CHAPTER – VII

SUMMARY

The present study examines effect of play therapy on classroom behavior and academic achievement of 8-11 years old children with depression.

7.1 DEPRESSION

The word ‘depression’ in everyday parlance covers a wide range of emotional states that range in severity from transient moods of sadness to major psychotic episodes accompanied by increased risk of suicide. Depression in the form of a brief sad mood is a universal experience: it is a normal part of living that accompanies the losses, frustrations, failures and disappointments that all of us face.

The onset of depression can be gradual or sudden, brief or long-term. Because depression may coexist with other disorders such as anxiety and attention deficit disorder, recognizing and diagnosing childhood depression can be difficult. Although a child may exhibit one or two symptoms of depression, the presence of a major depressive disorder is generally considered only if four or more symptoms are observed over an extended period of time.

A number of causes have been suggested regarding childhood depression. Biological explanations of depression include the roles of hereditary, biochemical, hormonal and neurological factors. More recently, the amount of light associated with seasonal changes has been thought to affect mood (seasonal affective disorder).

Psychological explanations have linked depression to the loss of loved ones, disturbances in child parent relationships and threats to self-esteem. Attention has also been focused on the way children...
interpret and structure everyday experiences and the belief they have about their ability to control and shape their world. Any number of psychological stressors may significantly affect the mood of some children.

Given the various kinds and causes of childhood depression, different treatments may be required. On the one hand, feelings of failure and irritability caused by a poor school grade could simply signal the need to improve study habits and pay closer attention in school. Alternatively, when the signs and symptoms of depression are persistent and more severe, the professional assistance of a psychologist or psychiatrist should be sought. Several effective forms of psychological treatment include behavioral and cognitive-behavioral therapies.

7.2 PLAY THERAPY

Play therapy refers to a wide variety of treatment methods, all of which incorporate the use of play. Play therapy is based on the belief that play is an essential part of people’s lives and critical to healthy development. Play is the language of children. Play is the language of consciousness. For children, play is a natural method of learning, development and expression of feelings, thoughts and concerns.

Through play, children can learn about their own capabilities and limitations, social rules, the difference between fantasy and reality, rehearse new skills and come to master challenging and difficult situations. Play helps children find words for their experiences so that they can be understood by their peers and the adults in their lives. In play therapy, children can “play out” their problems or concerns at a safe psychological distance so they do not have to play it out the world. Play therapy allows children to express themselves in a manner that is ideally suited to their developmental level.
Research indicates that an average of 20 sessions is needed to resolve the problems of a typical child coming to therapy. Of course, there is great variation in the number of session children will need as some children may improve rapidly and more serious or ongoing problems may take longer to resolve.

Research supports the effectiveness of play therapy with children who are experiencing a wide variety of social, emotional, behavioral, and learning problems, including: anxiety/fearfulness, aggression, depression, ADHD, impulsivity, low-self esteem, social withdrawal, and post-traumatic stress.

Play therapy has been effective with children whose problems are related to life stressors, such as divorce, death, relocation, hospitalization, invasive medical procedures, chronic illness in self or family, domestic violence and natural disasters. While many childhood upsets are healed without therapeutic intervention, play therapy offers a natural, safe and non-invasive method to foster and hasten recovery from common distressing events as well as major traumas.

7.3 CLASSROOM BEHAVIOR

Classroom behavior encompasses all the activities that take place in the classroom, verbal or non-verbal and whether on the part of student or teacher. In regular classroom, numerous activities occur. Sometimes the teacher talks, sometimes he asks questions, sometimes he praises or accepts the student's ideas. Sometimes student puts questions to the teacher and vice versa. Many activities are non-verbal too, such as nodding the head, writing on blackboard, movements in classroom etc. Behavior can also vary according to intellectual perceptions, e.g. high or low level of thinking, concrete level or abstract level of thinking etc. So we can see behavior in classroom in different ways. All such
occurrences, whether overt or covert, come under the term Classroom Behavior.

**7.4 ACADEMIC ACHIEVEMENT**

Academic achievement means successful accomplishment or performance in particular subjects, areas or courses usually by reasons of skill, hard work and interest. It is typically summarized in various types of grades, marks, scores or descriptive commentary.

Academic achievement is a multidimensional and multifaceted phenomenon.

