thesis, School of Education, North Texas State University, Denton, Texas, 1967.