Play Therapy and Children with Intellectual Disability

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Abstract
We are witnessing tremendous changes day by day in the educational field, and new avenues of knowledge are opened up almost daily. Innovations in behavioral psychology and educational technology would certainly balance the disparity in learning that arises due to physical, economic, and social factors. There is an ability within every child, and the potential for the education of the disabled children should be realized and recognized. The ability to play is one of the principal criteria for mental health. The teaching and learning processes have been dramatically altered by the convergence of varieties of technological, instructional, and pedagogical developments in recent times.

Keywords: Right to Education, Behavioral Psychology, Disabled Children, Play and Mental Health, Types of Play, Play Therapy, Intellectual Disability, Individual Differences

Introduction
Children with special educational, have a right to an education. Education should be about enabling all children to live full lives. They can contribute to and cooperate with other people. They continue to learn throughout their lives. Education should help children to develop the following qualities such as – spiritual, moral, cognitive, emotional, imaginative, aesthetic, social, and physical.

We are witnessing tremendous changes day by day in the educational field, and new avenues of knowledge are opened up almost daily. With the new millennium being an era of ever-growing sophisticated tools for learning, there is development in the system of education at all levels of teaching and learning processes. Innovations in behavioral psychology and educational technology would certainly balance the disparity in learning that arises due to physical, economic, and social factors. It is the right every individual to get educated, and hence it is the duty of the educationists to make the utmost advantage of the existing powerful tools to impart education.

The phenomenon of learning, that is the act of acquisition of knowledge, skills, and attitudes, is fundamental to a person’s development. And learning is defined as a relatively permanent human behavior. Learning is individual to a learner. It takes place with one’s motivation and interest. One may learn by oneself through various sources of learning. Play is one of the needed environments to be provided children with intellectual disabilities for their overall development that includes mind, body, and spirit. There is an ability within every child, and the potential for the education of the disabled children should be realized and recognized. Opportunities should be provided to the disabled for quality Arithmetic skills to improve their abilities through various sources of learning, including Play activities.
“When kids play, they remember. They are aware they are having fun. When you have a good belly, laugh with your siblings or parents or friends that stay with you. And the great thing comes naturally... we only let it.”- Rebecca Krook.

“The ability to play is one of the principal criteria of mental health.” - Joan Almon.

**Play**

Play is an instinct of the children. Play includes spontaneity, intrinsic motivation, and pleasure. It also covered free, joyous qualities, and self-direction. Most educators and parents agree that play is one of the most important phenomena of childhood occupation (Chandler, 1997; Mussel white, 1989). Play allows a child to access and explore his world. Play develops the skills which expand child’s physical, cognitive, and emotional abilities. It has been effectively used for teaching. While playing pupils recognize their own needs, they help in planning activity, accept guidance, and set up their own goals. Through their cooperation and participation, the maximum amount of learning results. Learning becomes real, and interesting children can adjust themselves to individual needs. The learning process becomes interesting. The atmosphere gets more free and informal. Children become familiar with the atmosphere. Play helps in developing desirable attitudes and skills. It gives confidence to learners. Nevertheless, the play has a few attributes:

1) it is voluntary and intrinsically motivating, that is, it is pleasurable for its own sake and is not dependent on external rewards; 2) it involves some level of active, often physical, engagement; and 3) it is distinct from another behavior by having a make-believe quality (Blanchard & Cheska, 1985; Csikszentmihalyi, 1990; Pellegrini, 1995; Pellegrini & Smith, 1993) Play is a diverse and complex behavior that is viewed as central to the normal development of children (Jordan and Libby, 1997). However, it is very difficult to come to a concise definition of what is meant by play. Dictionaries vary in the definitions they offer. Most, however, seem to imply some fun, a way of entertaining oneself. Garvey (1977) expands on this, listing play as having the following characteristics:

- Play is pleasurable, and enjoyable
- Play has no goal imposed on it from the outside
- Play is spontaneous and voluntary
- Play involves some active engagement on the part of the player

**Stages of Play**

(Chandler, 1997) outlined 6 stages of play that may help define a child’s play.