**7.5 RATIONALE OF THE STUDY**

Years ago, therapists in the helping professions noted childhood depression before puberty was very uncommon. Statistics generally accepted suggested that less than 1% of young children were clinically depressed. But those trends seem to be changing. Within the last year, a Harvard psychologist found depression rates have risen 23% for teens and children! This astonishing rise is a concern for all of us in our society (www.wmbd.com). Today's society has created pressure within many of our children. When they feel they do not measure up, many children slowly sink into chronic depressive episodes. They tend to criticize themselves and have poor self-esteem; they may be negative or pessimistic and feel unloved. Also, they may become aggressive as part of their irritability.

Children with depression experience changes in thinking, although they may be reluctant to admit it. Low self-esteem is common, as well as negative thoughts about oneself and the future. A child with depression may be confused or have difficulty making decisions. The child may lack energy or motivation to perform daily tasks or school activities.
Summary

Many times children are diagnosed only when the symptoms become more pronounced or when they are hitting their lowest point. Too often we miss the cues such as a drop in school performance, outbursts of irritability, crying and refusal to cooperate.

Although there are undoubtedly major opportunities for prevention and early intervention right across the life cycle, a focus on young people within the school environment is relevant. The introduction of evidence-driven, developmentally appropriate programs that have been designed to promote positive school environments and teach life skills can potentially decrease prevalence, reduce severity, and delay the onset of depression. As the causes of depression are complex, the identification of modifiable risk and protective factors, and understanding the processes through which they operate, is crucial. A protective factor may affect risk, either directly by operating on the antecedent risk factor itself, or indirectly by affecting the strength of the relationship between the risk factor and the development of depression.

Since young children often have difficult talking directly about their feelings and concerns, play therapy is an approach that allows them to use toys, games, or art as tools to express their feelings and concerns through the action of play. Through these activities, the therapist is able to understand the child's problems and provide the necessary help.

Not abundant studies could be traced to overcome depression with help of play therapy while scanning literature. Thus the importance of the present problem cannot be overestimated.

7.6 STATEMENT OF THE PROBLEM

The problem is stated as under “Effect of play therapy on classroom behavior and academic achievement of 8-11 years old children with depression”.

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7.7 OBJECTIVES

1. To identify children with depression.
2. To assess the classroom behaviors of children with depression.
3. To measure the academic achievement of children with depression.
4. To examine the effectiveness of play therapy to overcome depression among children.
5. To measure the effectiveness of play therapy on classroom behavior of children with depression.
6. To assess the effectiveness of play therapy on academic achievement of children with depression.

7.8 HYPOTHESES

1. There will be a significant improvement in depression among children after play therapy in experimental group.
2. There will be a significant improvement in classroom behavior of children after play therapy in experimental group.
3. There will be a significant improvement in academic achievement of children after play therapy in experimental group.

7.9 DELIMITATIONS OF THE STUDY

1. The present study was limited to private schools.
2. Sample size was limited to seventy students.
3. The study was limited to geographical area of Patiala only

7.10 DESIGN OF THE STUDY

The present study is experimental in nature. A pretest post test control group experimental design was used. The experimental group...
was exposed to the influence of play therapy; the control group was not.

One case was studied using single subject research design of ABAB type.

The dependent variables in this study are depression among children, their classroom behavior and academic achievement. Play therapy was the independent variable. A pretest was administered before the onset of experiment and post test at the end of treatment period. One more set of observations was made which was called delayed post test, one month after the post test.

7.11 TOOLS AND TECHNIQUES

7.11.1 Tools

The following tools were employed in the present study

1. Raven’s Coloured Progressive Matrices (CPM)
2. Kovacs Children’s Depression Inventory (CDI)
3. Tool on Classroom Behavior (prepared by investigator)

7.11.2 TECHNIQUES

Three techniques have been used: observation, questioning and play therapy as a remedial technique.

Observation

This technique was used to examine the behavior and body language of the children, in the classroom to frame items on classroom behavior tool. For this observation, time sampling was used.
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Questioning

To obtain any pending information about the child to ensure his selection in or exclusion from sample, questions were put to teachers and friends of those children.

Play Therapy as a Remedial Technique

In this study, the researcher used play therapy as a remedial technique which is akin to Humanistic approach. This study comprised of 25 sessions of play therapy. Activities conducted in play therapy are listed below:

(i) Finger painting (material required: Water, water colors, color tray & drawing sheet)
(ii) Vegetable Painting (material required: Water, water colors, color tray, drawing sheet, some pieces of lady finger and potatoes)
(iii) Making Collages (material required: Drawing sheet, scissor, glue stick, magazines, and newspapers)
(iv) Bouncing Balls (material required: Balls)
(v) Mutual Storytelling (materials: stories)
(vi) Games of Imitative nature
(vii) Dress up with newspapers (material required: Scissor, Glue stick, Cello tape, newspapers)
(viii) Lemon race (material required: Lemons, spoons)
(ix) Balloon Blowing (material required: Balloons)
(x) Catching with closed eyes (material required: piece of cloth)
(xi) Dumbcherades
(xii) Clay Modeling (material required: clay)

Each session was of \( \frac{1}{2} \) hour duration and each child participates in two activities during the session. All children from
eleven schools (up to three) and from twelfth school (up to two) were taken together.

