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## The Role of Play Therapy in Supporting Emotional Health of Children in Muzaffarabad

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### Abstract

Childhood emotional and psychological well-being is crucial for overall development, yet many children struggle to express their emotions effectively, particularly in trauma-affected regions. This study examines the role of play therapy in supporting the emotional health of children in Muzaffarabad, a region that has experienced significant socio-political instability and the devastating earthquake and natural disaster like flood. Using a mixed-method research design, the study collected data from 30 children (ages 5-12), through surveys, interviews and case study. Findings from a paired sample t-test demonstrated significant improvements in children's emotional regulation, with anxiety levels decreasing from a mean of 7.8 (pre-therapy) to 3.2 (post-therapy) ( $p = 0.001$ ), while emotional expression and social interaction scores significantly increased ( $p < 0.05$ ). The study also identified common emotional and behavioral challenges, including aggression ( $n=11$ ), social withdrawal ( $n=8$ ), anxiety ( $n=7$ ), and post-traumatic stress symptoms ( $n=5$ ), emphasizing the need for structured therapeutic interventions. Play therapy provided a safe, expressive environment for children to process emotions, enhance self-confidence, and develop coping mechanisms. However, accessibility barriers were identified, including limited trained therapists, lack of awareness among parents, and financial constraints, which hindered widespread adoption of therapy. The study recommends expanding therapist training programs, integrating school-based play therapy interventions, increasing awareness campaigns, and introducing subsidized therapy programs to enhance accessibility. Overall, the findings reinforce that play therapy is a highly effective intervention for improving children's emotional health, particularly for trauma-affected populations. Addressing systemic barriers to therapy access will be crucial in ensuring long-term emotional resilience and psychological well-being for children in Muzaffarabad.

**Keywords:** Play Therapy, Emotional Health, Childhood Trauma, Anxiety Reduction, Psychological Well-being, Muzaffarabad, Behavioral Improvement

### Introduction

Childhood is a crucial stage in emotional and psychological development, and early experiences significantly impact a child's mental well-being (Piaget, 1962; Vygotsky, 1978). Children often struggle to articulate their emotions and experiences verbally, which can lead to unaddressed emotional distress (Landreth, 2012; Mushtaque et al., 2021). Play therapy has emerged as an effective therapeutic approach that enables children to express themselves through play, helping them process emotions, develop coping mechanisms, and improve overall emotional health (Schaefer & Drewes, 2014). Play therapy is widely recognized as a developmentally appropriate intervention for children facing emotional, psychological, or behavioral challenges (Mushtaque et

al., 2022). It provides a safe and structured environment where children can explore their feelings, thoughts, and behaviors using play as a medium of communication (Axline, 1947). Research indicates that play therapy can be particularly beneficial for children experiencing trauma, anxiety, depression, and other emotional difficulties (Bratton, Ray, Rhine, & Jones, 2005). By engaging in therapeutic play, children gain a sense of control, improve their problem-solving skills, and build emotional resilience (Russ, 2004). In Muzaffarabad, the capital of Azad Jammu and Kashmir, children face various socio-emotional challenges stemming from factors such as displacement, natural disasters, economic instability, and social conflicts (Khan, 2017). The 2005 earthquake, ongoing political tensions, and limited mental health resources have contributed to emotional distress among children in the region (Mujeeb, 2019). Despite the growing recognition of mental health needs, psychological support for children remains inadequate. Play therapy offers a promising intervention that could bridge this gap by providing children with a supportive environment to express their feelings and develop emotional well-being (Kakar, 2021). This study aims to explore the role of play therapy in supporting the emotional health of children in Muzaffarabad. It seeks to assess the effectiveness of play therapy techniques in helping children manage stress, anxiety, and trauma (Ray, 2011). Additionally, the study will examine the availability and accessibility of play therapy services in the region, highlighting the potential benefits of integrating play therapy into mental health programs for children. By analyzing the impact of play therapy on children's emotional well-being, this research will contribute to the existing body of knowledge on child psychology and inform policymakers, educators, and mental health professionals about the importance of child-centered therapeutic interventions.

