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Brief Report

Child-Centered Play Therapy in Management of Somatoform Disorders

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ABSTRACT

Introduction: Child-centered play therapy is a well recognized and research-supported form of child psychotherapy. **Methods**: Fifteen children in the age range of 5-11 years (eight girls and seven boys) with somatoform disorder were administered 25 sessions of non directive play therapy. Parents received 3 reflective counseling sessions. Children were assessed with Children's Global Assessment Scale, Interview Schedule for Children and Adolescents, and Child Behaviour Checklist. **Results:** The mean scores on global functioning and social competence increased and symptom severity decreased significantly at post assessment. **Conclusions:** Child-centered play therapy along with reflective parent counseling is an effective intervention for somatoform disorders.

INTRODUCTION

Child-centered play therapy is a well recognized and research-supported form of child psychotherapy. This therapeutic approach assumes that individuals have the ability to solve their own problems satisfactorily, and that their growth impulse makes mature behavior more satisfying than immature behavior. The use of empathy, understanding, acceptance, warmth, congruity and behavior limits provide an environment in which the child is given an opportunity to move toward adaptive behavior. A meta-analytic study of 94 research studies showed that play therapy was effective in many conditions and subgroups, despite the utilization of different theoretical orientations.[1]

Somatoform and dissociation (conversion) disorders are fairly common in Indian children. An Indian Council for Medical Research (ICMR) study in 1984 found hysteria in 23% of 1,835 child psychiatric cases.[2] Although, literature in this area is limited, play therapy has been viewed as an effective modality for treating children with dissociation (conversion) disorders. Anxiety provoking material that is too difficult to be consciously acknowledged gets displaced easily on fantasy characters in play, giving the child a greater sense of control over the trauma. Structured play therapy techniques are often

combined with the ordinary play therapy methods to help the child to work comprehensively with various aspects of the trauma in such conditions.[3] A child with dsyphagia as a conversion disorder was able to express anxiety and relinquish control in a safe environment when play was used as an assessment tool.[4]

There are few Indian studies on play therapy. However, the technique has been found to be effective on children with various problems. It was as effective as behavior therapy when used with a group of 4-10 year old emotionally disturbed children.[5] Play therapy was also reported to be effective in a 12-year old girl diagnosed to have mixed disorder of conduct and emotion.[6] This is the first Indian study to examine the effectiveness of Child-centered play therapy in somatoform disorders.

METHODS

The present study was conducted on 15 children in the age range of 5-11 years (eight girls and seven boys) with somatoform disorder registered with the Child and Adolescent Psychiatry Clinic at AIIMS, New Delhi. All children came from lower and middle socioeconomic status families. Their diagnosis was confirmed by clinical psychology and psychiatry consultants. All children were administered Malin's Intelligence Scale for Indian Children (MISIC) to rule out mental sub-normality. Parents were informed about the nature of the study and an informed consent to participate in the study was obtained.

Each child was assessed on Children's Global Assessment Scale,[7] Interview Schedule for Children and Adolescents,[8] and Child Behaviour Checklist.[9] Tests were administered – (a) before starting the treatment, (b) thrice during the treatment, and (c) after completion of treatment. CGAS rating were done by the parent; the therapist; and a blind rater. ISCA was administered to both the parent and the child.

Twenty-five sessions of child-centered play therapy were undertaken with each child (two sessions per week, forty-five minutes duration). Each session was audio taped and later transcribed with integration of the clinical notes of the therapist in its final form. Assessments were done after eighth, sixteenth and twenty-fifth sessions on behaviour problem scale of CBCL. Three reflective parent counseling sessions of two hours duration each were also conducted. At the end of the therapy assessments were made on all the tools mentioned at pre-assessment stage. Follow up was done after three months.

RESULTS

Initially most children appeared quiet, sad and guarded. Skills of empathy, congruence and unconditional positive regard helped them to feel at ease. Gradually they became more aware of their feelings, bodily states and thoughts. After the three reflective parent counseling sessions (that sensitized them to their children's needs), parents became less authoritative and controlling. Initially, a few parents were unsure about the utility of this method but the resultant changes led to a more accepting attitude.

The mean scores on CGAS (global functioning) increased significantly at post assessment in ratings done by three different set of raters (Table 1). Similarly, a

significantly better level of social competence was noted in children after the therapy. Also, the mean scores on ISCA (severity of symptoms) decreased significantly at post assessment. On the behavior problem subscale of CBCL a comparison of the pre-assessment & eighth session scores, pre-assessment & sixteenth session scores and pre-assessment & post-assessment scores revealed a consistent and significant ($p<0.001$) decline. At post assessment all scores were within the normal range and they continued to decrease further at follow up assessment.

Qualitative assessment at the initiation of the therapy revealed that girls were irritable, demanding, and jealous; that they lacked friends or had limited interaction, mainly with younger children (they bossed over them); and that they had stopped attending school or were performing poorly in academics. After undergoing therapy they became more active, attentive, interactive, and regular at school. Initially, the boys were stubborn, irritable, argumentative and irregular at school. Their academic performance was poor. The improvement in their mood, behaviour, interaction, school attendance and participation in sports following the therapy made their teachers wonder that these children might have had some problem (on lines of a physical illness). Only two children continued to have occasional mild somatic complaints after completion of therapy and they were offered training in coping and studying skills.

Table: 1 – Comparison of pre and post assessment by different raters (n=15)

Rater	Pre-assessment Mean (SD)	Post-assessment Mean (SD)	Paired t-test, p
CGAS			
Parent	39.73 (4.67)	83.33 (13.77)	1.92***
Therapist	42.27 (4.16)	81.33 (13.27)	9.07***
Blind Rater	40.93 (3.32)	86.6 (2.56)	13.24***
ISCA			
Child	31 (8.88)	11.33 (5.69)	9.27***
Parent	33.93 (8.01)	12.26 (7.08)	8.43***
Therapist	35.8 (7.14)	11.6 (6.36)	0.07***
Social Competence Scale			
Parent	11.86 (3.8)	14.08 (3.85)	3.22**

**** p<0.01, p<0.001**

DISCUSSION

The study indicates that child-centered play therapy was effective in children with somatoform disorders as it helped them to systematically address and resolve various emotional issues that they were unable to express verbally. A previous case series had highlighted the utility of non-directive play therapy in dissociative disorders in adolescents.[10] Play therapy had helped them develop age appropriate control over their own bodily states, memories and feelings.

The small sample size limits the generalizability of the results. The absence of control groups limits conclusions regarding attribution of benefit to play therapy alone; however, the degree of improvement in a relatively chronic condition suggests that the benefit cannot be entirely attributed to a placebo response. A long-term follow up would have been useful in confirming the maintenance of gains. More work is required to examine possible factors that might modulate the effectiveness of therapy, e.g. family characteristics and processes, social class etc. The role of the blind rater has been a subject of investigation because it helps in avoiding bias; however, ratings of parents and therapists should not be de-emphasized.

The study showed that child-centered play therapy along with reflective parent counseling is an effective intervention for somatoform disorders. Play therapy is not a commonly used method in child guidance clinics in India and it is strongly advocated that it should be incorporated in such clinics.

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