- **Unoccupied Play** This stage of play involves random activity. Many educators would argue that the name is a misnomer as the child is usually far from “unoccupied.”
- **On looker Play** This stage involves watching other children but not becoming directly involved in play or interaction with these other children.
- **Solitary Play** This play involves playing with one’s toys.
- **Parallel Play** This stage involves independent play near-peers.
- **Associative Play** This play involves the engagement of a group of children in a mutual activity; although there is not a common goal.
- **Cooperative Play** This stage of play involves a division of labor among children to reach a common goal. Cooperation in play is an achievement in itself among young children.

**Play Types**

Hughes, B. (2002) reports that there are acknowledged to be several different play types

**Types of Play**

- **Physical play** this play is identified with an emphasis on physical or sensorimotor components. It is usually very social, boisterous, and involves activity. Examples of physical play include tickling, tug of war, hide and seek, and swinging on swings.
- **Manipulative or Constructive Play** This play emphasizes an attempt to manipulate objects and components of a child’s environment. Toys can include rattles, puzzles, “legos” and shape sorters
- **Symbolic Play**, This type of play, involves the manipulation of reality versus the manipulation
of objects (although toys and other objects may be used). Most typically, such play involves a “deliberate misrepresentation of reality, as in pretending to eat a non-existent cookie or using a block as if it were a truck.” (Musselwhite, 1986).

- **Games** This type of play most often involves activities that are regulated or governed by games or rules. These can include card games or board games as well as more active games such as hide and seek. This type of play is often important in that it can teach important skills such as turn-taking and cause and effect.

- **Rough and Tumble Play** – close encounter play, which is less to do with fighting and more to do with touching, tickling, gauging relative strength. Discovering physical flexibility and the exhilaration of display. This type of play allows children to participate in physical contact that doesn’t involved or result in someone being hurt. This type of play can use up lots of energy.

- **Socio-dramatic Play** - the enactment of real and potential experiences of an intense personal, social, domestic, or interpersonal nature, e.g., playing at house, going to the shops, being mothers and fathers, organizing a meal or even having a row.

- **Social Play** - Play, during which the rules and criteria for social engagement and interaction can be revealed, explored, and amended. E.g., any social or interactive situation which contains an expectation on all parties that they will abide by the rules or protocols, i.e., games, conversations, making something together.

- **Communication Play** - play using words, nuances, or gestures, e.g., mime/charades, jokes, play-acting, mickey-taking, singing, whispering, pointing, debate, Street slang, poetry, text messages, talking on mobiles/emails/internet, skipping games, group and ball games.

- **Dramatic Play** - a play that dramatizes events in which the child is not a direct participator. For example, presentation of a TV show, an event on the street, a religious or festive event, even a funeral.

- **Locomotor Play** - movement in any every direction for its own sake. E.g., chase, tag, hide and seek, tree climbing.

- **Deep Play** - play which allows the child to encounter risky or even potentially life-threatening experiences, to develop survival skills and conquer fear E. g.light fires with matches, make weapons, conquer fear such as heights snakes and creepy crawlies Some find strength they never knew they had to climb obstacles, lift large objects, etc.g leaping onto aerial runway, riding a bike on a parapet, balancing on a high beam, roller skating, assault course, high jump.

- **Exploratory Play** - play to access factual information consisting of manipulative behaviors such as handling, throwing, banging, or mouthing objects, e.g., engaging with an object or area and, either by manipulation or movement assessing its properties, possibilities and content, such as stacking bricks.

- **Imaginative Play** - play where the conventional rules, which govern the physical world, do not apply. E.g., imagining you are ..., or pretending to be a tree or ship, or patting a dog, which isn’t there.

- **Mastery Play** - control of the physical and affective ingredients of the environments. E.g., digging holes, changing the course of streams, constructing shelters, building fires.

- **Role Play** - play exploring ways of being, although not normally of an intense personal, social, domestic, or interpersonal nature. For example, you are brushing with a broom, dialing with a telephone, driving a car.

- **Recapitulative Play** - a play that allows the child to explore ancestry, history, rituals, stories, rhymes, fire, and darkness. Enables children to access play of earlier human evolutionary stages.

- **Creative Play** - a play that allows a new response, the transformation of information, awareness of new connections, with an element of surprise. It allows children to design, explore, try out new ideas, and use their imagination. They can use lots of different tools, props, equipment. It can have a beginning arid, an end, texture, and smell. e.g., enjoying creation with a range of materials and tools for its own sake.
Self-expression through any medium, making things, changing things.

