COMPUTER/VIDEO GAMES AS A PLAY THERAPY TOOL IN REDUCING EMOTIONAL DISTURBANCES IN CHILDREN

By

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ABSTRACT

COMPUTER/VIDEO GAMES AS A PLAY THERAPY TOOL IN REDUCING EMOTIONAL DISTURBANCES IN CHILDREN

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The purpose of this study is to examine the effectiveness of computer/video games as a play therapy tool for children suffering from an emotional disturbance of sadness (pervasive feelings of irritability, loss of enjoyment in activities previously enjoyed, withdrawal from friends or family, decline in school performance, and hopelessness). Children who suffer from emotional disturbances have problems functioning in school, in social and family settings, as well as transitioning into adulthood. Play therapy is an effective and creative way to work with children with emotional disturbances. Play becomes a way for the child to communicate and heal. Computer/video games are fun and inviting to children, and have been used in many different settings with children. To examine the effectiveness of computer/video games as a play therapy tool in treating emotional disturbances, a qualitative, collective case study design was used. Overall, the findings from the study supported the fact that children suffering from emotional

disturbances encounter difficulties academically, emotionally, and socially. The findings support the literature that play therapy is effective in treating children suffering from emotional problems. Finally, the findings confirmed the usefulness of video and computer games as a play therapy tool with children suffering from the emotional disturbance of sadness.

DEDICATION

This dissertation is dedicated to my mother, Nancy: Whose love, patience, listening ability, and dedication to her Lord exemplified the best qualities a counselor could have. I miss you so much but I have felt you with me every step of this work. This work is the result of your belief in me and the encouragement to never, ever, give up, and to never, ever, stop loving, and to never, ever, stop playing.

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CHAPTER ONE: INTRODUCTION

Overview

Modern day living is complicated and stressful for adults and children (Whiddon, 2003). Technology has provided many advantages but it has also come with a cost, leaving many people racing to keep up with changes and demands (Pentti, 2001). While adults possess freedom and available resources to better cope with stress and strain, children do not (Leung, 2007). Children rely on caregivers to notice and care when feelings of being overwhelmed arise, and they need the caregiver to provide safety and protection (Leung, 2007). In today's society children suffer from a myriad of problems that result in emotional difficulties, due to undeveloped coping skills (Crenshaw & Hardy, 2007). Divorce, abuse, and neglect take their toll on a child's emotional resources, often resulting in depression (Asarnow, Jaycox, & Tompson, 2001). Anxiety is a large problem for children trying to cope in a fast-paced, busy world (Lush, Boston, & Grainger, 1991).

Children comprise a large group that requires and benefits from psychotherapeutic treatment (Weisz, Weiss, Alicke, & Klotz, 1987). Children's problems that require psychotherapy range from emotional problems, dealing with grief and loss, as well as behavioral problems (Baruch, Fearon, & Gerber, 1998). Divorce and blended families can leave children feeling abandoned and confused as families are divided or meshed together in new, intricate relationships (Kenny, 2000). Children require psychotherapists who are trained in child relationship formation, therapy, and treatment (Hobday & Ollier, 1999; Lush et al., 1991; Target & Fonagy, 1996).

One in twenty students in America's schools have serious emotional and behavioral disorders that hinder healthy development, impede acquisition of academic, vocational, social skills, and negatively affect adult adjustment (U.S. Department of Health and Human Services, 2001). Children who suffer from emotional disturbances represent one of the largest groups that do not receive proper treatment or identification (Wagner, 1995). Emotional Disturbance (ED) is a condition listed in the Individual Disability Education Act (IDEA, 1997, 2005) and is defined as having one or more of the following characteristics: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of sadness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems (IDEA, 2005).

These problems are broad and affect everyone involved in the child's life. They impact the child's ability to function in an appropriate and healthy way in settings such as school and home (Wagner, 1995). Children identified with emotional disturbances tend to drop out of school at higher rates, enter the juvenile justice system, and have difficulty functioning as adults (Malmgren & Gagnon, 2005).

A great number of psychotherapists who work with children use play as a way of building a relationship with the child, relieving problematic symptoms and developing insight, and encouraging healthy growth (Koocher & D'Angelo, 1992; Norton & Norton, 1997). Play therapy has evolved from a humble beginning to a widely accepted means of working with children in psychotherapy (Norton & Norton, 1997). Due to developmental

constraints children are often unable to communicate thoughts and feelings clearly and have limitations seeing their behavior as unhealthy or problematic (Bratton, Ray, Rhine, & Jones, 2005). Play becomes a way for the psychotherapist and the child to interact; the psychotherapist observes and notes the child's behavior and gains insight into the child's world (Hobday & Ollier, 1999; Norton & Norton, 1997). The psychotherapist then employs therapeutic interventions based on the knowledge gained from observing and interacting with the child during play (Hall, Kaduson, & Schaefer, 2002).

Background to the Problem

Counseling and psychotherapy have a positive impact in helping reduce stress for families and children and in helping children to learn better coping skills in dealing with emotional disturbances (Reddy & Richardson, 2006). Counseling and psychotherapy provide children help for depression and anxiety, for dealing with family issues like divorce and remarriage of parents, and for helping correct behavioral problems (Weisz et al., 1987). Other areas in which counseling and psychotherapy are beneficial are: (a) grief/loss, (b) impulse control problems, (c) social skills, (d) self-worth or self-esteem, and (e) anger management (Lush et al., 1991).

Video/computer games have become very common toys with which children play. They view them as being fun and inviting (Kokish, 1994). Gaming systems are portable and are easy to set up in an office. Video/computer games are used in schools, hospitals, and the psychotherapy office (Aymard, 2002; Bertolini & Nissim, 2002; Dahlquist, 2006), making them much more than just a toy used for personal enjoyment.

Purpose of the Study

The purpose of this study was to examine the effectiveness of computer/video games as a play therapy tool for children suffering from an emotional disturbance of sadness.

Research Question

The primary research question guiding this study was as follows:

(Q1) Will computer/video games be effective as a play therapy tool in reducing the emotional disturbances of sadness in children?

Definition of Terms

Console Games are more commonly referred to as *video games*. They are played on a device specially made for game play called a video game console. The gamer interacts with the game through a controller, a hand-held device with buttons and joysticks or pads. Video and sound are received by the gamer through a television. Examples of consoles include the Microsoft Xbox, Sony Playstation, and Nintendo GameCube (Webopedia Computer Dictionary, 2008).

Emotional Disturbance is identified as one of five characteristics of emotional problems which includes (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors, (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (c) inappropriate types of behavior or feelings under normal circumstances, (d) a general pervasive mood of sadness or

depression, (e) a tendency to develop physical symptoms or fears associated with personal or school problems (IDEA, 1997, 2005)

Gamer is defined as a person who plays video, internet, or computer games (Webopedia Computer Dictionary, 2008).

Personal Computer Games are more commonly referred to as *computer games* or *PC Games*. They are played on the personal computer with standard computer interface devices such as the keyboard and mouse, or a joystick or gamepad. Video feedback is received by the gamer through the computer screen and sound through speakers or headphones (Webopedia Computer Dictionary, 2008).

Play Therapy is a psychotherapy technique used with children in which play serves as the communication pathway between child and therapist for the purpose of healing emotions, developing insight, and promoting healthy growth.

Sadness in this study is defined as (a) a pervasive feelings of irritability, (b) loss of enjoyment in activities the child previously enjoyed, (c) withdrawal from friends or family, (d) decline in school and/or performance, (e) hopelessness (American Academy of Child & Adolescent Psychiatry, 2008).

Significance of the Study

This research contributed to the literature of psychotherapy of children by demonstrating the effectiveness of play therapy using computer/video games. The results of the study added to the body of literature relating to play therapy. Since this study found the use of video/computer games as a play therapy tool to be effective, the application of the computer/video games in play therapy with children suffering from

emotional disturbances provide child psychotherapists with valuable insight in working with children suffering from emotional disturbances.

Those who use play therapy will be able to add a new instrument in the form of computer/video games that will expand the therapist's abilities and avenues in working with children. A final benefit will be contributing to the manufacture of computer/video games designed specifically for use in the psychotherapy office.

Theoretical/Conceptual Framework

This study examined the use of computer/video games specifically in the context of play therapy. This researcher was unable to find supporting literature or specific examples of the use of computer/video games as a play therapy tool, so the phenomenological approach using qualitative case studies was chosen. The emphasis of qualitative research is on the interaction of human participants (Merriam, 1998), and the participants are "experimental experts on the phenomenon being studied" (Rudenstam & Newton, 2001, p. 92).

Qualitative case studies are useful in research that examines a narrowed interest within a real-life context (Merriam, 1998). Creswell (2007) states the importance of qualitative research when the literature is not answering a specific question and "a need exists to add or fill a gap in the literature" (p. 102).

Organization of Remaining Chapters

In Chapter Two, related literature is reviewed to provide the reader with an expanded understanding of the subject area. The methodology, procedures, and data analysis techniques are described in Chapter Three. The results of the study are reported in Chapter Four. Chapter Five contains conclusions, implications, and recommendations for further study.

Summary

Children with emotional disorders require psychotherapy to help cope with the emotional difficulties they encounter (Weisz et al., 1987). Play therapy is useful in helping children express thoughts and emotions and promoting psychological healing (Koocher & D'Angelo, 1992; Norton & Norton, 1997). This study provided evidence of the use of computer/video games as an effective tool in the treatment of children suffering from sadness.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction and Overview

The purpose of Chapter Two is to provide a review of research findings in treating emotional disturbances, the use of computer/video games in psychotherapy, and the use of traditional play therapy. This chapter first reviews the literature as it pertains to the treatment of emotional disturbances, the basics of play therapy, and concludes with an examination of the literature with regard to computer/video games as a play therapy tool in treatment for emotional disturbances in children. The literature review is organized as follows: (a) emotional disturbances (ED) in children, (b) characteristics of the ED child, (c) long term outcomes of ED children, (d) educational experiences of the ED child versus children with other disabilities, (e) play therapy, and (f) video/computer games and psychotherapy.

Emotional Disturbances in Children

Wagner (1995) reports that children with emotional disturbance (ED) are a large group of child clinical subpopulations that goes untreated and poorly identified. An estimated 5% of children diagnosed with mental disorders are thought to be suffering from ED. Of this 5%, it is estimated that only 1% receives treatment (Reddy & Richardson, 2006). ED is a condition contained in the Individual Disability Education Act (IDEA, 1997, 2005) and is defined as having one or more of the following characteristics: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings

under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. The emotional problems of the child are longstanding, significant, and markedly detrimental to his or her educational success (IDEA, 1997, 2005).

Characteristics of the ED Child

Table 1 summarizes the characteristics of the ED child. Wagner, Kutash, Duchnowski, Epstein, and Sumi (2005) presented characteristics of ED children using data from the Special Education Elementary Longitudinal Study and the National Longitudinal Transition Study – 2. This data was collected from teachers, school records, students, and parents. This study found that for ED children behavioral problems are prevalent and 80% of ED children are male. In addition, African American students were more likely to be identified as ED than any other racial or minority group (Wagner et al., 2005). Fifty-one percent of ED children drop out of school and those who stay in school tend to struggle with language disorders, poverty, and low academic achievement (Reddy & Richardson, 2000).

The combination of emotional and behavioral problems creates a negative learning experience for the ED child (Reddy & Richardson, 2000). The ED child begins to anticipate failure and expects negative reactions from teachers, peers, and parents (Gresham, 2005). The anticipation of failure and negative reactions often leads to low self worth, isolation, and even depression (Gresham, 2005). ED children often have difficulty fitting in with other children. Wagner and colleagues found ED children to have much less effective social skills than peers with other disabilities.

Table 1

Characteristics of ED Children	Author(s)
Behavioral Problems School Dropout Social Problems Anxiety Bipolar Disorder Tourette's syndrome Depression Obsessive-Compulsive Disorders Oppositional Behaviors Psychosis ADD/ADHD Learning Disabilities Low Functioning Cognitive Skills Reading Problems Math Problems	Wagner, Kutash, Duchnowski, Epstein, & Sumi (2005)
Language Disorders Poverty Low Academic Achievement	Reddy & Richardson (2000)
Low Self worth Isolation Anticipation of Failure	Gresham (2005)
Family Stress	Duhig & Phares (2003)

Other mental illness and conditions often co-exist with the emotional disturbed children, which further complicate the life of the child and caregivers. Wagner and associates (2005) found that anxiety, bipolar disorder, Tourette's syndrome, depression, obsessive-compulsive disorders, oppositional behaviors and psychosis were reported by

parents in the study. Nearly 65% of elementary/middle school children and 63% of high school students also have ADD/ADHD. In addition, 25% of elementary/middle school children and 30% of high school students classified as ED also have a co-occurring learning disability (Wagner et al., 2005).

Cognitive functioning is affected as well. In their study, Wagner and colleagues (2005) found that over 1% of parents reported mental retardation as a secondary condition. Notably, 10% of elementary/middle school children and 3% of high school students classified as ED have low functional cognitive skills.

For many ED children, speech is also found to be affected, with parents reporting that receptive language (understanding what others say) is impacted in 44% of elementary/middle school children and 29% of high school students. With the above mentioned deficits and conditions associated with the ED child it is not surprising that academic functioning is severely impacted. With regard to reading skills, Wagner and colleagues (2005) report that 60% of children identified as ED score in the bottom percentiles (25% of children in the general population), and 43% of ED children score in the bottom percentages in the area of mathematics compared to children not identified as ED.

The emotional problems of the ED child and the pressures of caring for him/her cause much stress in many families. Duhig and Phares (2003) studied 152 boys and 37 girls ages 11 to 18 with regard to the impact of the emotional problems on the relationships with their caregivers. They found that caregivers experience high rates of stress compared to caregivers in families of children who are not identified as emotionally disturbed. Two areas of high stress for caregivers was concern over

behaviors that the ED child exhibited and the lack of concern of the ED child regarding those behaviors (Duhig & Phares, 2003).

Long Term Outcomes of ED Children

Long term outcomes for children identified as ED are less than favorable. For example, 51% of ED children leave school without earning a diploma, a higher rate than any other disability group (U.S. Department of Education, 2001). In addition, ED children tend to be over-represented in juvenile justice programs, and for those ED youth who do not finish school there is a high likelihood of arrest and incarceration (Duhig & Phares, 2003). For those who do finish high school, many ED youth have difficulties in maintaining jobs. In addition, there is documentation of low post-secondary school attendance (Hagner, Cheney, & Malloy, 1999).