7.12 SAMPLE

Size: The total sample of the study was comprised of 70 children with depression selected from regular school going children of 4th and 5th standard.

Criteria for Sample Selection

The total sample of the study comprised of 70 children with depression selected from regular school going children of 4th and 5th standard, having average or above average intelligence, having no other disability and having no history of death in family since last 6 months.

Technique of sample selection and allotment

Schools were selected using sequential random sampling. Children were selected using purposive sampling. Selected children were allotted to two groups randomly in each school.

Procedure of sample selection

The sample was selected using the following procedure:

(i) 12 schools were selected from the list of 60 schools situated in Patiala City. Every 5th school was picked for selection of school. All the selected schools were co-ed; therefore in sample both boys and girls were taken.

(ii) Total no. of children in selected 12 schools of Patiala was 565. These children were of IV and V standard with age range of 8-11 years old. For this entire sections were taken. All these 565 children were administered CDI. On the basis
Summary

of performance, on of CDI, those children who scored 16 or above were selected. 102 children were retained here.

(iii) Intelligence Test: The selected 102 were administered Raven’s Coloured Progressive Matrices (CPM) to exclude children with I.Q below 90. 30 children were excluded here. 72 Children were retained here.

Out of 72 selected children, two were dropped due to medical reasons. Two the final sample comprised of 70 subjects. None of these children, it was checked has had negative event like death in last 6 months. Two children were dropped due to medical reasons. They had, no other ailments, physical or mental it was examined.

7.13 PROCEDURE FOR DATA COLLECTION

The present study was conducted in five phases: pre test, classification of sample subjects into two groups randomly, one of whom would get play therapy, administration of play therapy, post test and delayed post test.

Pre Test Stage

Researcher administered classroom behavior tool and CDI on selected sample. Average of the results of three annual exams/unit tests/class tests conducted by schools was found out to check the academic achievement of the students.

Classification into Groups

70 children, who were included in the sample, were further subdivided into two groups. To achieve randomization, further, after selection, subjects were randomly allotted into control and experimental group of 35 each.

From 11 schools there were 3 children each in experimental and control group. From twelfth school two children were in each group.
Administration of Play Therapy

Experimental treatment started at the starting of the session of school on April 25. Twenty five sessions of ½ hour duration each of play therapy were given. Each child participates in two activities during the session.

Before treatment commenced, subjects were requested to abstain from absenting themselves, otherwise they will miss some new and interesting activities. Treatment was given everyday except sundays and holidays.

For each child, before giving play therapy, the researcher entered into an informal conversation about their interests, home work, games they play, routine work etc. just to establish rapport. After this, researcher administered play therapy on the children of experimental group.

Post Test

After the treatment, a test on classroom behavior was conducted on both the groups. CDI was repeated on experimental and control groups. A set of three observations on academic achievement was again taken for all 70 children to serve as post test.

Delayed Post Test

Delayed post test after a gap of one month was given to subjects of both the groups. Tool of classroom behavior and CDI was repeated. A set of three observations on academic achievement was again taken for all 70 children to serve as delayed post test.

7.14 STATISTICAL ANALYSIS

In the present study, different statistical techniques were employed to analyze the data keeping in view the objectives and hypotheses.
Summary

Reliability in CRB tool was established by split half method. To establish discriminant validity of the tool, difference was calculated between children with depression and children without depression. For establishing concurrent validity of the test; product moment method of correlation was used. Reliability of Children Depression Inventory was also established by split half method by the investigator.

Descriptive statistics like measures of central tendency (mean), dispersion (Standard deviation and Quartile deviation), skewness, kurtosis, were computed for norms of the classroom behavior tool.

The data have been presented using descriptive statistics like mean (M), standard deviation (SD), tests of comparisons and group wise and stage wise graphical analyses.

In this study, t-test for independent means for comparison of groups is used and t-test for correlated means is used for comparisons of pre test and post test means.