## **Literature Review**

### **Introduction to Play Therapy**

Play therapy is a therapeutic approach that utilizes play as a medium for children to express their emotions, thoughts, and experiences in a safe and structured environment (Landreth, 2012). Rooted in the theories of child development, play therapy is particularly beneficial for children who struggle to articulate their emotions verbally (Axline, 1947). According to Schaefer and Drewes (2014), play therapy operates on the principle that play is a child's natural mode of communication, allowing them to work through psychological difficulties in a non-threatening way.

### **Theoretical Foundations of Play Therapy**

Several psychological theories underpin play therapy. Piaget (1962) emphasized the importance of play in cognitive and emotional development, suggesting that children use play to construct their understanding of the world. Similarly, Vygotsky (1978) highlighted the role of play in social and emotional learning, stating that imaginative play allows children to practice problem-solving and emotional regulation. Freud's (1920) psychoanalytic perspective suggests that play enables children to project unconscious thoughts and anxieties, while Rogers' (1951) person-centered therapy principles emphasize the need for an accepting and empathetic environment, a foundation for non-directive play therapy approaches (Axline, 1947).

### **Types of Play Therapy**

Play therapy is categorized into directive and non-directive approaches. Non-directive play therapy, also known as child-centered play therapy (CCPT), was pioneered by Virginia Axline (1947) and is based on Carl Rogers' client-centered principles. This approach allows children to lead the session with minimal adult intervention, fostering self-exploration and emotional healing (Landreth, 2012). Directive play therapy, on the other hand, involves structured activities led by the therapist to address specific emotional or behavioral issues (Bratton et al., 2005). Techniques

such as sandplay therapy, art therapy, and bibliotherapy have been widely used within both approaches to help children externalize and process difficult emotions (Drewes, 2010).

### **Effectiveness of Play Therapy in Emotional Health**

A growing body of research supports the effectiveness of play therapy in improving children's emotional well-being. A meta-analysis conducted by Bratton, Ray, Rhine, and Jones (2005) found that play therapy produced significant positive effects in reducing anxiety, depression, and behavioral issues among children. Play therapy has been particularly effective for children who have experienced trauma, with studies showing improvements in emotional regulation and resilience (Gil, 2006). Russ (2004) further asserts that play therapy fosters creativity and problem-solving skills, which contribute to better emotional adjustment.

### **Play Therapy in Trauma and Conflict-Affected Regions**

Children in disaster-prone and conflict-affected areas, such as Muzaffarabad, are at a heightened risk of psychological distress (Khan, 2017). Studies have shown that play therapy can be a vital intervention for children affected by natural disasters, displacement, and war (Mujeeb, 2019). Kakar (2021) found that play therapy sessions in post-disaster settings significantly reduced symptoms of post-traumatic stress disorder (PTSD) and helped children regain a sense of normalcy. Similarly, Gil (2006) highlights the role of trauma-focused play therapy in helping children process grief and fear in war-torn regions.

### **Objectives of the Study**

The study aims to explore the role of play therapy in supporting the emotional health of children in Muzaffarabad. The specific objectives are:

- To examine the effectiveness of play therapy in addressing emotional and psychological challenges among children in Muzaffarabad.
- To identify common emotional and behavioral issues faced by children in the region and how therapy plays can help in their management.
- To assess the availability and accessibility of play therapy services in Muzaffarabad and the factors influencing their implementation.
- To analyze the role of play therapy in trauma recovery, particularly for children affected by natural disasters and socio-political conflicts.
- To provide recommendations for integrating play therapy into mental health programs and educational settings to enhance children's emotional well-being.

### **Methodology**

#### **Research Design**

This study employed a qualitative and quantitative research design to explore the role of play therapy in supporting the emotional health of children in Muzaffarabad. A mixed-method approach was chosen to gain a comprehensive understanding of the effectiveness, accessibility, and challenges of play therapy in the region. The qualitative component focused on in-depth interviews and observations, while the quantitative component involved surveys and psychological assessments.