Davis and Vander Stoep (1997) found that those youth with serious emotional disturbance required a great deal of support in the transition to adulthood. Strong family ties, follow up with mental health services, and positive peer supports are some of the factors that are helpful in creating a successful transition experience. Vander Stoep, Beresford, Weiss, McKnight, Cauce, and Cohen (2000) conducted a follow-up study of the transition experiences of ED adolescents moving into adulthood and found that the community plays a key role in helping the youth adjust to pressures like finding work and pursuing higher education.

In addition to the combination of emotional and behavioral problems that create a negative learning experience, ED children are negatively impacted by school mobility. School mobility is the term given to describe children who are moved from school to

school (Wagner et al., 2005); it is a factor in poor outcomes related to ED children. Malmgren and Gagnon (2005) conducted a study of 70 secondary age youth identified as ED and examined the histories of the number of schools attended in the elementary school years. The authors found that 66% of the ED youth had changed schools at least once by the end of 2nd grade and 89% by the end of 5th grade. For many ED children, school mobility results in disconnecting with meaningful educational experiences, and presents further disruptions that affect the behavioral, emotional, and social arena (Malmgren & Gagnon, 2005).

Educational Experiences of ED Children versus Children with Other Disabilities

Wagner and associates (2005) examined the education-related experiences of ED children and youth compared to children and youth with other disabilities. The results of the study are summarized in Table 2. As evidenced from the date in the table, ED children tend to have greater frequency of school mobility, being retained, and suspension or expulsion than other children or youth with disabilities (Wagner et al., 2005).

Lopes (2007) research on the academic problems of seventh grade ED students provides support for the Wagner conclusions. The ED students struggled more academically and also were referred for discipline more than students with other disorders. Lopes (2007) also found that as the academic performance of these students worsened as the year progressed, so did their emotional problems.

Table 2

Education-Related Experiences of ED vs. Other Disability Children

Child/Youth Experience	Elementary/Middle School Children		Secondary School Youth	
	W/ED (%)	W/other disabilities (%)	W/ED (%)	W/other disabilities (%)
Attended four or more schools since starting elementary school	33.9	13.9	64.5	45.3
Reason for most recent school change				
Family moved	20.9	30.1	13.4	13.8
Grade progression	28.1	44.6	44.5	75.2
School reassigned student	26.8	8.0	19.5	3.1
Retained at grade level	22.0	26.5	37.7	35.7
Suspended or expelled	47.7	11.7	72.9	27.6

In summary, ED children experience difficulty in the elementary, middle school, and high school years. In addition, the transition from childhood to adulthood is difficult as the ED individual attempts to find their place in the adult world (Wagner et al., 2005).

Play Therapy

Play is very important in the life of the child because children become familiar with the world around them through experiential means instead of cognitive means. Play therapy is used with children in psychotherapy to assist them in the articulation of feelings and thoughts. Such articulation is difficult due to the child's lack of abstract reasoning and verbal skills (Hall, Kaduson, & Schaefer, 2002). Play is the conduit

through which children express thoughts, feelings, and emotions. The psychotherapist trained in play therapy techniques is better able to interpret these behaviors during the play therapy process (Hall et al., 2002). Play can be a vehicle for the child to practice social skills, learn new cognitive patterns, and make moral judgments (Norton & Norton, 1997).

The Roots of Play Therapy

An early documented case of working with a child to bring about behavioral and emotional changes can be traced back to 1799. Jean-Marc Itard worked with Victor, also known as the "wild boy of Aveyron" (Smith, 2003). The boy was found orphaned and had sustained great delays in the area of emotion, speech, and behavior. Itard attempted to "catch up" Victor in these areas by intense drilling and behavioral modification, as well as showing him a great deal of kindness. Despite Itard's untiring efforts, the behavioral, social, and emotional gains that he had hoped to make with Victor were not achieved (Koocher & D'Angelo, 1992).

In 1909, Freud attempted to use his psychodynamic approach with "Little Hans", a small boy who had a phobia of horses which Freud believed was in the result of anger toward his father and his fear of being castrated. Freud attempted to interpret the defenses and conflicting drives in the hopes that the child would be able to avoid regression, and energy would be released and available for superego growth (Koocher & D'Angelo, 1992). The psychodynamic approach was not helpful for working with children because of the communication barriers and lack of insight.

In the 1920's, Hermine von Hug-Hellmuth, a retired elementary school teacher, used Freudian psychoanalytic techniques. She added play as a way to help her understand the child's emotional suffering, and even joined in the play to help the analysis process (Koocher & D'Angelo, 1992). Hug-Hellmuth believed that play was a way to better understand more internalized material in children due to the child feeling uncomfortable sharing that information with adults.

Melanie Klein emerged in the 1920's and employed the use of play in her work with children (Koocher & D'Angelo, 1992). Klein believed that the relationship with the child was very important since children tended to experience more anxiety than adults, and that interpreting their unconscious fears was possible through the use of play. She veered from the approach of other play advocates at the time who would work with the child in their own home. Klein instead moved the play sessions to a "consultation room" a separate, non-threatening, neutral place where the child could feel free to be open about sharing his/her fears (Koocher & D'Angelo, 1992).

Another prominent figure that emerged in the field of child therapy using play was Virginia Axline. Axline believed in a non-directive approach when working with children. This approach came from her belief that people have power within themselves to overcome whatever problems with which they are dealing (Koocher & D'Angelo, 1992). Her approach consisted of warmth, permissiveness, and acceptance; communicating to the child that he/she is in charge. The therapist does not intrude upon the child's private world by asking questions, or by pestering him/her with how he/she should play. By giving the child pure acceptance and freedom, it is hoped that the child's feelings will emerge and therapeutic growth will occur. Axline believed that as the child

became more comfortable, he/she could utilize the strength inside to experience an increase in self worth and self confidence (Shaffer & Lazarus, 1952).

In contrast to Axline's non-directive approach, David Levy in 1939 and Gove Hambidge in 1955 presented a structured, directive approach to play therapy. This approach involved the therapist choosing toys and games that he/she believed would encourage the child to share thoughts and feelings (Bratton, Ray, Rhine, & Jones, 2005). Though many different forms of play therapy exist today (e.g. Adlerian, Ecosystemic, Prescriptive, Filial, Gestalt, Child-centered) the main goals of building a relationship with the child and helping he/she overcome his/her psychological, emotional, and social difficulties is still the central theme (Bratton et al., 2005).

Child centered play therapy is an extension of Axline's approach and is the most researched and utilized form of play therapy (Bratton et al., 2005). Child-centered play therapy is focused on letting the child determine the direction of the therapy while the therapist maintains non-directive stance (Guerney, 2001). The center of attention is the child and not the problem(s) presented. Child-centered play therapy has been practiced for over 50 years and has been used with nearly every type of presenting problem (Guerney, 2001). The child-centered play therapist is accepting without confrontation or challenge. The roots of the child-centered approach can be found in Roger's belief that if a child or adult is nurtured, growth and maturity will naturally occur culminating in self-actualization (Guerney, 2001). It is the task of the child-centered therapist to provide an environment of safety, establish a warm and close relationship, reflect back to the child the feelings that the child is expressing, and allow the child to lead the direction of the therapy. The goal of child-centered play therapy is that the child will learn to solve

his/her own problems through play in the context of a safe, nurturing environment (Guerney, 2001).

Effectiveness of Play Therapy

Studies of child psychotherapy reveal that it has been found to be as effective as traditional psychotherapies for treating childhood disorders and emotional problems (Koocher & D'Angelo, 1992; Leblanc & Ritchie, 2001; Shaffer & Lazarus, 1952). However, many studies of child psychotherapy prior to the late 1990's ignored play therapy as the scientific community did not regard play therapy as a viable treatment modality (Bratton et al., 2005). Since the late 1990's play therapy has been extensively studied (Leblanc & Ritchie, 2001). Individual studies as well as major meta-analysis studies of the effectiveness of play therapy will be examined in this section.

Clement, Fazzone, and Goldstein (1970) examined the use of play therapy with 16 boys who exhibited shy, withdrawn behavior. The boys were divided into two therapy groups and two control groups, with four boys to a group. The Token group met in a play group with a therapist and received tangible reinforcements for socially acceptable behaviors. The Verbal group was similar but no tangible reinforcements were used. Control group A met in a play group without a therapist present, while control group B met in individually separate play rooms with no therapist present. Each group met for 20, one hour sessions, once per week. The results revealed that the Token group changed more than the Verbal group; the Verbal group changed more than control group A; and control group A changed more than control group B, which showed no changes on the

objective measures used. One and two year follow up studies were conducted and the Token group showed better adjustment on objective measures (Clement et al., 1970).

Ney, Palvesky, and Markely (1971) utilized play therapy with 20 boys diagnosed with schizophrenia with the goal of improving communication and behavior. Play therapy was administered for 50 sessions followed by operant conditioning for the experimental group; while the control group received operant conditioning first followed by play therapy. The researchers found that while the play therapy did raise test scores a significant amount, test scores were higher when play therapy was coupled with operant conditioning. Despite these findings, this study was useful in demonstrating how play therapy could be used with a pervasive disorder like schizophrenia (Ney et al., 1971).

Newcomer and Morrison (1974) researched the use of individual play therapy and group play therapy with mentally retarded children ages 5-11. Twelve children were assigned to the individual play therapy group, 12 to the group therapy group, and 12 to a no-treatment control group. Each group received 30 sessions of play therapy and was tested in the areas of fine motor skills, language, and personal/social skills. Test scores revealed an equal increase in each area for both the individual and group play therapy groups while the no-treatment group scores did not change (Newcomer & Morrison 1974).

Clatworthy (1981) investigated the use of play therapy as an anxiety reducing treatment for children ages 5-11 who are hospitalized. Two different hospital settings were used over a four year period, with a two group experimental design. Play therapy was used in the experimental group and pre and post measures of anxiety were administered to both groups. The findings revealed that the play therapy group exhibited

less anxiety as opposed to the control group when measured post treatment. This study is useful in demonstrating the effectiveness of play therapy in varied settings (Clatworty, 1981).

Kot, Landreth, and Giordano (1998) studied the use of play therapy among children ages 4-10 who had been exposed to domestic violence. Twenty-two children comprised the study and the experimental group received play therapy every day for two weeks while the control group received traditional child therapy. The results of the study's post treatment measures revealed that the children in the experimental group experienced a significant increase in self concept, a significant decrease in behavioral problems, and an increase in nurturing and creative play behavior. This study is useful in demonstrating the use of play therapy with children subjected to domestic violence (Kot et al., 1998).

Fall, Navelski, and Welch (1999) investigated the use of play therapy with 66 children ages 6-10 in two different schools. The experimental group received child-centered play therapy, and the control group traditional child therapy. The goal of the study was to increase self-efficacy, decrease negative behaviors in the classroom, and increase socially acceptable behaviors. Following six sessions, the researchers found the groups were equal on the measures of self-efficacy. However, teacher ratings of behavior and social problems revealed a decrease in problematic behaviors and less social problems for the group that received play therapy (Fall et al., 1999).

LeBlanc and Ritchie (2001) sought to examine the efficacy of child therapy with a focus solely on play therapy. The study consisted of gathering data from 42 controlled studies between 1950 and 1996. These studies ranged from child-only play therapy, as

well as familial play therapy. The study found that overall; play therapy is effective for children suffering from emotional and behavioral problems. When compared to children who did not receive play therapy treatment, children who did receive play therapy performed 25 % units higher on various outcome measures. Two unexpected factors found impacting the successfulness of treatment were the inclusion of parents in the child's therapy as well as the duration of treatment (Leblanc & Ritchie, 2001).

Shen (2002) utilized a pretest-posttest control group design to investigate the effectiveness of play therapy with Chinese children in Taiwan who experienced an earthquake in 1999. 65 children ages 8-12 years were divided into an experimental group that was treated with play therapy and a control group that received no treatment. The experimental group was divided into smaller groups of three students who were involved in ten 40-minute group play therapy sessions over four weeks. Following the treatment, post measures were administered and analyzed. The children in the experimental group scored significantly lower on anxiety and suicide risk following the treatment. This study is important in that it demonstrates the use of play therapy following a natural disaster (Shen, 2002).

Garza and Bratton (2005) investigated the use of play therapy with 30 Hispanic children ages 5-11 experiencing behavioral problems that put them at risk for academic failure. A pretest-posttest design was used with 15 of the children placed in an experimental group treated with play therapy, and 15 placed in a control group treated with curriculum based small group counseling. The treatment consisted of 30-minute interventions once per week for 15 weeks. The results revealed that children in the experimental group showed statistically significant decreases in behavior problems

compared to the control group. This study is important in demonstrating how play therapy can be used with externalizing behavior problems in the school setting (Garza & Bratton, 2005).

Bratton et al. (2005) sought to expand on the Leblanc and Ritchie (2001) study by more than doubling the number of play therapy efficacy studies, as well as examining the specific factors that contribute to the efficacy of play therapy. The authors used articles from 1953 to 2000, and all of the studies gathered used a control-comparison group design and pre-post test measures along with the necessary statistical data to determine treatment effect. Table 3 summarizes the effects of play therapy by treatment characteristics. From these results, it can be seen that the type of treatment (humanistic-nondirective), treatment provider (parent, filial trained), treatment setting (critical incident), and treatment format (individual therapy by paraprofessional, filial-trained parents) are all important factors in producing greater effect sizes.

Bratton and colleagues (2005) revealed that another factor found in the effectiveness of play therapy is treatment duration; those that ended treatment prematurely received less benefit than those that followed through the fully recommended amount of sessions. Play therapy was found to be effective regardless of sex, and was found to be effective for internalizing problems, externalizing problems, or a combination of both (Bratton et al., 2005). In addition, play therapy was found to be equally effective for emotional and behavioral problems, and that children treated with play therapy functioned at 0.80 standard deviations over non-intervention. This is considered to be a large effect. Bratton et al. (2005) also found that play therapy is a strong factor on a child's behavior, social adjustment, and personality. Thus, it appears

Table 3

Effectiveness of Play Therapy

Variable	N of studies	Mean ES
Treatment type/theoretical model		
Humanistic-nondirective	73	0.92
Non-humanistic-directive	12	0.71
Treatment provider		
Professional	67	0.72
Parent-paraprofessional (majority filial-trained parents)	26	1.05
Parent (filial-trained)	22	1.15
Treatment setting		
School	36	0.69
Outpatient clinic	34	0.81
Critical incident (residential)	12	1.00
Treatment format		
Group therapy by professional	33	0.73
Individual therapy by professional	34	0.70
Individual therapy by paraprofessional (majority filial-trained parents)	26	1.05

that play therapy is an effective treatment for helping children with emotional and behavioral problems.

