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CHILD-CENTRED PLAY THERAPY FOR CHILDREN WITH HEARING DISABILITIES

Abstract

Play is an intrinsically motivated activity in which a child expresses his feelings and inner conflicts. Play helps a child to reduce tension and overcome emotionally challenging situations. Play is a natural way of communication for children as well as talking is a natural way of communication for adults. In the playroom, toys are used instead of words, and the child can use them to express what is difficult to say. Our aim is to briefly introduce the play therapy focused on children as well as the selected results of research in the given area, and outline the possibilities of using the mentioned therapy to facilitate the work with children with hearing disabilities.

Keywords: Child-centred Play Therapy • Hearing Disabilities • Children.

TERAPIA ZABAWOWA SKONCENTROWANA NA DZIECIACH Z NIEPEŁNOSPRAWNOŚCIĄ SŁUCHOWĄ

Streszczenie

Zabawa jest czynnością wewnętrznie motywowaną, w której dziecko wyraża swoje uczucia i wewnętrzne konflikty. Zabawa pomaga dziecku

zmniejszyć napięcie i przezwyciężyć sytuacje trudne emocjonalnie. Zabawa to naturalny sposób komunikacji dla dzieci, a rozmowa to naturalny sposób komunikacji dla dorosłych. W pokoju zabaw zamiast słów używa się zabawek, a dziecko może je wykorzystać do wyrażenia tego, co trudno mu powiedzieć. Celem publikacji jest krótka prezentacja terapii zabawowej skierowanej do dzieci, wyników wybranych badań na ten temat a także możliwości zastosowania takiej terapii w pracy z dziećmi z upośledzeniem słuchu.

Słowa kluczowe: terapia zabawowa skoncentrowana na dziecku • niepełnosprawność słuchowa • dzieci.

Introduction

Even in a field such as psychology, various prejudices have been maintained over the last decades in relation to both diagnosis and therapy of people with hearing disabilities. The first changes in the understanding of this issue began to appear as late as in the 1920s. At that time, experts began to require the application of methods that would consider the hearing disabilities of patients as part of their psychological diagnosis. It was assumed that due to the often-criticized deficiencies of people with hearing disabilities (such as language and communication problems, abstract thinking problems, and many personality difficulties), psychoanalytically-oriented therapy or cognitive-behavioural therapy were not considered appropriate for these people. In the past, some therapists refused to use person-centred psychotherapy with people with hearing disabilities, because they were convinced that the sign language could not interpret unconditional acceptance and empathy. It can be stated that the scientific literature recommended applying direct forms of interventions to people with hearing disabilities. This reflected the belief that these people were socially and mentally weaker, incomprehensible, incapable of introspection and understanding relationships. As a result of such a belief, people with hearing disabilities preferred to discuss their problems with people who understood them and with whom they spent most of their time. These people were mainly teachers, priests or social

workers. However, changes in societal norms and advances in linguistics, sociolinguistics and psychology have brought knowledge that has gradually changed the mindset about the effectiveness of various therapeutic approaches in the mental health care of people with hearing disabilities. The aim of our work is then to point out the usage possibilities of the play therapy centred on children with hearing disabilities. Although the application of play therapy to children with severe hearing loss will differ in some respects from therapy applied to children with mild hearing loss, we will try to outline at least the basic preconditions for successful application of the therapy to this diverse group of people. We also realize that the scope of the article allows us to focus only on the partial area of this complex problem, which is the usage possibilities of child-centred play therapy with children with hearing disabilities. Nevertheless, we hope that the article will encourage the experts to further explore and utilise the issue.