7.15 RESULTS

There results were discussed with reference to hypotheses and objectives. Data were collected for the following stages:
* Pre test
* Post test
* Delayed post test

In this study, t-test for independent means for comparison of groups was used and t-test for correlated means was used for comparisons of pre test and post test means.

The t-ratio was used to see whether the groups differed before they entered the experiment, and it was found significant. Control group was lower on depression scores. At post test stage it deteriorated further.
A significant difference was found between pretest and posttest means of experimental group. There was significant improvement in experimental group, in CDI scores. The scores were decreased showing improvement in experimental group where as magnitude of depression increased at post test stage of control group.

Insignificant differences were seen from post test to delayed post test stage for both the groups in CDI scores. There was little more increase in mean scores of control group at delayed post test stage. In experimental group the CDI mean score further fell. Children continue to benefit, and ameliorate their depression after withdrawing of the play therapy.

This finding proves that play therapy was useful for children in reducing their state of depression, confirming hypothesis I.

The difference on classroom behavior at pretest stage of both the groups found significant at 0.05 level, in favor of control group. Children of control group were better in their classroom behavior. At post test stage no significant change was seen in classroom behavior of control group.

A significant difference was found between pretest and post test means of experimental group in CRB scores. The increased scores showed positive change in experimental group. The t-ratio was found to be significant at 0.05 level, where as the classroom behavior of control group deteriorated.

While comparing delayed post test stage with post test, there was fall in classroom behavior of control group where as there was improvement in experimental group in CRB scores.

The two groups at delayed post test were significantly different and differences were in favor of experimental group. Control group deteriorated and experimental group improved.

This result proves that play therapy was useful for children with depression to improve their classroom behavior, confirming hypothesis II.
While analysing academic achievement scores an insignificant difference was found between pretest means of control group and that of experimental group. Control group was slightly better. At post test stage there was slightly worsened condition of control group.

A significant difference was found between pretest and posttest means of experimental group. There was significant improvement in experimental group, in academic achievement scores. The scores were improved in experimental group, the t-ratio was found to be significant at 0.05 level, whereas academic achievement scores of control group decrease from pre test stage to post test stage.

Insignificant difference was found in academic achievement from post test stage to delayed post test stage of control group and experimental group. Control group's academic achievement lowers further and of experimental group it rose slightly, even after withdrawing the treatment of play therapy.

These results confirm hypothesis III that play therapy was useful for children with depression to improve their academic achievement.

Kamaldeep Singh (fictitious name), 11 year old boy of fifth standard with CDI score 25 was selected for single-subject design. Play therapy was given to him to reduce his depression and to improve upon classroom behavior and academic achievement. A-B-A-B design was chosen to examine the effects of play therapy.

In this research design of ABAB type, improvement was observed in depression, classroom behavior and academic achievement of this subject.

7.16 CONCLUSIONS

The following are the conclusions of the present study:

- A significant difference was found between pretest and posttest means of experimental group, in CDI scores. The scores have decreased showing improvement in experimental group.
Summary

- Significant difference was found between pretest and posttest means of control group, with a deteriorated condition of control group in depression. With passage of time and no treatment, the control group worsened significantly.

- Delayed post test stage was administered after one month of post test in experimental group. The CDI mean score further fell in delayed post test stage. Children continue to benefit, to ameliorate their depression after withdrawing the treatment of play therapy though the differences were insignificant.

- There was little more increase in mean scores of control group in depression at delayed post test stage, however this difference was insignificant.

- A significant difference was found between pretest and post test means of experimental group in CRB scores. There was significant improvement in experimental group.

- At post test stage in CRB, mean scores were reduced but, there is insignificant difference between pretest and posttest means of control group, no significant change in condition of control group from pretest to post test.

- In experimental group, the CRB mean score rise further from post test to delayed post test, children continue to benefit, to improve their classroom behavior in delayed post test stage though not significantly.

- Delayed post test stage of control group deteriorated their behavior in classroom after post test, but not significantly.

- A significant difference was found between pretest and posttest means of experimental group in academic achievement. There was significant improvement in experimental group, in academic achievement scores. The scores have increased showing improvement in experimental group.

- There was insignificant difference between pretest and post test means of control group in academic achievement, with the slightly worsened condition of control group.
Summary

- In experimental group, the academic achievement mean score rises slightly, even after withdrawing the treatment of play therapy at delayed post test stage, which was administered after one month of post test stage. However, this difference was insignificant.

- Control group's academic achievement lowers further at delayed post test stage from post test stage. However, this difference was insignificant.

- In single-subject research design of ABAB type, improvement was observed in depression, classroom behavior and academic achievement of the subject with depression.