Muro, Ray, Schottelkorb, Smith, and Blanco (2006) investigated the long term impact of play therapy with 23 children ages 4-11 identified by teachers as having behavioral and emotional difficulties. The children received treatment for 10 weeks (16 sessions) in the fall and 10 weeks (16 sessions) in the spring. Using a repeated measures

design, the children were rated on behavioral and emotional measurements at the beginning, middle, and end of treatment. The results of the study revealed that the levels of behavior and emotional problems were significantly reduced, and that these improvements remained consistent during the course of treatment (Muro et al., 2006).

Video/Computer Games and Psychotherapy

In the early 1980's personal computers and game systems began to appear in American homes. As the decade progressed, the popularity of the home computer and gaming systems grew exponentially (Gardner, 1991). The usefulness of computers in the daily work life of mental health practitioners became obvious in the mid 1980's, mainly for the purpose of assessment, biofeedback, and as a gaming device for treating children (Pardeck, 1986).

Gardner (1991) wrote one of the first articles in the literature that addressed specifically the use of video/computer games as a viable tool for work with children. A Nintendo game system was used with children exhibiting problems ranging from poor impulse control, separation anxiety, social anxiety, and motor tics. Gardner (1991) examined four cases and noted the following benefits: (a) assessing the child's ability to problem solve; (b) aiding insight into consequences of poor choices; (c) improving eye-hand coordination; (d) emotional control, mainly with aggression; (e) improvement in cognitive ability to recall information; (f) bonding with another human being (in this case, the therapist) and joining together to accomplish goals in the game (Gardner, 1991). While this early study demonstrates the usefulness of video/computer games, Gardner's did not use the games in the context of play therapy.

Vasterling, Jenkins, Tope, and Burish (1993) documented using video games as a cognitive distraction tool for chemotherapy patients. The study investigated video games in helping patients relax while undergoing chemotherapy. The study involved monitoring 60 patients ages 20 – 77 over five chemotherapy sessions. The researchers found that those who used the video games experienced less nausea prior to chemotherapy and lower systolic blood pressures after chemotherapy than controls (Vasterling et al., 1993).

Resnick and Sherer (1994) implemented computer/video games to teach self control and better decision making, as well as helping youth to recognize and learn to change anti-social behavior. The authors found that the games helped teach better self control and decision making (Resnick & Sherer, 1994), but they were not using them in a play therapy context.

Kokish (1994) cited experiences using computer games in therapy with children in a small private practice in a rural community. One of the children was a victim of abuse and neglect, and the games were helpful in not only building rapport, but also in helping the child express emotions through the characters created in the game. Kokish (1994) also explained how another child was able to increase self control and the anti-social tendencies for which the child was referred diminished greatly. This article reveals the positive use of computer/video games for helping with some of the common problems that children bring to the therapy office. Again, however, the computer/video games were not used in a play therapy context.

Clarke and Schoech (1994) cited one barrier in working with adolescents is the resistance and apathy towards psychotherapy; however, most adolescents are interested in computer/video games. The authors developed a computer game specifically for

adolescents called “Personal Investigator”. The game is a detective game that is designed to help improve self control in adolescents. The reward of winning the game is achieved through demonstrating self control by making correct choices. Those with low impulse control do not do as well but have the opportunity to learn from their mistakes (Clarke & Schoech, 1994). The author’s population consisted of four teens, ages 11 to 17 who were observed over a period of four weeks, using the computer game as the primary therapeutic tool in the sessions. The main problem that brought the teens to therapy was lack of impulse control and, with specific problem areas of fighting, skipping school, defiance toward parents, lowered grades, and stealing. Each half hour of computer game time was followed with a half hour of traditional cognitive psychotherapy. The benefits noted by the authors were: (a) an increase in communication following the use of the game, (b) an improvement in impulse control, (c) a decrease in behavioral problems as reported by parents, and (d) an increase in decision making skills. While this study demonstrates the use of the computer/video game in the therapy process, it is not used specifically in the context of play therapy.

In more recent literature, Aymard (2002) discusses the use of a computer game designed for children who “have trouble separating from their parents and feeling comfortable during the early stages of play therapy” (p. 14). This game involves the child making a face on the computer as a way of communication his/her current feelings and thoughts. For example, Aymard uses the example of a child hesitant to talk about feelings associated with her parent’s divorce. She is instructed to draw a face of how someone would look upon hearing about a person’s parents getting divorced. Once this is done, the child expands on his/her feelings and thoughts when asked about what he/she has created

(Aymard, 2002). This is an example of how a computer game can be useful in encouraging a child to talk about feelings and thoughts. Again, while the cases used in this article encourage the use of the computer in a useful way, the game is not used specifically in the context of play therapy.

Bertolini and Nissim (2002) discuss the use of video games in psychotherapy with children as a way to gain insight to the child's developing imagination and judgment abilities. Bertolini and Nissim state the following:

> In fact, our reaction was negative at first. We resignedly assumed this would inevitably lead to degradation of children's minds, fated to become victims of market strategies and conspicuous consumption, and would deprive them of the principles necessary for their mental and emotional development. Only gradually did we realize that children's interest in video games was far more complex than we had thought previously. Children were deeply involved in the purchase of these games and they devoted much attention to following all the preparations leading up to the launch of new games, which were detailed in specialized magazines, revealing to us the existence of a highly structured and complex market of which we have so far had no inkling whatsoever. Children were even well versed in how to search for solutions to their games on the internet. Once we had become sufficiently familiar, albeit indirectly, with the world of video games, new horizons began to open up; it sometimes became possible to recognize fragments or characters from the video games in the material of children's dreams, or in role attributions during play or the characters that they invented in their drawings. (p. 308)

The authors used a variety of games from action and violence to competition (e.g. racing, sports) and found the games provided insight into the problems with which the children were dealing. The children not only seemed to be willing to share more information, but the metaphors found in the game characters and situations were instrumental in helping develop the child's strengths and lessening fears (Bertolini & Nissim, 2002). The authors argue that instead of discouraging the child to play a video game, the therapist should use it as an opportunity to see the child experiencing an "emotional experience – a genuinely joyful and meaningful one" (Bertolini & Nissim, p. 323). Again, while the cases used in

this article encourage the use of the computer in a useful way, the game is not used specifically in the context of play therapy.

Dahlquist (2006) documented the calming effects of video/computer games with children suffering from physical pain related to chemotherapy treatments for cancer. It was found that for children undergoing chemotherapy, the video games provided a distraction to focus away from treatment, thus increasing the child's pain tolerance. The children were observed to experience increases in mood and better emotional control (Dahlquist, 2006).

Summary

Play therapy has been well documented to be an effective treatment for children suffering from emotional disturbances. Emotionally disturbed children represent a large portion of children requiring psychological treatment. Although computer/video games have been shown to be useful in the psychotherapy setting, missing from the above studies is a demonstration of the therapeutic use of computer/video games from a play therapy perspective with ED children. Specifically, the current research does not address how computer/video games can be used in play therapy with children who are identified as emotionally disturbed. If the use of the computer/video games as a play therapy tool for treatment with emotionally disturbed children is demonstrated, the games could be a useful tool for those who work with children using play therapy. Chapter Three will detail the methodology used in the study of this gap in the literature.

CHAPTER THREE: METHODS

Introduction

Chapter Three includes a description of the methods for the study as well as the research design. In addition, the rationale, assumptions, participant selection, research procedures, and instrumentation are described. Lastly, matters of data processing and analysis are discussed. The purpose of this study was to examine the effectiveness of computer/video games as a play therapy tool for children suffering from the emotional disturbance of sadness. This study will provide evidence as to whether the use of computer/video games is an effective tool in the treatment of children suffering from sadness.

Research Design

This is a phenomenological approach using a qualitative, collective case study design (Creswell, 2007). This approach is being chosen due to the lack of supporting literature or specific examples of the use of computer/video games as play therapy tools. The collective case study (or multiple case study) concentrates on one central issue or question that is being examined using multiple case studies to explore the question. The goal of using more than one case is to demonstrate replication in the procedures that are used for each case (Yin, 2003). Creswell (2007) states that generalization can be difficult due to the different contexts in each case; however, carefully chosen cases make replication possible. The emphasis of qualitative research is on the interaction of human

participants (Merriam, 1998), and in this study the participants are the children suffering from emotional disturbance (ED).

Rationale for the Case Study

In addition to the case study, qualitative research contains many different types of approaches (phenomenological, narrative, grounded theory, and ethnographic) (Creswell, 2007; Patton, 2001). Some of these approaches share commonalities with the case study and it is important to delineate the selection of the case study over these other approaches. For example, in the phenomenological approach, the researcher is examining a specific experience of individuals (Creswell, 2007). Data is then collected through interviews and analyzed based on common themes. For this study, the phenomenological approach would not be sufficient to fully examine the multifaceted information that will be generated.

Grounded theory is another qualitative approach that could be used in this type of study. The grounded theory approach is used when "when a theory is not available to explain a process" (Creswell, 2007, p. 66). This approach creates new theoretical ways to understand phenomenon experienced by individuals or expands on theories that are lacking in explaining the variables that the researcher wishes to study (Yin, 2003). For this study, the approach of play therapy is well established and no new theory is needed to study the effect of the video/computer games as the play therapy tool. Therefore, the grounded theory approach is not the best approach for this type of study.

From a broad perspective, none of these approaches are suited to fully examine the richness and diversity of information generated in this study as can the case study.

This study involves examination of unexplored territory and intricate processes that are challenging to measure, and case study research is considered the best way to proceed with these types of issues (Creswell, 2007; Patton, 2001; & Yin, 2003). Therefore, the case study design is the method that was chosen to study the effectiveness of the use of video/computer games as a play therapy tool with children suffering from the emotional disturbance of sadness.

Focus of the Case Study

Creswell (2007) describes the focus of the case study method. The focus of a case study is to gain a deep understanding of the case or cases in relation to the context or "bounded system" (Creswell, 2007, p. 73) in which the case exists. The analysis of the case or cases involves gathering information from multiple sources over time. The results are reported after the themes of the case are collected and examined (Creswell, 2007).

Rationale for Definitions

It is important to explain the rationale for using the IDEA definition of ED and the American Academy of Child and Adolescent Psychiatry definition of sadness over the more "clinical" Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). First, because all of the subjects are referred by professionals in the school setting, the IDEA definition of emotional disturbance represents a unifying descriptive standard. Secondly, many school professionals do not employ the DSM-IV on a regular basis, finding that it is more suited for clinical disorder-specific restrictive learning

environments (Wodrich & Spencer (2007). Thirdly, the DSM-IV gives little attention to academic and developmental problems, and ignores how various disorders impact school-based functioning (Wodrich, Pfeiffer, & Landau, 2008).

A longstanding criticism of the IDEA definition of emotional disturbance is that it is too broad, making it difficult "to generalize the type, intensity, and duration of children's needed interventions" (Wodrich et al., p. 627). For the purposes of this study, it was necessary to isolate a part of the IDEA definition of emotional disturbance, and the definitional component of sadness was chosen. Sadness in this study is defined as (a) a pervasive feelings of irritability, (b) loss of enjoyment in activities the child previously enjoyed, (c) withdrawal from friends or family, (d) decline in school performance, and (e) hopelessness (American Academy of Child & Adolescent Psychiatry, 2008). This definition was chosen over the DSM-IV category of depression because it addresses school performance and the DSM-IV does not directly address sadness specifically related to children (Wodrich, Pfeiffer, & Landau, 2008).

Selection of Participants

Qualitative research employs purposeful sampling when individuals or sites are considered for study (Creswell, 2007; Patton, 2001). In qualitative case study research, the researcher chooses cases that intentionally convey "an understanding of the research problem and central phenomenon in the study" (Creswell, 2007, p. 125). Many types of purposeful sampling exist (Patton, 2001) and each has a unique purpose within the phenomenological approach.

Participants

The participants comprising the cases in this study were six children suffering from ED as defined as part (d) of the IDEA definition of ED (IDEA, 1997, 2005) and sadness defined as (a) a pervasive feelings of irritability, (b) loss of enjoyment in activities the child previously enjoyed, (c) withdrawal from friends or family, (d) decline in school performance, and (e) hopelessness (American Academy of Child & Adolescent Psychiatry, 2008). ED children with the specific criterion of sadness were referred by psychiatrists and school psychologists to the researcher.

The subjects resided in Lakeland, Florida and all attended public school in the Polk County School District. The subjects were all boys, ages 9-14, and resided with at least one biological parent.

Access to the Participants

The researcher, who is a Licensed Mental Health Counselor in Florida, gained access to the participants through referral to the researcher's counseling office. Children with many types of emotional disturbances are referred by professionals and organizations to this counselor for counseling services. The researcher chose six children who specifically were referred with a pervasive mood of sadness for inclusion in the study.

Sadness in this study is defined as (a) a pervasive feelings of irritability, (b) loss of enjoyment in activities the child previously enjoyed, (c) withdrawal from friends or family, (d) decline in school performance, (e) behavior not typical for child (excessive

crying with little or no provocation, tantrums, defiant to parents/authority, cruelty to animals/peers) (American Academy of Child & Adolescent Psychiatry, 2008).

Sampling Procedure

The sampling procedure used in this study was criterion sampling (Creswell, 2007; Merriam, 1998; & Patton, 2001). Criterion sampling in collective case study research is characterized by the cases in the study having a common criterion that links them together. The criterion for each of the participants was the presence of a pervasive mood of unhappiness or depression. Patton (2001) states that no formula exists for determining sample size however, too few cases do not provide adequate information and too many can lead to extreme data buildup (Creswell, 2007). A limit of six research participants were chosen because there was enough data provided for the purpose of presenting in-depth information (Creswell, 2007; Hancock & Algozzine, 2006).