#### **Population and Sampling**

The target population for this study included children aged 5 to 12 years who had participated in play therapy sessions, along with play therapists, psychologists, teachers, and parents in Muzaffarabad. A purposive sampling technique was used to select participants, ensuring that those

involved had firsthand experience with play therapy. The sample consisted of 30 children receiving play therapy.

## **Data Collection Methods**

The researcher used multiple data collection techniques to ensure a well-rounded analysis:

### **a. Surveys and Questionnaires**

Structured surveys were administered to parents, teachers, and therapists to collect data on children's emotional and behavioral improvements. Standardized psychological scales, such as the Strengths and Difficulties Questionnaire (SDQ), were used to assess children's emotional well-being.

### **In-depth Interviews**

Semi-structured interviews were conducted with play therapists, parents, and teachers to explore their perceptions of play therapy's effectiveness. The interviews focused on observed behavioral changes, emotional resilience, and the challenges of implementing play therapy.

### **Observations**

The researcher conducted non-participatory observations of play therapy sessions in schools and counseling centers. Observations focused on children's engagement, emotional expressions, and therapist-child interactions to assess how play therapy facilitated emotional healing.

### **Case Studies**

Three in-depth case studies were conducted with children undergoing play therapy to examine individual progress and challenges over time. These case studies provided detailed insights into the therapeutic process and its impact on children's emotional health.

### **Data Analysis**

The collected data were analyzed using both qualitative and quantitative methods: Quantitative data from surveys and psychological scales were analyzed using SPSS software, where statistical tests, such as paired t-tests, were conducted to measure significant improvements in children's emotional well-being. Qualitative data from interviews, observations, and case studies were analyzed using thematic analysis, where patterns and common themes related to play therapy's impact were identified.

### **Ethical Considerations**

The study prioritized ethical considerations by obtaining informed consent from parents, teachers, and therapists before involving children, ensuring transparency and collaboration. Confidentiality was maintained by anonymizing participants' personal data to protect their privacy. Participation was entirely voluntary, with participants having the right to withdraw at any stage without consequences. Additionally, child-friendly approaches were employed during data collection to create a safe, supportive, and engaging research environment, fostering trust and comfort for the young participants.

## Results

**Table 1 Demographic Information Sheet (N=30)**

Demographic Category	Number of Participants	Percentage (%)
Total Children (5-12 years)	30	100
Male Children	16	53.33
Female Children	14	46.67
Children from Urban Areas	18	60
Children from Rural Areas	12	40
Children Living with Both Parents	20	66.67
Children Living with Single Parent	6	20
Orphaned Children	4	13.33

The demographic profile of the study participants provides insight into the background and living conditions of the 30 children (ages 5-12 years) who took part in the study. The sample consisted of 16 male children (53.33%) and 14 female children (46.67%), ensuring a relatively balanced gender representation. In terms of geographic distribution, the majority of the children, 18 (60%), were from urban areas, whereas 12 children (40%) resided in rural settings. This distinction is significant as access to mental health services, including play therapy, is often more limited in rural areas compared to urban regions. Regarding family structure, 20 children (66.67%) lived with both parents, while 6 children (20%) lived with a single parent, and 4 children (13.33%) were orphaned.