**Fantasy Play** - This is the make-believe world of children. This type of play is where the child’s imagination gets to run wild, Play, which rearranges the world in the child’s way, a way that is unlikely to occur. E.g., playing at being a pilot flying around the world, pretend to be various characters/people, be where ever they want to drive a car become be six feet nothing tall or as tiny as they want to be the list is endless as is a child’s imagination.

**Object Play** - a play that uses infinite and interesting sequences of hand-eye manipulations and movements. E.g., examination and novel use of any object, e.g., cloth, paintbrush, cup.

Play Therapy

Play therapy is an emerging tool for therapists forging significant headway in the treatment of children with intellectual disabilities. The Association for Play Therapy (n.d) describes the process of play therapy as “the systematic use of a theoretical model to establish an interpersonal 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.” According to Schaefer (1993), there are fourteen factors that play a vital role in enhancing the effectiveness of play therapy as an intervention for a wide range of children’s emotional, social, and behavioral difficulties. Specifically, Schaefer indicated that children distinctly benefit from the following therapeutic factors of play therapy (Schaefer, p. 6; See Table 3). As Schaefer identified, play therapy provides a unique environment where children can engage in self-expression, gain a sense of control, and increase awareness of their feelings, thoughts, and desires (Landreth, 2002; Schaefer, 1993).

Axline formulated the following principles to serve as a guide for therapists in their work with children:

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 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 problems if allowed to do so. The responsibility to make choices and to institute change is the children.

Thus, the role of the child-centered play therapist is to provide a therapeutic environment in which the child feels heard, cared about, and understood (Landreth, 2002). Through an active and living relationship, Landreth (2002) proposed, children undergo a sense of mastery and control, increase self-acceptance, direction, and responsibility, and learn to rely on their internal locus of evaluation.

**Individual Differences among Children with Mental retardation**

AAIDD also uses limitations in intellectual functioning. Like the APA criteria, this refers to mental abilities. Some examples are learning, reasoning, and problem-solving. One criterion to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning. These scores would occur about 2.5% of the population, or stated differently, 97.5 of the people of the same age and culture would score higher. The tests used to measure IQ must be standardized and culturally appropriate.

All these years, people realized that there are demonstrable and clinically relevant differences among persons with mental retardation. Traditionally this differentiation was based on the level of functioning. The terms mild, moderate, severe, and profound are in the early 2000s used in DSM-IV TR to designate levels of mental retardation that correspond to standard deviation units below the mean. These categories have endured because there are clear differences between the levels in both cognitive and adaptive functioning. AAIDD labels adaptive functioning as an adaptive behavior.
Standardized tools also determine limitations. Adaptive behavior comprises three skill types as following:

**Conceptual skills:** This includes language and literacy, mathematics; time and number concepts; self-direction.

**Social skills:** This includes interpersonal skills, social responsibility, self-esteem, gullibility, social problem solving, and the ability to follow the rules/obey laws. It also includes naivety. This lack of wariness leads to victimization.

**Practical skills:** This includes activities of daily living (personal care). It also includes occupational skills, health care, travel/transportation; schedules/routines; safety; use of money; use of the telephone.

Limitation in adaptive behavior is indicated in one of the two ways. One possibility is a score of approximately two standard deviations below average in any one of the three areas. The second possibility is an overall score in all three areas is approximately two standard deviations below the average score of that age group.

This disability originates before the age of 18.

A similar sub group classification system, using different terminology (i.e., educable, trainable, severe/profound), is still employed (Denning, et al. 2000).

**Characteristics of Students with Mild Intellectual Disability**

The majority of students with mild cognitive and developmental disabilities experience difficulty attaining the academic skills associated with their grade level; they are usually able to live independently and develop into self-sufficient adults. In general, students with mild developmental delays pass through the same cognitive, language, and social developmental stages as other students, but at a much slower rate. These students usually demonstrate delays in short-term memory and attention. They can experience delays in fine motor coordination and present less developed expressive and receptive vocabularies. They may demonstrate poor social adjustment, appearing immature or shy, refusing to cooperate, or being less prepared to initiate and pay attention during a conversation (Hutchinson).

Children with mental retardation can learn. However they often learn at a slower rate than their peers. Students with mental retardation generally do not fit into a specific mold; rather they have varying strengths and weaknesses throughout all the subject areas (Sarah Allen). Students with mental retardation also require the modification that information is presented from concrete and familiar to abstract and unfamiliar.