Instrumentation

Qualitative research employs extensive data collection from many different sources (Creswell, 2007; Merriam, 1998). The researcher is the main instrument for data collection and analysis (Merriam, 1998), and uses observations, interviews, and various documents to gather information. Yin (2003) suggests interviews, direct observations, participant observations, and documents are helpful in gathering adequate data for qualitative research. This research study used interviews, direct observations, field (or case) notes, and historical documents (if available) to collect data.

Interviews

Interviewing is important in qualitative research (Creswell, 2007; Merriam, 1998; & Patton, 2001). This researcher used interviews to gather historical information from the parents about the children who comprised the cases in the study. Each parent(s) was interviewed prior to the beginning of the study regarding their child's development, emotional/mental state, history of psychological treatment, school history, and family/home life. The interview lasted one hour. This researcher tape recorded the interview and wrote down information during the interview. Creswell (2007) recommends using an interview protocol to ensure that the researcher stays on task and that the correct information is gathered. The protocol used in this study is found in Appendix A.

Direct Observations

Direct observation is important in qualitative research (Creswell, 2007; Merriam, 1998; Patton, 2001; & Yin, 2003). This researcher used direct observation in this study. The direct observation consisted of descriptive notes as well as reflective notes. Descriptive notes are notes written during the sessions with the children, while reflective notes are those written following the session. These notes are similar to clinical notes that this researcher keeps on a daily basis in clinical sessions with clients at the psychotherapy practice. Creswell (2007) recommends creating a protocol for direct observation. The direct observation protocol for this study can be found in Appendix B.

Field Notes

Field notes (or case notes) are the summarization of the sessions that are derived from the direct observation notes. Field notes contain the researcher's insights, experiences, and learning (Creswell, 2007). This researcher used the field notes for the formal presentation of the cases within the dissertation.

Historical Documents

Historical documents provide valuable information to the researcher (Yin, 2003) by providing an in-depth look at the individual(s) or event(s) that comprise the case. In clinical psychotherapy, historical documents in the form of teacher reports, psychological evaluations, or other counselor/therapist treatment summaries are used. This researcher used historical documents (when available) to present background information for each case.

Validation and Reliability

Validation in qualitative research can be a difficult objective to achieve (Creswell, 2007; Merriam, 1998; & Patton, 2001). Creswell (2007) states that qualitative researchers "try to understand rather than convince" (p. 205), and that validation takes away from the process of understanding what is being observed. However, there are some strategies that can help the qualitative researcher validate the observations and interpretations made in the research (Creswell, 2007; Yin, 2003). The first of these is triangulation, the use of

many different sources of information and theories to examine the results of the study. Second, the clarification of researcher bias at the beginning of the study helps the reader understand the possible bias that could affect the interpretation of the study. Third, peer review or "devil's advocate" (Creswell, 2007, p. 208) helps to firm up the methods, meanings, and interpretations (Merriam, 1998). In this study, licensed professional counselors that the researcher has trained observed and assessed the observations. Lastly, member checking (Lincoln & Guba, 1985) was utilized. This approach involves "taking the data, analyses, interpretations, and conclusions back to the participants so they can judge the accuracy and credibility of the account" (Creswell, 2007, p. 208). All of these methods were employed in this study. It is recommended that at least two of the above procedures be included in a qualitative study (Creswell, 2007; Lincoln & Guba, 2007; Merriam, 1998). In following this recommendation and to add to the validation process, this study included the four procedures mentioned above.

Reliability

Creswell (2007) and Yin (2003) state that reliability can be addressed in many ways. One of these is through detailed field notes that are thorough and convey the elements of all procedures and interactions with the participants of the study. Second, by recording (either video or audio) and then transcribing the observations, the researcher can ensure that the observations are reliable. This research study used both of these methods for reliability.

Peer Reviewers

Peer reviewing is one of the ways that qualitative research achieves validity (Creswell, 2007; Lincoln & Guba, 1985; & Yin, 2003). Peer review "provides an external check of the research process much in the same spirit as interrater reliability in quantitative research" (Creswell, 2007, p. 208). Most importantly, the peer reviewer serves the role of "keeping the researcher honest" (Creswell, 2007, p. 208). In this study, two Ph.D-level licensed professional counselors with more than 20 years of combined counseling experience performed the peer review role. These reviewers watched video recordings of the sessions, examined interpretations, and assessed the methods used. In addition to being licensed professionals who utilize play therapy on a regular basis, the peer reviewers were trained by the researcher (Appendix D). The training consisted of providing the reviewers with a manual containing the purpose of the study, as well as key points to assess while observing the therapy sessions.

Research Procedures

The participants who comprise the cases for this qualitative study were referred to this researcher, a Licensed Mental Health Counselor who owns the practice where the play therapy will take place. The referrals came from psychiatrists and school psychologists who have identified the subjects as suffering from ED with the specific criterion of sadness. The researcher screened potential participants (parents) in order to verify if their child is a good match for the study.

Following the screening, the participants all read, discussed, and signed a consent form that contained the procedures and purposes of the study (Appendix A). In addition, risks, benefits, and information about confidentiality were included, as well as the opportunity to ask questions prior to signing the consent form. Participants were informed during the informed consent process that they could withdraw their child at any time from the study should they choose to do so.

At this point, the researcher introduced himself to the child subjects. By law, a parent must give consent for a minor child to participate in psychotherapy services (Welfel, 2006). However, it is recommended that psychotherapists involve children in knowing about the nature of the psychotherapy and obtain the child's "assent" (Welfel, 2006, p. 115) which means involving the child in decisions about the treatment (DeKraai, Sales, & Hall, 1998). This helps to already have trust and rapport partially established prior to the first actual therapy session (DeKraai et al., 1998).

It is important in ethical research to share with research participants the potential risks of being involved in a study, and to take measures to protect them from those risks (Creswell, 2007; Merriam, 1998; & Patton, 2001). Parents were notified that possible risks such as mild anxiety, sadness, and general discomfort may occur, and they were informed that these risks are common in any form of child counseling. These risks were minimized by the researcher through the use of therapeutic empathy and counseling skill, informed consent regarding the exact steps that would occur, continued counseling with the researcher following the study, and the ability to withdraw from the study at any time.

Following the informed consent process, a 60-90 minute interview was conducted with the parent (Appendix A). The purpose of the interview was to gather rich

information from the subject in an “informal conversation” (Hancock et al., 2006, p. 43). The interview is the path through which the interviewer/researcher enters the world of the subject, with the purpose of understanding that world (Creswell, 2007). The interview with the parent helped the researcher better understand the family history, as well as identify the various problems that the child was experiencing in school. In addition, the parent expanded on how the child is affected by ED and sadness.

Following the interview with the parent, the play therapy sessions with the subjects began. Play therapy is used with children in psychotherapy to assist them in the articulation of feelings and thoughts. Such articulation is difficult due to the child’s lack of abstract reasoning and verbal skills (Hall, Kaduson, & Schaefer, 2002). There were six sessions of play therapy, with one session per week. The only play therapy tool used in the sessions was 2 player computer/video games. Each session was videotaped. This researcher introduced the games to the children and the child chose a game that is appealing to him/her. The games were age appropriate. The computer/video games served to assist the participants in articulating feelings and thoughts, as well as help the researcher/therapist apply what was learned in the session to the participant’s real world experience. For example, a child who is feeling defeated by failure in school can play a game that is challenging for him/her. The researcher/therapist can generalize this game play experience to the child’s real world struggles, helping him/her search for strategies for success in life as he/she had to do to achieve success in the game. The researcher provided a few minutes for feedback and/or questions with the parent following each play therapy session.

Following the six sessions, the researcher took the observations and information from the sessions to the peer reviewers for review. Follow up interviews were conducted with parents and teachers, to assess for changes in the child's moods or behaviors during the six weeks of treatment.

Role of the Researcher

The role of the researcher in qualitative research is unique in that the researcher collects the data (Creswell, 2007; Merriam, 1998; Patton, 2001; & Yin, 2003). This is done through behavior observation, interviewing, or examining other important documents. In this study, this researcher had a role as the key instrument in observing as well as delivering the psychotherapeutic services. In addition, this researcher also interpreted the results of the data gathered throughout the study, another common practice in qualitative research.

Researcher as Instrument

The researcher functions as the instrument in qualitative research (Creswell, 2007). I, the researcher in this study, am a 38 year old doctoral candidate in professional counseling. I own a private practice counseling business in Lakeland, Florida, where I utilize computer/video games in play therapy with children.

My exciting journey in working with children began in 1993 at the Florida Baptist Children's Home in Lakeland, Florida, while completing my Bachelor's degree at the University of South Florida in Tampa. It was at the Children's Home that I discovered

my passion for working with children and was first exposed to play therapy. Upon finishing my Bachelor's degree in 1996, I advanced to a clinical setting at a community mental health center, honing my counseling skills with children. Following the completion of my Master's degree in Professional Counseling from Liberty University in 1999, I received additional training in play therapy. As I worked with foster children at a residential treatment program, I incorporated play therapy and observed its effectiveness firsthand.

It was in 2000 that emotionally handicapped children at Winter Haven Hospital in Winter Haven, Florida started frequenting my practice. It was with these children that I first introduced a Nintendo Game Boy into the play therapy process. I noticed immediately how well it helped build rapport, but was pleasantly surprised as I found that the game content became a metaphor for emotional issues of these children. Suddenly, the video game became an amazing tool! A child who was struggling with sadness due to a loss found the meaning of support when he asked me to join his two player game as a teammate. By playing together, the child experienced strength and support through the game and through the connection of our game characters. This led to discussion of who in the child's life could provide support during this difficult time, thus leading to his healing.

In 2001 after passing the State of Florida counseling licensure exam, I joined the private practice which I now own. I expanded the use of computer/video games in play therapy to other issues such as behavioral problems, divorce issues, grief and loss, and even trauma. I became excited about the process that unfolded. Over and over I was surprised to see the many dimensions of this tool. In 2004 at an advanced research class I

shared my work with the professor, Dr. Ron Allen. His enthusiasm caught me by surprise and ignited my interest in finding supporting research for the idea. This research work is an extension of that idea as well as my experience over the past eight years utilizing computer/video games in play therapy.

It is my passion to further explore the use of computer/video games with emotionally disabled children and to formally share my findings with colleagues in the counseling field who utilize play therapy. I strongly believe that this information will be most helpful and create new avenues in helping children express themselves and heal in the play therapy process. It should be noted that I have several years of experience in working with children, as well as a personality that lends itself well to building rapport with children and creating a sense of safety in the therapy room. These two factors, which may have influenced the results, should be considered by those seeking to use video/computer games as a play therapy tool.

Computer/Video Games & Gaming Systems

The game systems used in this study are a Sony Playstation 2, PSP (Portable Sony Playstation), and a Compaq Presario Laptop computer. The games that will be used in this study are comprised of sports games (NBA Street 2 [basketball], FIFA ’07 [soccer], SSX 3 [snowboarding] and Downhill Domination [mountain biking]); strategy and skill games (RuneScape, Naruto, Lego Star Wars II, Air Force Counterstrike); and racing (Need for Speed Hot Pursuit 2, ATV Off Road Fury, Need for Speed Most Wanted). The games that were used consisted of two player games that the researcher and subject played together. The two player feature helped build rapport and therapeutically address

the issue of social withdrawal, a symptom of sadness common in ED children (Wagner et al., 2005).

Evaluating Effectiveness of the Treatment

Following the treatment of the video/computer games as the play therapy tool, steps were taken to investigate if the games are effective as a play therapy tool for children suffering from sadness. One of the steps was member checking, which was done by the researcher taking the findings back to the participants to check for credibility (Creswell, 2007; Lincoln & Guba, 1985). In this study, this was done by taking the results of the sessions to the parents of the subjects and interviewing them to assess changes that occurred in the subjects. In addition, interviews were conducted with teachers who see the children on a daily basis to assess changes that occurred in the subjects.

Summary

This chapter describes the method that was used in the study. It includes the research design and rationale, how the participants were selected, as well as a description of the participants. The procedures that were followed and how the data was analyzed were also included. This researcher executed the study as described, and followed the specific procedures delineated in the chapter.

CHAPTER FOUR: RESULTS

Overview

The purpose of this study is to examine the effectiveness of computer/video games as a play therapy tool for children suffering from an emotional disturbance of sadness. This research will contribute to the literature of psychotherapy of children by determining the effectiveness of play therapy using computer/video games. The results of the study will add to the body of literature relating to play therapy by demonstrating how computer/video games can be used in play therapy with children suffering from emotional disturbances.

The thrust of the study will now move from presenting the literature to producing a synthesized collection of data (Moustakas, 1994) that was gathered and presented in a clear and comprehensive manner (Rudenstam & Newton, 2001). In this chapter, detailed case histories of the participants (using pseudonyms) will be provided. This will be followed by a presentation of the themes that emerged from the data collection process. A summary of the participants is found in Table 4.

An Introduction to the Participants

In this section, the histories and backgrounds of Jim, Trevor, John, Sergio, Geoff, and Marco will be presented. These participants shared several similar characteristics outside of the inclusion requirements. All of the participants currently reside and were born in the United States. Five of the six participants are Caucasian. All of the participants have experienced or are currently experiencing some kind of estrangement or

broken relationship with their father. As a result, all of the participants have mothers as the key parental figure. In regards to socio-economic status, four of the participants are identified as lower to middle class, while two are identified as middle to upper-middle class. All of the participants are under psychiatric care and currently take medication for their emotional problems. Despite the depths of sadness that all of the participants have experienced none reported any current or past suicidal attempts or suicidal ideation.

History and Background of the Participants

Marco S.

At the time of the study, Marco was a 14-year old male in the eighth grade and was referred for inclusion in the study for school problems related to the emotional disturbance of sadness. Marco has been increasingly absent from school in the past two months and suffered from an overwhelming sense of "futility and hopelessness." At the time of the interview Marco made little eye contact and showed little emotional expression.

Marco's parents have been married for 20 years and he has a ten year old sister. Marco's mother described the family as "fragmented" in recent years, with some distance between her and her husband. She reported that Marco's father has "given up on him" and while he was not opposed to Marco getting mental health treatment, he chose not be involved. As Marco has gotten older, the relationship between him and his father has deteriorated. Marco reported that his father tries to engage him in activities "from time to time" but Marco now declines each time. Marco stated that the conflict between him and his father escalated over the past two years. He stated that the conflict is usually about

grades. He stated “I avoid him and he avoids me and that seems to work pretty well. I want nothing to do with him, and I like it that way. I appreciate the things my father does for me, but I don’t want to be around him.”