Play therapy

There are several approaches to play therapy, and each of them considers therapy in a specific way. Therefore, there is not only one definition of play therapy. There are several definitions in the scientific literature that explain this term. The British Association of Play Therapists defines play therapy as „the dynamic process between child and Play Therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play Therapy is child-centred, in which play is the primary medium and speech is the secondary medium. Play Therapy encompasses many approaches, but the foundation of all approaches is child-centred." (British Association of Play Therapists, 1996)

(American) Association for Play Therapy defines play therapy as „the systematic use of a theoretical model to establish an in-

terpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." (Association for Play Therapy, 2012)

Types of play therapy

Play Therapy encompasses many approaches, but the primary distinction is: *non-directive play therapy* (e.g., child-centred play therapy) in which the play is led by child and the therapist plays a facilitating role; *directive play therapy* (e.g., cognitive-behavioural play therapy) in which the play is led by the therapist; *family play therapy* (directive – e.g., Thera play or indirective – e.g., filial therapy). Dighton divides play therapy in a different way (according to Cattanach, 2003). As well as Van Fleet et al. (2010) he divides play therapy into child-led and therapist-led therapy. The third type is a collaborative approach in which the therapist uses both directive and non-directive strategies. All approaches use the play as a communication channel with the child. In the Slovak and Czech literature (Vymětal, & Rezková, 2001) there is also the term playing or game therapy, which the authors use as a synonym of play therapy. In our article, we will use all these terms to refer to play therapy.

Child-centred play therapy

In this article, we will continue to focus on child-centred play therapy (CCPT), which Landreth (2002) defines as a non-directive therapy that helps children with their emotional and behavioural problems. The founder of child-centred play therapy is Virginia Axline, a student of Carl Rogers. In her publication *Play therapy* (1947) she describes the basic principles of such a therapy and the therapist's role. Geldard & Geldard (2008) claim that Virginia Axline's work can in many ways be a parallel to Rogers's work with adults. Axline also believed in the ability of children to successfully solve

their own problems in a safe and stable therapeutic relationship. In addition, she used Rogers' active listening technique and followed the principles of empathy, warmth, reception and authenticity.

Child-centred play therapy is based on loyalty to certain beliefs about children and their natural potential to grow up. Vymětal & Rezková (2001) declare that a therapist should be convinced that a child has the potential to solve its own problems. The therapist's role is to create a sense of security for the child to show his/her potential and develop safely. The therapist does not lead or direct the child. Therapy is based on „being with a child" and „putting" to his/her current mindset.

Play therapy for children with hearing disabilities

Landreth (2010) states that the concerns and obstacles of using play therapy for children with disabilities as well as for children with hearing disabilities are secondary. Firstly, these children are essentially the same as other children, and their reactions and feelings are also the same, claims the author. These children face difficulties in communication, education, or possible inadequate relationships with peers. We agree with Landrett (2010) that all children need understanding, acceptance and human values, and their health disadvantages do not change these needs.

Numerous researchers confirm the effectiveness of play therapy for children with hearing disabilities, such as the 1975 research by Oualline (1975, in Landreth, 2010). The author of the research used the Vieneland Social Maturity Scale, The Child Behaviour Rating Scale, and Behaviour Problem Checklist to record changes after play therapy. The research sample consisted of children aged four to six years with diagnosed severe hearing loss and various behavioural problems. The children underwent individual non-directive play therapy for ten weeks. According to research results, these children improved their score in the Vienelend Social Maturity Scale. The parents' and teachers' answers also brought interesting results. After therapy significant changes occurred in-

cluding the improvement of the child's independence and more advanced forms of behaviour. The parents confirmed that after playing therapy their child is emotionally more mature. In communication with the children, the therapists relied mainly on lip-reading, natural gestures and facial expressions. The therapists used the sign language to a limited extent.

Another interesting research was carried out in 1979 by Sisco & Kranz & Lund & Schwarz (1979, in Chapel, 2005). Ten children with hearing disabilities aged between four and thirteen years participated in the research that lasted three years. The research results were based on assessments of teachers and other professionals who encountered children. The observed changes after the therapy included: the improvement of interpersonal behaviour, improvement of competencies in interpersonal relationships, improvement of communication skills, significant decrease of aggressive behaviour of children with hearing disabilities to other pupils. Even in this research, not only the sign language was used to communicate with the children. The therapists adequately explained to the children the purpose of their meetings and used the forms of communication that the children understood best. According to the researchers, this was the decisive factor to build trust in a relationship with the therapist.