**Table 2 Paired Sample t-test for Play Therapy Efficacy**

Emotional/Behavioral Indicators	Mean Pre-Therapy Score	Mean Post-Therapy Score	Mean Difference	p-value
Anxiety Level	7.8	3.2	4.6	0.001
Emotional Expression	4.2	8.1	-3.9	0.002
Aggressive Behavior	6.9	2.8	4.1	0.001
Social Interaction	3.8	7.5	-3.7	0.002
Problem-Solving Skills	4.5	7.9	-3.4	0.003

The paired sample t-test conducted to assess the efficacy of play therapy demonstrated statistically significant improvements across all measured emotional and behavioral indicators (table 2). A notable reduction was observed in anxiety levels, with the mean score decreasing from 7.8 (pre-therapy) to 3.2 (post-therapy), indicating a mean difference of 4.6 ( $p = 0.001$ ), confirming a significant decline in emotional distress. Similarly, aggressive behavior showed substantial improvement, with scores dropping from 6.9 to 2.8, reflecting better emotional regulation and impulse control ( $p = 0.001$ ). Social interaction scores improved significantly, rising from 3.8 to 7.5, indicating enhanced peer engagement and communication skills ( $p = 0.002$ ). Furthermore, emotional expression improved markedly, increasing from 4.2 to 8.1, demonstrating children's increased ability to express their emotions effectively ( $p = 0.002$ ). Additionally, problem-solving skills improved significantly, with scores rising from 4.5 to 7.9, highlighting the cognitive and emotional benefits of therapeutic play interventions ( $p = 0.003$ ). These findings provide strong

empirical support for the effectiveness of play therapy in improving children's emotional stability, reducing negative behaviors, and enhancing interpersonal skills. The statistically significant p-values (all below 0.05) confirm that these improvements were not due to chance, reinforcing the clinical significance of play therapy as an intervention for emotional and behavioral challenges in children.

**Table 3 Common Emotional and Behavior Issue in Children**

<b>Emotional and Behavior Issue</b>	<b>Frequency</b>
Anxiety and Stress	7
Post-Traumatic Stress Symptoms	5
Aggressive and Disruptive Behavior	11
Social Withdrawal and Low Self-Esteem	8

The study identified several common emotional and behavioral challenges among children in Muzaffarabad through interviews with therapists (table 3). The most frequently reported issue was aggressive and disruptive behavior (n=11), where emotional frustration often led to anger outbursts, defiance, and difficulties in peer relationships. This was followed by social withdrawal and low self-esteem (n=8), with many children avoiding social interactions, displaying shyness, and struggling with communication due to a lack of self-confidence. Anxiety and stress (n=7) were also prevalent, as children faced chronic worry and emotional distress related to family instability, academic pressure, or displacement. Additionally, post-traumatic stress symptoms (n=5) were observed, particularly among children affected by the 2005 earthquake and ongoing socio-political conflicts, manifesting as nightmares, fearfulness, and social withdrawal. To address these challenges, play therapy proved to be an effective intervention, providing a structured and safe environment for children to express emotions, process trauma, and develop coping mechanisms. Therapists reported that children who regularly attended therapy sessions exhibited notable emotional improvements, including better stress management, reduced aggressive tendencies, increased self-confidence, and improved peer relationships. By facilitating expressive and therapeutic play activities, play therapy enabled children to develop healthy emotional regulation skills, ultimately enhancing their psychological resilience and social well-being. These findings reinforce the importance of integrating play therapy into mental health programs to support children facing emotional and behavioral difficulties in Muzaffarabad.



**Figure 1 Accessibility and Availability of Play Therapy Services**

A critical aspect of the study was assessing the accessibility and availability of play therapy services in Muzaffarabad (figure 1). The findings revealed several key challenges that hinder access to therapy for children in need. One major barrier was the limited availability of trained play therapists, as there are very few certified professionals in the region, restricting children's access to specialized therapeutic support. Additionally, a lack of awareness among parents and educators resulted in the underutilization of existing therapy services, as many families and schools were unfamiliar with the benefits of play therapy. Financial constraints posed another significant challenge, particularly for families affected by economic hardships, making professional therapy services unaffordable for many. However, school-based play therapy programs emerged as a more accessible and effective solution, allowing children to receive therapy within their educational settings without additional financial burden. To address these challenges, several proposed solutions were identified, including expanding therapist training programs to increase the number of available professionals, conducting awareness campaigns to educate parents, teachers, and community members on the importance of play therapy, and introducing subsidized therapy programs to ensure financial accessibility for low-income families. Furthermore, expanding school-based therapy initiatives was recommended as a sustainable solution to integrate play therapy into educational and counseling services, ensuring broader and more consistent access for children in need. These findings highlight the urgent need for policy intervention and resource allocation to make play therapy a widespread, accessible mental health service in Muzaffarabad.