Marco had become increasingly distant from friends and family over the past two years. His mother reported that Marco was “never really all that socially active, but in the last two years he has no desire to attach to anyone.” She described him as a “loner” and “isolative.” She stated that most of his time was spent on the computer playing a game called *RuneScape*. The game had become “an obsession”, and she worried that it was “taking over his life.” Marco said the game is the only source of happiness in his life. “When I am playing, I don’t think about how I feel, or what the next day is going to bring. I focus on the game and it’s like it’s my own world away from any pain or cares.” When he talked about the game, Marco expressed a great deal of pride at reaching such a high level in *RuneScape* since he began playing five years ago.

Marco has been in accelerated classes since kindergarten, and his mother described him as a “gifted” student with a very high IQ. “His grades have always been straight A’s until last year and this year”, she said with a worried look. Marco has exhibited greater apathy towards his sinking grades, which has frustrated several of his teachers and other school professionals who see his potential aptitude and academic skill but are unable to motivate him. He said that school is part of the sense of “futility” that plagues him, “It seems you work hard to get good grades and advance, but then the next year it’s the same thing. You try for good grades to go to a good college and then get a good job, and for what? It seems very discouraging.” Marco related that when he was younger, he liked to excel in school and it felt good to be admired for his academic

success. As he became older, however, he encountered bullies, fierce competition, and a sense of not fitting in. “Being around people got harder, and they seemed to be crueler I guess it’s just easier to stay away from relationships.”

Marco’s mother reported that his mood of sadness has been evident for at least the last year. She became concerned about his mood changes after some of the school professionals recommended she take him to a psychiatrist for a medication evaluation. He was placed on a mild dosage of Zoloft a few months ago. She was unsure if it has helped, although she said that he does not report as many negative thoughts as he previously did. However, his display of irritability, withdrawal from friends and family, and lowered school performance has persisted. She stated that he maintains a sullen look and lack of affect. “There is no range of emotion; I don’t think he has been happy for a long time.” When asked if he has ever wanted to kill himself, Marco replied “No.” He also denied any current suicidal ideation. Marco’s mother reported that there was a history of depression on her husband’s side of the family, although she was unsure of any formal treatment.

John B.

At the time of the study, John was an 11 year old male in the fourth grade and was referred for inclusion in the study for school problems related to the emotional disturbance of sadness. The initial interview revealed that John had been absent from school an average of two days per week due to being unwilling to attend because of sadness and worry. At the time of the interview, John’s countenance was downcast and he appeared unhappy. John was described by his mother as bright and has no documented

academic issues that prevent school success, but emotional issues have plagued him during his academic journey. John's mother stated that it has become a fight every morning to get him to school. "I have to physically pull him to the car sometimes, and the school personnel have to pull him out when we get there." John was hesitant to enter the therapy office at first, but complied when he was told that video games would be used in the sessions.

At time of the study, John lived with his mother, two older sisters and his mother's parents. His mother described his father as "in and out" of his life when he was born. "He was never really a part of him at all, and by the time John was one, he was gone completely", said John's mother. From age one to age two, John's grandparents were granted full custody due to his mother's absence stemming from drug use which resulted in incarceration and probation. "I was not who I should have been at that time, and my parents stepped in to help", said John's mother with tears coming to her eyes. "It was a difficult time but I learned my lesson." She was grateful for the opportunity to be able to rely on her parents, particularly for shelter, but voiced some frustrations: "They tell me how to parent, they give in to John when I am trying to do what the teachers and school psychologists have told me, which is to be firm and don't give in to the tantrums." She stated that John has figured out how to "play" his grandparents and if she is working early in the morning they will let him stay home from school rather than "go through the fight of getting him there."

John was prescribed Risperdal by a psychiatrist to help with his emotional problems and his mother stated that it had helped somewhat, but the school professionals were insistent on counseling services as well. John stated that he was "always" sad,

mainly due to feeling rejected by his father and getting picked on at school. “People are mean to me, they call me names. Even my best friend says I’m stupid sometimes.” When John talked about his father, he became very quiet and said he believed that his father is a bad person who hates him. “If he really loved me, he would be around.” John said that school is a place that felt unsafe due to the hostility of other students. There were some teachers that he liked, but the thought of going through the rest of the day with all of the “other kids who make fun of me” is “overwhelming sometimes.” He said that he coped with these feelings by playing video games. “That’s when I’m not sad, that’s when I’m not worrying at all about what people think about me. I feel good about myself when I’m playing my games.”

Jim C.

At the time of the study, Jim was a ten year old male in the third grade and was referred for inclusion in the study for school problems related to the emotional disturbance of sadness. Jim’s mother reported that Jim had exhibited emotional difficulties associated with sadness since kindergarten. She stated that Jim has been irritable and withdrawn from family and friends “for a long time.” She said that he talked about “hating himself and thinking that no one loves him.” At the beginning of the initial interview, Jim made no eye contact and appeared despondent. He denies past or current suicidal ideation.

At the time of the interview, Jim lived with his mother, and step-father and 3 year old half-sister. His parents divorced when he was about five years old and his father now lives in Arkansas. In the past four years, he has had minimal contact with his father, only

seeing him during the summer and one week at Christmas. His mother stated that Jim "had a very hard time when his father left and misses him, but because of all of the distance he has developed a hard shell of anger." His mother reported Jim's father calls only about once a month and Jim stated that when he did go for visits, his father made no attempts to spend time with him. In the interview, he was especially angry as he talked about the last visit which occurred at Christmas, during which he talked about his father not spending time with him. As he continued to speak, his voice began to quiver and his eyes filled with tears.

> He only cares about his new wife. She is the one he spends all the time with. I only see him a couple of times a year and he can't even spend a little bit of time with me. He was either working or with his wife. I don't ever want to go up there again; I really don't even want to see him again…

Jim said that he thinks about his father often, and that this was a great source of sadness for Jim. He also stated that he does not get along with his step-father, and said that this makes him sad as well. "I like him and I know that he works hard to provide for me and my mom, but he yells at me and that makes me feel bad."

Jim's school difficulties reached a boiling point earlier this year when his teacher called a meeting with the principal, school psychologist, school guidance counselor, and Jim's mother and step-father. The teacher stated that she was frustrated with Jim's irritability, withdrawn behavior, and sense of hopelessness. She stated that it was impossible to motivate him, and that his emotional problems were causing issues for other students. Following the meeting, it was decided that Jim would be moved to a different classroom. The school professionals determined that the relationship between Jim and the teacher was "irreparable" and that a fresh start with a new teacher would be best. Jim stated that he was excited about the change, and that he likes his current teacher.

“She doesn’t freak out about everything, she is more patient.” Jim said that school in general makes him feel sad because he states that it is hard for him to focus sometimes because of how he feels about his father. He describes it as an ongoing cycle. “Its like it’s always on my mind about my dad, then I don’t always feel like doing my work, then I get in trouble with my mom because I don’t get my work done, and then I feel like blowing up.”

At the time of the study Jim had been prescribed Abilify by a psychiatrist for his emotional problem. His mother said that this is somewhat helpful, but the school professionals had strongly encouraged her to seek counseling to help get to the root of the emotional difficulties. “I am so worried about him I can’t even describe it”, said his mother. “I just want him to be happy, it’s so hard to see him all upset and I get afraid.” His mother revealed that there was a significant amount of stress in the home due to relationship issues between her and her husband, mainly around how Jim had been treated by her husband.

> Jim’s step-dad loves him, but I don’t think he understands him. Lately he (Jim) has been telling me that he wishes that I wouldn’t have ever married him and that he (step-dad) could go back to Canada, then it would just be me and him and Sissie. When my husband steps in because of, you know, the arguing between Jim and I, he blows up at Jim, and then I lose control. We argue and fight often.

At the time of the study Jim’s mother was absent 2-3 days per week due to her job as a flight attendant. Jim said that this bothered him because he missed her, but reported that he gets to stay with his maternal grandmother whom he loves very much. However, his mother stated that this worried her because she said his grandmother “gives him whatever he wants and doesn’t discipline him when he needs it.”

Trevor N.

At the time of the study, Trevor was a ten year old male in the third grade and was referred for inclusion in the study for school problems related to the emotional disturbance of sadness. At the time of the interview, Trevor had experienced many problems in his short school career where his emotional disturbance had led to the need for a school change. At the time of the study, Trevor lived with his mother and step-father. His parents divorced when he was around three years old. He had been treated by a psychiatrist and was prescribed Risperdal in the past but at the time of the interview was taking Abilify. However, the school professionals had strongly urged his mother to follow up with counseling for the emotional difficulties. His mother was worried that he would get so discouraged with all of the problems with school that he would stop trying and begin to hate school. “I know that he has a lot of school left to go, and if he gets tired of it now, I don’t know what will happen by middle school.”

Trevor has had a strained relationship with his father, but at the time of the interview had been spending more time with him. Trevor’s mother reported that his father suffers from Bipolar disorder, and when he was angry with her for divorcing him, he refused to see Trevor for about three years. As a result, Trevor has experienced mixed feelings about his father. On the one hand, his mother said, he loves him and wants to spend time with him, but on the other hand he becomes sullen and withdrawn, stating he does not want to see him. “It has been a lot for Trevor to handle and I have told his father how important it is for him to spend time with him.” Trevor remarked that he does not care about seeing his father. “If I see him, I see him. If not, then that’s okay too.” Trevor’s mother stated that when Trevor becomes sad he often displays an irritability that

turns into anger. He then tends to take this anger out on her. In the past, he has hit her and cussed at her. “I’ve been afraid of him at times because nothing I do can calm him down.” He especially has difficulty when he is disappointed, loses something, or plans change at the last minute. He does not tolerate frustration well. “When he is upset or frustrated, he can become emotional very quickly and acts out.” She said that Trevor’s step-father is very passive and does not get involved. “He and Trevor get along fairly well and he doesn’t want to ruin that.”

Trevor stated in the interview that he becomes sad when he thinks of school because other kids “make fun of me” and “don’t like me.” He admitted to lashing out at classmates at times and shutting down when he feels sad. “I just feel sad and there is all this work to do, and it feels like too much.” His mother stated that the teacher at times had to send him to the office where the guidance counselor would sit with him one-on-one and let him calm down and re-focus on his work. “He actually likes having a place to go and calm down. In the past at other schools they would make him stay in the classroom and I think he felt trapped. At least we have some sort of plan that gives him a chance to blow off steam.” Trevor’s teacher stated that Trevor goes through periods where he is withdrawn from classmates and “in his own little world.” She states that some days it is possible to connect with him but then at other times “it feels like he is unreachable.”

Sergio M.

At the time of the study, Sergio M. was a 12 year old male in the fifth grade and was referred for inclusion in the study for school problems related to the emotional

disturbance of sadness. Sergio's mother reported that he had struggled with sadness for "a long time" which has gotten worse as he approached adolescence. "He becomes so down at times and withdrawn from me and his sister, and then snaps at us if we try and get him to talk with us." According to his mother Sergio displays withdrawn behavior, irritability, and a sense of hopelessness. He says, "Sometimes I just feel like nothing that I do matters, I mean, why get good grades, why clean my room, why do anything." Earlier this year, Sergio was removed from his regular school and placed in an alternative school due to a violent outburst in which he overturned a desk and threatened the teacher. He was referred to a psychiatrist who prescribed Prozac and Abilify, which he currently takes. His mother reported that he is back at the school and has not had any more outbursts, but continued to display withdrawn and agitated behavior. School professionals urged Sergio's mother to seek counseling services.

Sergio's mother and father divorced when he was ten years old. She reported that his father was diagnosed with Bipolar disorder early in their marriage. She said that the divorce was hard on Sergio and his younger sister because their father dropped out of their life. She said,

> Because of his mental issues, he did not have the strength to remain in their life at the time. I think that it hurt them and caused them to feel left out, you know. I did as much as I could to fill the void, but because he didn't work I had to work extra to pay the bills.

Sergio stated the relationship with his father has gotten better, but at the time of the study his father did not have a suitable place for him and his sister to stay with him, so they only go for short visits as they are not able to stay overnight. "I miss my Dad and want to see him, but I also want to know that he is going to be o.k." Sergio admitted that worrying about his father's well-being made him sad at times. Sergio's mother stated that

Sergio's father is not currently employed and previously has been unemployed for a long time. She admitted that this is a worry for her that Sergio will be influenced by his father's lack of motivation, as she has tried to model a hard work ethic for him. "I get so tired and stressed sometimes because I'm trying to do it all and help these kids as much as I can. But I get no support from their father at all."

Sergio stated that he confided in a friend at school when he feels "really down" and that it helped to talk with someone. "He's someone that I trust, and I usually can talk with him about anything." He said that a source of sadness for him is loneliness and "feeling like I can't do the work at school." Sergio's mother stated that at times he can be very sensitive and that he "doesn't like to be singled out, even when it is praise for something he has done well."

Geoff A.

At the time of the study, Geoff was a 12 year old male in the sixth grade and was referred for inclusion in the study for school problems related to the emotional disturbance of sadness. Geoff's mother reported that he had a history of emotional difficulties "from the time that he began school, but it has gotten worse since he began middle school." She stated that he becomes extremely irritable at times and is withdrawn from family and friends. Geoff has had disciplinary action in the past because of his irritability and physically acting out towards peers. He stated that he often is made fun of and he wants people to know that "I'm not goin' to take it anymore." At the time of the interview, Geoff was prescribed Risperdol by a psychiatrist and his mother stated that this

has been helpful, but the school professionals urged her to obtain counseling services for her son.

At the time of the study, Geoff's parents had been married for 12 years. He had two half-siblings, a 20 year old sister and a 17 year old brother, both fathered by different men. His half-brother is currently serving a three year prison sentence for robbery. His father is mentally disabled and while he does participate in activities with his son, it is difficult for him to partake in things that Geoff enjoys. At times, this made Geoff feel different from other young people who can engage in activities with their father. "Sometimes I would like it if he could do more with me, especially now that I am older and can do more."