Furthermore, Smith & Landreth (2004, in Chapel, 2005) attempted to adapt filial therapy to the needs of teachers working with hearing impaired children aged 2 to 6 and 11 years. It was a special program for children with hearing disabilities, who were educated together with children without these disabilities. The experimental group consisted of one class where the oral method was used for communication and three classes where total communication was used. The contrast group, on the other hand, consisted of one class where total communication was used and three classes where the oral method of communication was used. The research results showed that in the group of children, where teachers developed their ability to empathize with children and other parental skills, there was an overall reduction in children's problematic behaviour as well as a decrease in internalized behaviour that could

lead to depression, emotional difficulties or anxiety. The research results did not show any differences between groups that used different forms of communication. In summary, the benefits of play therapy, as mentioned in the scientific literature, include support for the self-esteem and self-efficacy of children with hearing disabilities, as well as building responsibility for their actions, identity support and communication developing. By Huľová (2008), imagination developing through learning about one's own emotions and the inner world can be another benefit of this therapy.

However, the use of play therapy with children with hearing disabilities requires some adjustments. These include, for example, the use of a vibrating light bell to announce the last five minutes of a „half-hour play". However, apart from such technical adjustments that can be made in the therapy room, communication between the therapist and the child is a separate chapter. In addition to favourable results, the research has also raised many questions and problems related to the use of the sign language during play therapy. The use of the sign language that forces a child to shift attention from toys and play remains questionable. Although this issue requires further investigation, it is possible to formulate at least partial recommendations for use of child-centred play therapy in children with hearing disabilities. Primary recommendations include ensuring that the therapist and the child can communicate effectively. Since the therapist is proficient in communicating with hearing-impaired children, it increases the child's self-confidence in communication. As Tarcsiová (2005) states, *„trouble-free two-way communication is not only a precondition for existence in society, but it is also the basis for a personality development"*. Furthermore, it is extremely important that the child understands the therapist's messages and does not misinterpret them. In our opinion, effective play therapy requires a perfect knowledge of the child and especially his/her communication skills before the therapy is initiated. It is also necessary to know the specifics of playing with hearing-impaired children. As Landreth (2010) further claims, it is understandable that children with health disabilities are likely to build trust in therapist slowly because of their past expe-

riences of rejection and underestimation from adults. According to the author, the play therapist must be sensitive and consider that these children have faced many challenges during their lives. There are many recommendations in the literature for trainee play therapists, e.g., to maintain a balance between seeking new means of communication and following principles of child-centred play therapy. (Tapia-Fuselier Jr. & Ray, 2018). Finally, one of the recommendations is also to consult the work with more experienced colleagues or work under supervision. The scientific literature also contains recommendations for the selection of toys for the play room. (Moore, 2002) A doll with a hearing aid or cochlear implant and various other toys such as miniature wheelchairs or crutches may be beneficial. (Lorenz, 2008) At the end of this section, we will mention a few skills that therapists who want to work effectively with people with hearing disabilities should have (Sussman & Bauer, 1999, in Chapel, 2005): communicativeness, trustworthiness, previous work experience with people with hearing disabilities, ability to recognize and work with countertransference, confidence in the effectiveness of applied treatment, ability to learn from failure and finally, they do not put people in a pigeon hole just because of their hearing disabilities.

Conclusion

According to Landreth (2010), children with health disabilities, including children with hearing disabilities, often respond negatively to interventions that reveal their differences. This may increase their sense of discomfort, rejection and inadequacy. The focus of child-centred play therapy is the child itself and not the attempt to correct his/her behaviour. For this reason, child-centred play therapy seems to be an appropriate way of supporting children and pupils with hearing disabilities. As Huľová (2017, p.125) states, *„we know very little about the life of children, who want to tell us something, but can't find the way how."* Precisely in play therapy also children with hearing disabilities can use toys

instead of words and this way express what they couldn't express otherwise.

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