### **Case Study on Role of Play Therapy in Trauma Recovery**

Children in Muzaffarabad who had experienced trauma exhibited severe emotional distress, including heightened anxiety, nightmares, and social withdrawal. Through case studies and interviews, the study found that play therapy played a significant role in trauma recovery, helping children process distressing emotions and regain emotional stability. Children who participated in regular play therapy sessions demonstrated a reduction in trauma-related fears and nightmares,

with noticeable improvements in emotional regulation, self-confidence, and social engagement. Therapeutic play methods such as sand play, storytelling, and expressive arts proved particularly effective in allowing children to externalize emotions and process their experiences in a safe environment. One compelling case study involved an 8-year-old child who lost a family member. Initially, the child exhibited severe anxiety, fear of sleeping alone, and reluctance to engage in social activities. However, after three months of structured play therapy, the child showed a significant reduction in emotional distress, began expressing emotions more openly, and re-engaged in peer interactions at school. These findings highlight the transformative impact of play therapy in trauma recovery, providing children with a structured, supportive space to heal and rebuild their sense of security and emotional well-being.

## **Discussion**

The findings of this study provide substantial evidence supporting the efficacy of play therapy in addressing the emotional and psychological well-being of children in Muzaffarabad. The discussion section interprets the key results in relation to existing literature, examines the significance of play therapy in emotional health improvement, highlights accessibility challenges, and explores the role of therapy in trauma recovery. The implications for future interventions and policy recommendations are also discussed. The results from the paired sample t-test indicate that play therapy significantly contributed to emotional stability, reduced behavioral issues, and enhanced cognitive and social skills among children. The mean anxiety level significantly decreased from 7.8 (pre-therapy) to 3.2 (post-therapy) ( $p = 0.001$ ), demonstrating the effectiveness of therapeutic play techniques in helping children regulate their emotions and manage stress. Similarly, the reduction in aggressive behavior, from 6.9 to 2.8 ( $p = 0.001$ ), suggests that children were able to express frustration through play rather than through disruptive or aggressive acts. These findings are consistent with prior studies (Bratton et al., 2005; Ray, 2011), which suggest that play therapy fosters emotional self-regulation and resilience in children experiencing psychological distress. Additionally, children in the study demonstrated notable improvements in emotional expression (4.2 to 8.1,  $p = 0.002$ ) and social interaction (3.8 to 7.5,  $p = 0.002$ ). This supports the notion that play therapy provides a safe environment for self-expression, helping children develop better communication skills, emotional intelligence, and interpersonal relationships. The observed increase in problem-solving skills (4.5 to 7.9,  $p = 0.003$ ) further suggests that play therapy encourages cognitive development by allowing children to explore different perspectives and solutions in a controlled setting. These results reinforce the therapeutic benefits of play therapy in enhancing children's emotional regulation, reducing anxiety and aggression, and promoting positive behavioral adjustments. The findings align with existing literature emphasizing the role of play therapy in treating childhood anxiety, behavioral difficulties, and social withdrawal (Russ, 2004; Schaefer & Drewes, 2014). Interviews with therapists identified several prevalent emotional and behavioral challenges among children in Muzaffarabad. The most commonly reported issues included aggressive behavior ( $n=11$ ), social withdrawal ( $n=8$ ), anxiety and stress ( $n=7$ ), and post-traumatic stress symptoms ( $n=5$ ). These findings suggest that children in the region are experiencing high levels of emotional distress, often linked to family instability, academic pressure, and the lingering effects of past traumatic experiences. The results align with studies on childhood trauma and stress-related disorders, which highlight aggressive behavior and withdrawal as common maladaptive coping mechanisms (Gil, 2006; Landreth, 2012). Children who experienced trauma, displacement, or instability often exhibit heightened emotional distress, difficulties in forming relationships, and challenges in emotional regulation. Play therapy, as observed in this study, provided a structured and engaging approach for these children to express their emotions, process difficult experiences, and develop healthier coping strategies. Furthermore, children who regularly attended play therapy sessions