The professionals at Geoff's school reported that he is easily overwhelmed and can be triggered by "the slightest thing." "It's as if the sadness builds up and then someone does or says something, and he reacts either physically or verbally", said one professional at the school. Geoff has been in ESE classes for most of his academic career, and has recently become resentful of this as he believes "I am stupid. If I wasn't, why would I be in those classes?" Upon further examination of this, Geoff stated that he did not recognize the difference between regular classes and ESE classes until the end of last year "when other kids started saying things." He stated that this is part of him being agitated at school and a major influence of his sadness. "I just want to be normal like everyone else and know that I am smart too."

The Participants

Table 4

Summary of Participant Demographics

Name	Age	Grade	Family Constellation	Medications
Jim	10	3rd	Parents divorced, father estranged, step-father conflict	Abilify
Trevor	10	3rd	Parents divorced, father disconnected, step-father conflict	Abilify
John	11	4th	Parents divorced, father estranged	Risperdol
Sergio	12	5th	Parents divorced, father disconnected	Prozac, Abilify
Geoff	12	6th	Two-parent home, father disengaged	Risperdol
Marco	14	8th	Two-parent home, father disengaged	Zoloft

Summary of the Participant's History and Background

The previous history and background is presented as a way to provide the reader with a feeling of who the participants are, the family constellations in which they live, and the problems they often face on a daily basis. This serves to provide the reader with a snapshot of each participant's past and current struggles with sadness as well as their family's efforts to cope. As evidenced in the histories and backgrounds, each participant

experienced difficulties with school, issues with low self worth, poor self image, as well as family chaos and conflict. The next section contains interpretation of the data presented as the themes obtained from a phenomenological analysis of the collected case study data. This interpretation is a combination of researcher's and the peer reviewer's analysis of the collected case study data.

Video/Computer Games in Play Therapy Treating Sadness: Themes Found in the Data

Overview

The themes gathered from the phenomenological analysis of the collected research data culminated in valuable information related to the participant's experience of sadness, use of the video/computer games as a play therapy tool, and transformation and growth for the participants. A summary of the themes is found in Table 5. The first theme identified the depths of the sadness for the participants with sub-themes related to self worth problems, self image problems, father and family issues, and school performance problems. The second theme demonstrated the use of the games as a play therapy tool, with sub-themes related to communication between therapist and participant and the use of metaphor in game play. The third and final theme explained how each participant experienced new growth and change specifically in the areas of gaining new coping skills, gaining a greater sense of self worth, and experiencing a lessening of sadness. The three main themes and eight sub-themes found in the data will be presented in detail in this section. A summary of the themes and sub-themes is found in Appendix E.

Theme One: The Enveloping Sadness

Sub-Theme One: A Sense of Broken Self Worth

All of the participants talked about themselves with varying levels of self loathing and with different descriptions of how they see themselves. For Marco, John, Trevor, and Jim physical appearance was an integral part of their broken self worth. Marco expressed it this way,

> I guess I don't fit the popular profile of what society finds attractive, you know, big muscles and all. When I was younger, I got made fun of a lot and it really takes its toll, um…you start to expect that there is something wrong with the way that you look. I was always smart and in accelerated classes and programs, so it helped in a way but then I was terrible at P.E. and that was usually when I got made fun of the most.

He stated that this is part of what makes him view life with "a sense of futility." "I think it started to make me see that things look pretty bleak."

John remarked about his physical appearance,

> People at school call me fat. I think they hate me. When they say those things it makes me believe it and um…think that no one would ever want to be my friend. They also say that I am ugly. When people say those things all of the time, you start to think that it's true. Sometimes I'm afraid to go to school because I don't want to hear those things.

His mother stated that his school avoidance is directly related to getting made fun of, and that he began to stay home from school. She also stated that at times he tells her he is sad because of the things that other kids say. "I'm empty inside; I feel like a heartless shell."

Table 5

Summary of Themes

Theme Number	Main Themes	Sub-Themes
1	The Enveloping Sadness	A Sense of Broken Self Worth
		Father and Family Issues
		Decline in School Performance
2	The Games as a Tool	Communication Through Game Play
		Connecting the Dots: Bridging the Gap from Game Play to Real Life
3	Transformation and Growth	New Coping Skills
		Increase in Self Worth
		Decline in Sadness

Trevor talked about his weight as part of his feelings of "not being accepted." "Other kids say I'm fat, and I don't run very fast and so that makes me feel bad, um…I think that if they knew that I know a lot about video games and T.V. shows they might like me better." Trevor's teacher remarked about how she has noticed that he demonstrates a low self worth at times. She stated that he drew a picture and wrote under it that he wished he "wasn't so fat." She said that she did not "give it much thought at the time", but had noticed that Trevor was bothered by his physical appearance.

Jim related part of his sense of low self worth to physical appearance as well. Most notably was his feelings about being thinner and smaller than the other boys, and feeling as though he had to prove himself by "being tough" in front of other boys.

> I worry that they won't like me or that my friends won't think that I'm tough, you know. I want to be stronger too, um… I think girls like someone who is strong. I worry that people might think I'm gay if I stay small.

Jim also expressed feelings of "I can't do anything right." He explained that it seemed he was always in trouble at home and at school. "It makes me feel really bad about myself, and yeah, I do feel sad. I am always in trouble, even when I'm trying to do what everyone wants me to do." Jim's mother said in the initial interview that part of his sadness was related to the occurrence of "trouble just seems to find him." He said that it felt "hopeless" to continue trying to do what his mom, step-father, and teachers wanted him to do because "it's always wrong anyway." When asked how this made him feel about himself he stated "pretty bad."

Geoff revealed that his sense of low self worth is connected to his perceived lack of intelligence. "I am stupid because I am in ESE. If I'm not stupid then why am I in there?" His mother stated that in the last six months this has become an issue for him and she is trying to get him into more mainstream classes.

> He has been in ESE almost all of his education; I guess now that he is almost a teenager he is more worried about it because the other kids have started to notice. Up until now, I don't think anybody made a big deal out of it. It really has upset him though and I think it makes him feel bad about himself.

Geoff said that he would like people to think that he is smart and gifted. "I want people to know that I can, you know, do a lot of stuff." When asked what kind of stuff, he replied, "Like be able to know a lot of things and be good at math."

Sergio spoke of not feeling very good about himself "about everything." He said that he feels the most sad when he is "alone and I can't get what I want." He described this as a sense of not being able to do things that other kids can do because he does not have the means or ability that they have.

> Other kids have both parents together and more money, you know? Like, the kids with both parents have someone else there who can pick them up and take them places. With only my mom…um, I have to wait for her to get off work and stuff

> or wait for the weekend. Or, like, other kid's families have more money than we do. Um…I like to golf but I can't go because my mom is the only one who makes money and she can't take me very often.

Thus, Sergio's sense of low self worth came from his interpretation of external circumstances that are outside of his control, also known as an external locus of control. This left him with a sense of isolation, helplessness, and hopelessness. He seemed to have confidence in his abilities, once he got the chance to display them. "I'm pretty good at golf and football, but my mom can't afford to get me to the golf course or in a football league right now. That's what makes me frustrated." Sergio shared that when he experiences this lack of control, irritability arises, transforming a confident person to a boy that lashes out at others and thinks poorly of himself.

Sub-Theme Two: Father and Family Issues

As indicated in the background and history section, each of the participants came from either a broken family or a strained family unit. For all of the boys, the issues surrounding their father were triggers for sadness. Jim and John experienced estrangement from their fathers but in different ways. At the time of the study Jim only visited with his father once per year for a few weeks, and John's father left when he was a baby.

For Jim, his feelings about his father surfaced right away in the interview. He went on to talk about feeling isolated from his father, loving him but being unable to show or receive it; the anger and sadness mixed together and that leaves him feeling helpless.

> I don't care anymore. Like, um, I am supposed to go see him [in Arkansas] in the summers and at Christmastime, but I don't want to go. Last Christmas I went and I hoped we would get to do some things together but we never did. He, um, worked almost the whole time, and when he wasn't working he was with his new wife. I was so mad. Like, I cried about it a lot, and I called my mom every day. I couldn't wait to come home…um, and then I told my mom that I was never going back to see him.

When I asked about current contact with his father, Jim's eyes became downcast and his body seemed to shrink within itself. "He calls about once a month and we talk for a little while, but he acts like everything is fine." When I asked if he has ever revealed his true feelings to his father, Jim retorts "No way! He'll blow up and get mad. It would be scary and I could never do that."

Jim reported having conflict with his step-father, which seems related to the absence of his birth father. His mother related how his step-father tries to fill the void which works for a time but then tries to discipline Jim and ends up yelling at him and then Jim shuts down.

> Jim and his step-dad are very similar; so there are periods of closeness and then they pull away from each other when their feelings get hurt. I think my husband thinks Jim should be able to just not think about his father anymore, you know, sort of like, get over it!

She said that she became frustrated when she felt like she has to get in the middle between Jim and his step-father to "referee." "Sometimes they both turn on me, like it's my fault! Then I feel like I'm taking sides and one of them is going to be mad at me. I hate it!" Jim said when he gets angry with his step-father he wished it was like it was before his mother married him. "We lived with my grandma [maternal] and it was just her and my mom and me. It was so much better; I never got in trouble back then."

John reported experiencing a sense of isolation from his father, but he is the one participant that never actually knew his father. His mother has told him that his father

“was a bad person with a lot of issues that couldn’t handle being a real father.” John states, “My dad did a lot of drugs and loved that more than me.” John shared that despite never having built a relationship with his father, the knowledge of his absence is never far from John’s consciousness. “It makes me sad when I think about my dad not being in my life, and like, when I see other kids with their dads it makes me sad then too.” John talked about how it makes him feel that he is unlovable at times, which relates back to the first theme, because of his father walking out. “I think that he didn’t love me and sometimes I think that if he doesn’t love me then why would anyone else?” When I asked how he deals with his sadness about his father, he said that he finds solace in playing his video games. “I don’t have to think about it, and it gets my mind off it.” He said that sometimes he thinks about it a lot, and now that he is older he thinks of questions to ask his dad. “I want to know sometimes, like, why did he leave and does he think of me now. That’s when I get mad sometimes because it makes me feel like I’m not good enough.”

Marco and Geoff are the two participants who had an intact, two parent home but experienced a disengaged father-son relationship. Marco shared that he experienced a great deal of distance from his father which Marco said results in family chaos. He said in the six months prior to the study he became more and more distant from his father, even when he attempted to spend time with Marco. He said that he felt his “father’s yelling” and over-involvement in his work in the past year led to his father’s detachment from the family and created a wall between him and his father.

> We really don’t have anything in common. I like to be pretty much inside and play RuneScape, and he is at work most of the time. When he is home I’m on the computer and he is working on something somewhere else in the house. We, like, really only interact when he is mad about my grades or just wants to bother me in general. Actually, uh, I like it the way it is now because I don’t have to deal with him.

Marco's mother described Marco's father as a "hard worker" and "good provider" but "emotionally detached." She stated that as Marco grew older and dropped out of sports and Cub Scouts, Marco's father "seemed to become disinterested in him." She describes a cycle that occurs "often."

> His father gets involved when Marco has a low grade on his report card or its ten o'clock at night and his homework is not done. He then becomes unreasonable, yelling and screaming, and puts us all on edge. Then I feel I have to step in, you know, because I'm afraid that Marco is very fragile right now with how he is feeling and I want to protect him. This only infuriates my husband and then he is angry at me also.

When I asked about the last time he could remember enjoying an activity with his father, Marco grew quiet. After a moment he talked about a surprise fishing trip that his father took him on for his tenth birthday.

> We got up very early in the morning and I didn't know where we were going. Um, we ended up going on a boat out into the ocean with a guide and caught all kinds of fish. I remember having a lot of fun and like, wishing to go again. It's interesting that you asked me that because I haven't thought about that for a long time.

When I asked if he ever told his father how much he enjoyed the trip, Marco again fell silent. After a time he said, "No, but I suppose I should tell him that I really liked that day."

Geoff's mother reported that Geoff's father is mentally disabled and that prevents him from partaking in activities that Geoff enjoys. Geoff stated that this makes him feel distant from his father. He said, "Some things my dad just can't do with me. Like I like to play video games but he can't." Geoff voiced frustration about his father not being able to comprehend things that he thinks about or is learning at school. "Sometimes I don't tell him things because I know that he isn't going to know what I am talking about." When I

asked him how he felt about his father's inability to understand his everyday experiences, Geoff said, "I get sad, I mean, the other kids don't know what that is like."

Trevor and Sergio shared a disconnected relationship with their father due to issues surrounding divorce. Trevor shared that he has experienced a broken relationship with his father "for a long time." "From the time I was three until I was six my dad didn't want to see me because he was pissed at my mom for divorcing him." When asked what he felt about those three years, Trevor said, "Oh well, I don't really think about it. But I remember being sad at the time." His mother said that Trevor's father was diagnosed with bipolar disorder and at times can display "irrational" behavior and moods. She said that only in the past year has he utilized his visitation with Trevor on a regular basis. Trevor usually comes home from these visits in a "good mood" but then when she reminds him it is time for bed or to get busy with homework he becomes irritable. Then he either withdraws from her or lashes out in anger.

Trevor stated that his father openly criticizes his mother and this makes him feel "weird." "Yeah, he talks bad about her and says that she is a bad person." When I asked how he deals with this, Trevor remarks, "What can I do, you know, he says lots of things!" Trevor's mother believes that much of the sadness manifested in hopelessness, irritability, school difficulties, and withdrawal is connected to his father's inconsistency in forming a relationship with him. "I think it makes it hard for him to get over the sadness of everything when his father keeps disappointing him."

Sergio reported experiencing sadness related to his father, mainly in wanting to see him more but because of the divorce, his time with his father is limited. He stated that his time with his father is restricted due to a lack of a permanent residence, lack of

reliable transportation, and lack of income. Sergio shared how at various times he has to forego visits because of these barriers, which leads to his sense of loneliness, a trigger for his sadness.

> I love my dad so much, you know? But he and my mom still fight about things even though they are divorced. I miss him a lot and, um, I want to see him, but right now its hard because my sister and I can't spend the night because there is no room for us where he lives. I see other kids with their dads, you know, or even if their parents are divorced they see their fathers more than me. It makes me, um, very sad sometimes.