**Importance of Play Activities for Children with Mental Retardation**

Play is one of the media through which the child can easily give expression to his general and common tendencies. The American Academy of Pediatrics’ (AAP) published a study in 2006 entitled: “The importance of play in promoting healthy child development and maintains strong parent — bonds.” The report states, free and unstructured play is healthy and, in fact essential for helping children reach important social, emotional, and cognitive developmental milestones as well was helping them manage stress and become resilient. Many of the prominent researchers in the field of psychology (Piaget, William James, Freud) have viewed play as endemic to the human species.

Play is explicitly recognized in Article 31 of the convention on the right of the child of the United Nations, which states:

The authors recognized the right of the rest and leisure to engage in play and recreational activities appropriate to the child and to participate freely in cultural life and the rest.

The authors shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational, and leisure activities.

It is the intimate relationship between play and work that has led to the useful employment of play in the field of education. According to Cook, the “play - way method is to make education natural free, amusing and interesting.”

It has only through games that the individual develop such qualities as discipline, cooperation sympathy, law-abiding and leadership when children belonging to different social level and intellectual capacity come together in the play ground, the main
distinguishing and dividing features and barrier present between them are lost, and they come much closer to each other than they can in social and economic sphere. There are some more benefits of play, they are:

- Better verbalization
- Richer vocabulary
- Higher language comprehension
- Higher language level
- Better problem-solving strategies
- More curiosity
- Better ability to take on the perspective of another
- Higher intellectual competence
- More playing with peers
- More group activity
- Better peer cooperation
- Reduced aggression
- Better ability to take on the perspective of others
- Better control of impulsive actions
- Better prediction of others’ preferences and desires
- Better emotional and social adjustment
- More innovation
- More imaginativeness
- Longer attention span
- Greater attention ability

Children with Mental Retardation and Learning through Play Activities

“Concepts becomes much clearer when are taught through activities, games, and other learning by doing methods.”

- By characteristics, children with mental retardation have a short attention span, limited memory, poor eye-hand coordination, and low concentration.
- The traditional skill training methods through desk activities do not prove very effective.
- If play activities are used in teaching where children are physically involved using other senses the learning is found to be effective, long-lasting, and with more understanding.

Due to the nature of the disability, children with mental retardation are generally inactive. Through play activities, teaching becomes more alive. Children with mental retardation are generally uninterested. Hence, whatever a teacher wants the child to learn should be made interesting. There are endless ways of getting initial interest; however, we have to be imaginative enough to think of different ways to stimulate the children. Through enjoyable and rewarding activities, we can help these children to concentrate and be absorbed in whatever they are doing. While playing, there is no fear of comparison. They are free to make a mistake, and they learn by making mistakes. So, there is no inhibition & hence they participate. There is no fear of right or wrong, so a child is motivated to explore and experiment. Children with mental retardation have the limited ability to express feelings verbally. Through play activities, the child can express his/her feelings. Children with mental retardation have the power to create. The use of play activities helps release this power and develop it wisely. It is not only contribute

Towards a child’s intellectual development, they also foster the development of manipulative and motor skills. It serves as an effective teaching tool. Children-naturally enjoys the play of any sort, as in a game, they are very enthusiastic and participative. It serves as a perfect frame of mind for learning new concepts and ideas. Play creates a natural context for communication; hence they provide opportunities to learn, practice language skill. They help to teach children team work, the spirit of cooperation, and true sportsmanship, as well as encourage them to develop and utilize their thinking and reasoning powers. It helps the child to gain confidence in his abilities and develop a more positive self-image. Children with mental retardation are generally deprived of normal school achievement, but, this is one area in which children with mental retardation can function within a normal range of performance. So, the right environment in which the child lives and shows interest in learning should be given to him. Play activities should be used as an integral part of classroom activities.

Implication

Play is spontaneous and voluntary. Play involves some active engagement on the part of the player. Play therapy is an emerging tool for therapists forging significant headway in the treatment of children with intellectual disabilities. The Association for Play
Therapy (n.d) describes the process of play therapy as the systematic use of a theoretical model to establish an interpersonal 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.

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Conclusion

Most educators and parents agree that play is one of the most important phenomena of childhood occupation. Play is a vehicle that allows a child to access and explore his or her world. In and through play, a child can develop the skills which expand his or her physical, cognitive, and emotional abilities. Play is pleasurable and enjoyable. The play has no goal imposed on it from the outside.

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