exhibited notable improvements in self-confidence, peer relationships, and emotional regulation. These findings validate the role of play therapy as an essential intervention for reducing emotional distress and fostering positive behavioral change in children facing adverse experiences. Despite the clear benefits of play therapy, the study identified significant accessibility barriers that limit children's ability to receive effective therapeutic interventions. The findings indicate that limited availability of trained therapists, lack of awareness among parents and educators, and financial constraints were the primary obstacles preventing more widespread adoption of play therapy in Muzaffarabad. A key finding was that while school-based play therapy programs were more accessible, there was a shortage of trained therapists in clinical settings, making it difficult for many children to receive specialized therapeutic care (Hassan et al., 2024). This aligns with existing research highlighting the global shortage of child mental health professionals, particularly in under-resourced regions (Kakar, 2021). Additionally, many parents and educators were unaware of the benefits of play therapy, leading to its underutilization. This suggests a need for community awareness programs and parental education initiatives to encourage the adoption of play therapy as a valuable mental health intervention for children. Financial constraints also emerged as a barrier to therapy access, with many families unable to afford private therapy services. This supports findings from studies on mental health accessibility, which emphasize the need for subsidized therapy programs and government-supported interventions to make child-centered therapy more affordable and widely available (Mujeeb, 2019). Children in Muzaffarabad who had experienced trauma, particularly those affected by ongoing socio-political instability, exhibited severe emotional distress, including nightmares, heightened anxiety, and fearfulness (Hassan et al., 2022). Through case studies and interviews, the study found that play therapy played a significant role in trauma recovery, providing children with a structured space to process distressing emotions and rebuild a sense of security. One of the most compelling findings was that children who participated in regular play therapy sessions exhibited a notable reduction in trauma-related fears, improved emotional regulation, and increased self-confidence. Therapeutic play techniques such as sandplay, storytelling, and expressive arts were particularly effective in allowing children to externalize emotions and engage in self-healing processes. A case study of an 8-year-old child who lost a family member demonstrated how three months of structured play therapy helped the child regain emotional stability, express emotions more openly, and engage in peer interactions. This aligns with research by Gil (2006) and Schaefer & Drewes (2014), which highlights the role of expressive play techniques in helping traumatized children cope with grief, fear, and loss. These findings reinforce the critical role of play therapy as an essential intervention for trauma-affected children, emphasizing the need for long-term therapeutic support to help children process and heal from adverse experiences.

### **Implications and Recommendations**

The study provides strong empirical evidence supporting the effectiveness of play therapy in addressing emotional and behavioral difficulties among children in Muzaffarabad. However, systemic changes are required to increase access to therapy services and promote its integration into mental health programs.

#### **Recommendations:**

1. Expand therapist training programs to increase the availability of certified play therapists in the region.
2. Implement school-based play therapy interventions to ensure broader accessibility, particularly for children from low-income families.
3. Conduct awareness campaigns to educate parents, teachers, and healthcare professionals about the benefits of play therapy.

4. Introduce subsidized or free therapy programs to make therapeutic interventions financially accessible to underprivileged children.
5. Develop culturally appropriate play therapy models tailored to the specific needs of children in Muzaffarabad, considering their socio-economic and environmental backgrounds.

## Conclusion

The study confirms that play therapy is an effective intervention for supporting children's emotional health, particularly in trauma-affected populations. While therapy significantly improves anxiety reduction, emotional regulation, and behavioral adjustment, accessibility barriers must be urgently addressed to ensure equitable mental health support for all children. Future research should focus on long-term play therapy interventions and their impact on children's psychological resilience over time.

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