When I asked about his relationship with his father, Sergio said that "most of the time it is good, it's just that I don't get to see him very much." He said that he finds himself thinking about it more now that he is older. "Sometimes at school I will be thinking about it and not paying attention in class, and then I notice that I'm feeling down. But I always hope that sometime this week I'll get to see him."

Sub-Theme Three: Decline in School Performance

The participants all experienced difficulty in school and suffered a decline in school performance. This causes a great deal of stress as much of the child's life revolves around the academic arena where he/she has to navigate cognitive, social, and emotional challenges.

For Geoff, John, and Trevor, school represented a place of perceived failure, feeling inferior academically, and being bullied. Geoff says, "I'm not like the other kids who are not in ESE. They get to go to regular classes; sometimes it makes me feel sad. I don't like feeling like I'm not like the other kids." John echoed those sentiments when he talked about feeling like he is going to fail. "Every assignment feels like a huge

mountain, you know? It's hard when you get bad grades even when you try. It's hard." Geoff said he feels weak and unable to stand up to bullying that he sometimes experiences. "I have never done anything like hitting anybody or anything, but I think about it sometimes. People think I'm not really tough but one day I am really going to hit some of those jerks back." When I asked how he feels about the bullying, he responded with a dejected look, seeming to search the floor for answers. "It makes me feel sad and weak."

Trevor reported feelings of sadness as well as anger when thinking about the bullies that he encounters. "They call me fat-ass and stuff. It really makes me mad more than sad. Like, really, really mad. It makes me feel like I'm a nobody, and that no one likes me." When asked how he dealt with the bullies, Trevor responded, "Um, I just walk away. Yeah, I just walk away and I don't talk to them."

For Sergio and Jim, behavioral problems as well as academic problems contributed to a decline in school performance. As mentioned earlier, Sergio was removed from his regular school because of a behavior outburst.

> I feel really bad about it now when I remember it, but, uh, I just felt like I was going to blow up and I did. I was really glad that they let me come back because I really like my school, you know? I learned that I can't do that anymore or I will be in really big trouble and probably not be able to come back if it happened again.

Sergio has only recently returned to his regular school and reported feeling glad, but also revealed that he felt pressure at times when he was feeling sad or irritable. "I worry sometimes like I might mess up again or get really mad and lose control." He talked about feeling hopeless sometimes at school but he says that he has begun to identify negative feelings and thoughts, which is an improvement from a few months ago.

Jim had trouble at the middle this school year with his teacher and school officials decided to move him to a new classroom. The guidance counselor at Jim's school said, "We normally don't like to do that, but once we realized how much of a power struggle it was, we really had no choice." Jim was grateful for the move. "I really like my new teacher. She is more patient and listens first without freaking out about stuff. My other teacher would yell sometimes and that would make me feel weird." He talked about his experience of being very sad thinking about his father and then become irritable and then would lash out at his teacher or peers. One school professional noted, "It was as if he was a time-bomb; we wouldn't know when or what would provoke an outburst. We all like him and he is very endearing, but his behavior and attitude became problematic for those around him."

Marco's school experience this year has been a journey into new territory. In years past, he has always been an A student and his achievements reflected his high IQ and gifted status. This year, however, brought low achievement, low grades, and even an unwillingness to attend school. His mother stated that he always had "a melancholy personality" but that he had friends, and did well in school. This year, however, brought about a lot of changes.

> He began to become more and more vocal about his hatred of school. He began not turning things in and getting poor grades on tests and other assignments. Then one morning, he did not want to go to school. He lay in the bed, sullen, and without expression. He simply said that school had become too hard and he wasn't going. Period. He said that his father and I could punish him whatever way we wanted to but that it wasn't going to matter. I think that was on a Tuesday. So we let him stay home and the next day he went and finished out the week. Then, the next week on Monday it was the same sort of thing. That was when I took him to the psychiatrist who prescribed him Zoloft. It seemed like he didn't want to see friends anymore or do anything, other than play *RuneScape*.

Marco relayed his sense of hopelessness about school when he talked about it being “futile”, that he can’t see a purpose in it at this point. “When I was younger, there was a purpose and it made sense, you know? Now I just feel like it doesn’t mean anything and one year just rolls into another year followed by another.” When he was younger Marco experienced problems with separation anxiety and fears related to storms and fire alarms. “I was fearful when I was younger about being at school, it really didn’t feel like a safe place for me.” His mother stated that she would come and take him out of school at times during elementary school because of physical symptoms (stomach aches, headaches) related to fear and worry.

At the time of the study, Marco revealed that he is “somewhat disappointed” about his academic performance and I questioned him about the apathy he showed towards turning in assignments. “I guess I feel like I will be able to make it up.” His mother went to the school officials who have agreed to give him extended deadlines to complete the work that he had neglected to turn in. When questioned about his refusal to attend school on certain days, Marco said that there is no specific reason why he feels he can’t go on certain days. “I just wake up and it feels like inside, that, there is no way I can physically move from the bed or get my brain to function. It’s like, there is no way I can do it.” Marco’s mother stated that he is not attempting to get anything out of staying home other than avoiding school.

> He does not even ask to play the game when he stays home, he mainly stays in bed for most of the morning, gets something to eat, will either go back to bed or read quietly until the afternoon. Gradually, he starts to open up and will talk to me.

Marco denied any alcohol or drug use, and recent medical examinations confirm this. As mentioned earlier, he reported no suicidal ideation past or current. “I just feel sad, hopeless, and that life is futile when I think of anything related to school.”

Theme Two: The Games as a Tool

Sub-Theme One: Communication through Game Play

Play therapy uses play as the channel in which the child communicates his/her thoughts and feelings to the therapist. The use of the video/computer games in the study revealed a unique way to get the participants to share their thoughts and feelings. The game console itself provided a familiar object that helped increase the child’s sense of being comfortable in the counseling setting. John remarked, “You mean we are going to play video games? I never thought that I would be playing video games at a counselor’s office. That’s cool, I like it.” Sergio said that it helped him relax. “I was a little nervous at first when my mom said that I would be seeing a counselor, but then you said that we would be playing video games and I like to play them so I felt better.”

Game play was useful in creating communication with the participants. Instead of the traditional therapist-client exchange where the therapist sits across from the participant, the participant and I sat next to each other facing the television where the games were viewed. This set up took away the sometimes anxiety provoking face-to-face feature that often makes children and young people uncomfortable when beginning psychotherapy. Many of the participant’s parents identified social difficulties as one of the secondary issues along with the emotional problems, and this set up appeared to help establish rapport with the participant. For example, John traditionally has had problems

meeting and interacting with adults that he does not know, and in the initial interview he rarely made eye contact or spoke very much. However, once the game play began his nervousness quickly dissipated and he became quite verbal and animated as evidenced by this exchange.

Therapist: Today we are going to be using some video games in our time together, so you can look through the ones that I have and pick one out that you might like to play with me.

John: Ok, (looking through the stack of games), oh wow! You have *Naruto*! I love this show, and I've wanted to play this game for so long! I can't wait!

Therapist: You seem really excited. Now, I don't know much about the show or the game so you will have to explain it to me.

John began to explain about *Naruto*. He revealed that *Naruto* has special powers inside him that help him be strong, and that he is sent out on special quests to defeat evil forces. The game play began with therapist and participant playing on the same team and setting off on a quest to defeat the evil Quigong.

Therapist: So, John, as you know we are here to talk about you feeling sad and I'm wondering what some of the things are that make you feel the way you do.

John: Well, it's like this. People call me names and it hurts my feelings. It makes me feel like no one wants to be with me. My father never loved me and he didn't want to be with me. It's all of those things and sometimes I think about them a lot. (Becomes animated) Wow! Hey look, I have the same powers in my character that *Naruto* has in the show! I love this game!

In this exchange, John's behavior was completely different than in the initial interview. Because of how the game appeals to him, his defenses went down and in a few minutes time had told about some major reasons for his feelings of sadness. As the game play went on, he revealed more feelings about his father, the torture of being rejected, and

the fear of going to school. This information was freely offered without cajoling or prompting, and set up for me, the therapist, a workable foundation on which to build.

Marco also showed a great deal of shyness in the initial interview phase, and his mother talked about his increasing withdrawal from family and friends and difficulty interacting with adults that he does not know. “Don’t be shocked if he doesn’t really talk to you at first. Hopefully he will open up eventually.” His mother was correct in that he tended to mumble responses and made little eye contact, instead staring out the window or at the floor. He did perk up momentarily when he was told that computer and video games would be used, and spoke about his love of *RuneScape*. He seemed relieved to know that a game he was familiar with would be used in the counseling sessions. At the beginning of the first session, however, Marco spoke little and seemed somewhat apprehensive. Then he assumed his position at the computer side by side with me and went to the *RuneScape* home page in order to log in. Conversation began with reminding Marco about the nature of the study and in particular about the sadness that has plagued him. Marco did not respond, only nodded and logged in to the game. I asked him to explain the details of the game. Suddenly, a quiet and shy boy turned into a very talkative and open young man. As he talked about the game and the philosophy behind it, his defenses went down and he allowed entrance into his personal world.

Therapist: Now, Marco, we’ve talked a little bit about how we are going to use the games, and I know that you know you are here because of the sadness issue, but I was wondering if you could share what life is like for you in regards to the sadness.

Marco: It is like a sense of futility.

Therapist: Futility?

Marco: Yes, futility. That nothing that I do is going to matter. I mean, you know, you do well in school, then you pass to the next grade. And on and on. Finally you graduate and then you find a job. Then it's the same thing over and over. Futility.

Therapist: You've spent a lot of time thinking about this. So is this where the not going to school comes in?

Marco: Exactly. It just gets to the point for me to where I don't want to pretend anymore and it just seems pointless to go.

Therapist: Yet the game brings you joy, a sense of purpose.

Marco: Yes, smiley face. (This is his way of saying that he is experiencing happiness). It is the one place that I feel a sense of purpose.

Therapist: What is happiness for you, and when was the last time you felt happy?

Marco: Happiness for me is the absence of worry. When I was small, like, early elementary school I remember feeling happy. It was like going to school and getting good grades made me feel like I had some sense of purpose. Now, there is none.

Therapist: Now, I'm noticing as we play the game here that you have things that you must accomplish, what are they called again, quests?

Marco: Yes, quests. You gain enough items and then embark on the quests and it's a challenge to see if you can complete the quests.

Therapist: I'm thinking that life is sort of like that, you know, that you have things that you must accomplish at this stage and then you move on to the next thing. Life is like a quest.

Marco: I suppose it is, yes it is.

This exchange demonstrated how the presence of the game as a familiar activity helped Marco drop his defenses and the conversation transitioned nicely from the game to the issues going on in his everyday life. Marco assumed the role of a teacher and me the student, as I was dependent upon his knowledge to navigate the game. This role gave him a sense of power because he became the "expert". It also provided an outlet for Marco to share something that he was passionate about and in doing so he became more

comfortable, and his defenses non-existent. Thus, when I asked about issues that he was struggling with in his everyday life, his defenses had already been set aside and he freely shared his thoughts and feelings. Consequently, in a short amount of time in the first session rapport and trust were established, laying the foundation for further therapeutic work in future sessions.

Geoff, Trevor, and Jim had all been to counselors before and were not shy in sharing that their experiences were “boring” and “not very fun.” When I asked if they thought that it was helpful, Geoff replied, “Not very much, all we did was talk”, Trevor said, “Nah, I think it was a waste of time”, and Jim shrugged his shoulders and mumbled, “I don’t know.” For them, the use of the games introduced something that appeared fun, familiar, and non-threatening, thus changing their perception of psychotherapy in general. Jim, a very shy boy, became more talkative as the game play went on, sharing about his very personal thoughts and feelings regarding his father. Trevor and Geoff picked games that they had played before and were eager to show me their abilities. As in my session with Marco I adopted a student role, allowing them to teach me various techniques and skills that they had acquired.

In conclusion, Sergio, John, Marco, Geoff, Trevor and Jim all exhibited a lessening of defenses and an increase in open communication while engaging in game play, particularly in the early stages of psychotherapy. Through the use of the games utilized in a fun and non-threatening manner, each of the participants was able to share intimate details of their personal world, allowing me access to their thoughts, feelings, and experiences.

Sub-Theme Two: Connecting the Dots: Bridging the Gap from Game Play to Real Life

The use of the computer and video games with the participants provided not only insight into what the participants are dealing with on a day-to-day basis in relation to the sadness, but also provided metaphors for struggle and strength. These metaphors were useful in creating a link between game play and applying material from the game to real world situations.

Each of the games available for the participants to play had some form of "bad guy", "bully", or series of objectives (quests, levels) that stood in the way of the player's success. John and Trevor identified with the metaphor of a power or strength that comes from within demonstrated by games like *Naruto*, *Transformers*, or *Lego Star Wars*. For John, when playing the game "*Transformers*" he likened the "Decepticons" (robot-like creatures who are trying to take over the earth and make it their home) to the bullies that often plagued him at school.

Therapist: So the Decepticons are bad guys?

John: Yes, they are the bad ones trying to take over the world because they want to live here. Like, their planet is dying so they came here.

Therapist: What makes them bad?

John: They want to hurt humans and the Transformers want to help the humans.

Therapist: Do you ever feel like you are battling Decepticons in real life?

John: Yeah, like the people that make fun of me at school.

Therapist: So, they feel like the Decepticons?

John: Yeah, sometimes I hate them.

Trevor likened the droids in *Lego Star Wars* to the bullies that made fun of him and called him "fat ass." "These guys (droids) are always after you, and you have to watch out or they will get you. Good thing we have our light sabers, huh Mr. Kevin?" When I asked about how much bullying contributed to his sadness, Trevor said that being made fun of because of his physical appearance "hurts me."

The games *Naruto*, *Transformers*, *Lego Star Wars*, *RuneScape*, and *SSX 3 Snowboarding* all contain some form of "power", "force", or attributes that provide the player with special abilities to conquer the obstacle standing in the way of success. These metaphors of power and conquering, as well as going within oneself for strength to complete a task or defeat an enemy, provided a unique way therapeutically to help the participant apply those concepts to real world problems with which they are dealing. Trevor, John, and Marco identified with this internal strength metaphor.

For Trevor, the concept of the "force" in *Lego Star Wars* was a powerful tool therapeutically. This "force" is a special power that the character gets after a certain amount of maturity and training. The "force" is an internal state in which power is summoned to move things, defeat enemies, and create good in one's environment. Trevor remarked how the "force" in the game made him feel powerful. "When you have the force, nothing can stop you and you have special protection. You also get to open up special things in the game that you couldn't without the force." The following exchange helps to demonstrate how I used the "force" concept with Trevor.

Therapist: So tell me how you deal with these bullies, I mean, that must be terrible to have them call you names like that day after day.

Trevor: Yeah, it's bad but you know, um, they aren't going to stop. Not with me anyway. I

like, used to get in trouble because I would hit them and stuff.

Therapist: Then what would happen?

Trevor: I would get suspended or sent home, my mom would have to come and get me and she would be real mad. I still feel like hitting them a lot of the time but then I know I would get in trouble. I think they are right, um, I am kind of fat.

Therapist: But doesn't that make you feel bad about yourself?

Trevor: Yeah, real bad. I want everyone to like me because I'm nice to everyone.

Therapist: Don't you like yourself, I mean; you told me earlier the things that you like about yourself and you were able to list a lot of good things, right?

Trevor: Yeah. I'm an o.k. kind of guy.

Therapist: Well, remember how you were telling me the value of having the force? Well, I'm thinking that you actually have a kind of force inside you, and that force is the positive good things that you think about yourself. Does that make sense?

Trevor: Yeah, kind of I guess.

Therapist: Remember you told me how last week that you didn't react when they called you names?

Trevor: Yeah.

Therapist: Well, what did you do that time?

Trevor: I just thought in my head, "Hey, these guys aren't worth me getting in trouble over", and I just walked away and ignored them.

Therapist: And what happened?

Trevor: They left me alone.

Therapist: Exactly! Now, what did you have to believe about yourself to be able to do that?

Trevor: I don't know.

Therapist: Well, for one, you thought that they aren't worth the trouble. This means that you thought that you are valuable, otherwise you would have reacted. Second, you made yourself more powerful by not reacting than by reacting. And then they left you alone. Have they messed with you since?

Trevor: Nope.

Therapist: That is the force! The force within you that believes that you are valuable and worthy, powerful and strong. We also call this self worth. It also drives away the sadness because it gives you a sense that your worth is not dependent on what other people think, it is dependent on what you think. Does that make sense?

Trevor: Yeah, uh, now let's get back to the game Mr. Kevin.

As mentioned earlier, John found the *Naruto* game to be his favorite and chose to play it at each session. He connected to the powerful nature of *Naruto* and the other characters that have special internal powers. "It makes me feel powerful to see how *Naruto* can defeat these bad guys, and I like doing the quests." When I asked about the "empty shell" during game play, John replied, "When I play I'm not an empty shell, it goes away." During game play together, I gradually led John to see the power that lies within him, the power of self worth that leads to confidence. I also pointed out that confidence helps in not being affected by what the bullies say or do. The following exchange at the fifth session represents how the metaphors of power in the game have increased John's self worth at school.

Therapist: You said that it makes you feel powerful to be Naruto in the game because of the powers that he has inside. Remember how we talked about you having power inside you, that you have power by believing that you have worth?

John: Yes.

Therapist: And remember how recently there have been times that when kids made fun of you that you didn't listen to them, you remembered the people in your life who love you and that you are good at things?

John: Yes.

Therapist: Tell me about that.

John: Well, I just ignored them.

Therapist: Why did you ignore them that time, what happened that helped you not listen to them?

John: I thought about my mom who loves me, I remember thinking that I have friends who like me…there are things that I'm good at. I remember that these kids are mean.

Therapist: You said there was one girl that was really mean.

John: She is the one that kept bugging me and I pushed her and they sent me home.

Therapist: I remember that. We talked about that and worked on not reacting, accessing the power inside you to not react or respond, and her picking on you is her trying to make herself feel good.

John: Yeah.

Therapist: And you were able to ignore her, right?

John: Yeah, I just walked away, and her mean words aren't so bad. I mean, now she is actually starting to be nice to me.

Therapist: John, it is inspiring to me to hear you talk about that because I'm proud of you!

John: Well, you inspire me at everything!

Marco identified with the metaphor of internal strength found in the game *RuneScape*. He shared how his character in the game had to face various obstacles such as enemies in the form of other players, as well as "every day" hazards such as bears and tigers. In addition, to build up attributes, he shared how he had to spend many hours practicing skills like woodcutting and agility. We talked about how the attainment of these skills was a step-by-step process, much like building character in real life.

Therapist: So, it seems like it takes a long time to build up these qualities, or traits.

Marco: Yes, indeed.

Therapist: Have you noticed that once again like we talked about how *RuneScape* has quests, and life has quests, that building up these attributes is a lot like building them up in life?

Marco: Yes, I suppose it is.

Therapist: Do you see that nothing in life happens quickly or all of a sudden when it comes to building character traits?

Marco: Yes, I think that is another reason why I like *RuneScape*, because for these kids that think they are going to reach my level by playing for a few weeks are sadly mistaken and give up.

Therapist: You have to be dedicated, don't you?

Marco: Yes.

Therapist: Just like life.

This exchange demonstrated how the metaphor of character and attribute building in the game *RuneScape* was used with Marco. This was important because of his doubts about himself "being prepared for real life" which leads to his feelings of "hopelessness" and "futility" when thinking about the future.

Sergio and Geoff identified with the relationship part of the games as well as escape from unpleasant people or things. Sergio related how the two-player part of *Lego Star Wars* was "like when you have a friend, it like helps you because you don't have to feel alone." Playing together with me appeared to provide a sense of companionship, something he identified with since being alone was a trigger for his sadness. Geoff talked about how playing video games provided an escape from real life problems that contributed to his sadness. "When I play them, it's like I don't have to think about the

bad things. It makes me feel better. When I play with you or my friends I think about how many people I have who like me."

In summary, the games provided valuable metaphors to tie information from the game play to therapeutically applying that information to the participant's everyday life struggles.

Theme Three: Transformation and Growth

Sub-Theme One: New Coping Skills

The previous section demonstrated the metaphorical connection between the game play and the participants' every day issues or problems. Building on that concept, practical applications of the metaphors were incorporated into the participant's therapy, with the hope that those applications would transfer from the therapy room to the real world. The result is a transformation in the participant's way of thinking about himself and the world around him. They become empowered, self-confident, and intentional. The participants in the study acquired new ways to cope with the sadness, building their sense of self worth, and finding a sense of meaning where a sense of futility previously dwelt.

Marco identified with *RuneScape* being a source of coping for him from the beginning of the study. He described it as a "safe place" and "a place where I can control everything", as well as "stress relieving." He talked about seeing life as "futile", full of "meaninglessness" and "mundane living." He said,

> When I play the game, I don't have to think about what is going on in my real life, it's an escape. I see life as futile…uh, I look at my parent's life and I think that it's meaningless. Rushing around all of the time…it seems like a mundane living. I look forward to the part of the day when I can just be alone and concentrate on RuneScape you know? I can control everything and I know what's coming next,

> and I can go where I want to go in the game. I even have money that I have earned to buy things that I need. So in a way, um, it's like I have everything I need right inside the game. It's my safe place that's for sure. It is very stress relieving.

However, I pointed out to him that in this sense, the game was actually an escape rather than a coping tool. Digging deeper from a metaphorical perspective, I showed him that the "quests" in the game involved following specific steps, planning, and relying on others for help. Thus, the quests became a theme throughout the therapy with Marco, in that life itself is a quest. This concept from his beloved game became a way for him to feel empowered, rather than fearing life and seeing it as "futile."

> I never thought of *RuneScape* being something that I could apply to my life, but now I can. I understand that life is about doing things…about doing things in steps and one thing at a time. I think of college now with a little bit more openness because I see that I will be able to study things that I find interesting.

The use of *RuneScape* as a play therapy tool helped Marco gain a sense of control for his future when thinking about a career. Mainly, that he is in control of choosing a career much like he is in control in the game. "A few weeks ago it hit me that I really do have control over what I am going to do…I think that the game helps me see that if I'm good at this, then I am going to be good at other things."

John and Geoff both experienced feelings of sadness related to bullying. The bullying that John endured was focused on his physical appearance, leaving him feeling poorly about how he looked. Geoff was bullied due to his being in Special Education classes which left him feeling doubtful of his academic abilities and fearful of the future. Both developed new coping skills through the game play to better contend with these cruel individuals.

Geoff was drawn to a snowboarding game (*SSX-3*) and wanted to build up the skills of his character that he created. In the game, the character's skills that are developed through competing in races and challenges are called "attributes." Using this metaphor, therapy focused on the attributes in the game and relating them to attributes in real life. Geoff was introduced to the term "attribute."

Therapist: Oh look, when you build up your character's skill, the game calls it getting attributes. Do you know what an attribute is?

Geoff: No.

Therapist: Well, it is like a character trait, like, something that makes up who you are on the inside. Does that make sense?

Geoff: I think so.

Therapist: It's the good characteristics on the inside of you that make you feel good, and the older you get you have the opportunity to build good characteristics - attributes to make you a stronger, better person. That's why sometimes in life the tough times are what make us stronger and grow, because just like in the game you have to get through the challenge to get better attributes. Do you understand?

Geoff: Yeah, it is like when you do the right thing even when you might get in trouble for it?

Therapist: Exactly! We would call that "character" or "integrity" and that is an attribute. Very good, I'm glad you got that.

Therapy during game play focused on the thoughts and feelings that were elicited when being made fun of by the bullies, and brainstorming solutions for dealing with them. Each of the solutions such as retaliation, going to a teacher, or getting Geoff's mother involved had only seemed to exacerbate the situation. The one solution that kept surfacing was ignoring the antagonists, but Geoff quickly dismissed this, believing that "it wouldn't work and I don't think I can do that." I asked Geoff what attributes one

would have to have in order to ignore the comments, and he came up with “strength” and “courage.” Geoff’s character in the game had advanced quickly through the challenges of the game and achieved many “attributes”, thanks to Geoff’s tenacious playing and refined skill. It was through his character that the attributes of strength and courage were identified in the game and then applied to the situation with the bullies. To “Conquer the Mountain” in *SSX-3*, the player must compete at a high level and do daring tricks on high peaks and gain high enough scores to advance to the next round, demanding skill, concentration, and consistency from the player. I likened the game play to Geoff’s situation with the bullies that elicited the emotions of sadness and fear. The connection was made at that point that if Geoff played the game with fear, he did not do well, and when he stayed in fear at school he experienced sadness and feelings of inferiority. I then made it clear to Geoff that what he feared most was what the bullies were saying was actually true, “that I am stupid”, “I am dumb”, and “I am a retard.”

Therapist: It sounds like you aren’t afraid of these guys hurting you, that it’s what they are saying, right?

Geoff: Yeah.

Therapist: So, those words that they call you, is that true? Those names?

Geoff: Well, it feels true.

Therapist: Forget what it feels like right now, we’ll work on that later, is it true what they are saying. That you are stupid, dumb, or retarded?

Geoff: (Staring down at the floor) No.

Therapist: No. Good. Because if it were true you wouldn’t even be at school, you couldn’t play this game like you can, you wouldn’t be able to dress yourself, feed yourself…get my point?

Geoff: (Sitting up straighter) Yeah.

Therapist: So, the bullies say those things but you believe them.

Geoff: So, it's me that thinks those things.

Therapist: And believes them. Yes! If I said that you were terrible at this game, what would you think?

Geoff: I wouldn't believe you and I would tell you that I am good at this game.

Therapist: Exactly! And how would you feel?

Geoff: I would feel o.k.

Therapist: Would you freak out and scream at me and want to hurt me?

Geoff: No, I would…I would just play against you and beat you (both laughing).

In the next to last session, Geoff shared two specific experiences in which he was able to ignore comments by others and did not react towards them. He even received special recognition from one of his teachers who had noticed improvement in his self control. He said that the things he has learned from playing the game "gave me strength" to be able to not react and "not believe what those people say."

John's experience with bullies was centered on his physical appearance as well as his academic performance. He more than once stated how he was called "fat and stupid", and he readily acknowledged that he believed it to be true. The bullying had affected John so much that he began missing two to three days of school per week at the time of referral. The *Naruto* game was his game of choice, which contains themes of going within oneself in order to find strength and wisdom. The theme of inner strength and defeating enemies was focused on early in the sessions and John took to it right away. I showed him how he has strength inside and that he does not have to believe what is said about him. This gave him a new coping skill of being able to ignore the negative things

that the bullies said. In addition, I told him that true strength is not found in retaliation, nor was it in hiding from his tormenters, but in being confident to not believe the things that they were saying about him. This gave him a new coping skill of not reacting, thus, kept him out of being punished for aggressively acting out. When he chose to be non-reactive, the teacher noticed as did his mother and he received praise for his good choices. This helped to reinforce the newly learned coping skill. The previous section detailed how John had found the power to ignore the bullies, a new coping skill that was learned through the metaphor in the game of *Naruto*. He excitedly said in the next to last session, "I feel powerful, and school has gotten easier! I think I'm doing pretty good!"

Jim's coping skills came in the form of learning to deal with his feelings about his distant father, and to deal with negative feelings about his step-father. A pattern that was revealed by Jim's mother and himself was that he tended to shut down and not communicate his thoughts or feelings. When he felt like people were angry with him he became despondent and withdrawn, and would angrily act out if forced to talk about it. A focus of the therapy was to use the games to help get Jim to not shut down, but to tolerate the uncomfortable thoughts and feelings and communicate them in a healthy way. As the therapy began, it was evident that relationships were very important to Jim. He expressed a desire to be accepted and liked. "I want my family to love me, I don't want them to be mad at me for getting in trouble all of the time." When he shared his feelings about his father there was anger and hurt, but a desire to connect with him. "I just want him to notice me and spend time with me." He talked about his step-father and revealed feelings of helplessness when talking about their relationship, "Nothing I do works, I always get in trouble."

In each of the games that Jim chose to play, he wanted me to be on his team or to help him in some way, rather than being in competition with me. For instance, in the basketball game (*NBA Street 2*) he chose the option to be on the same team as myself, working together to defeat the other team. In the racing games, he preferred to play in free ride mode, where he and I explored the courses together, thereby removing the competition aspect of the game. I asked him about this after the third session.

Therapist: Jim, I'm noticing that you like to play with me in these games; you don't want to go against me.

Jim: Yeah. I like to…I like to be with you playing.

Therapist: Is that because you are afraid to lose or that I will beat you?

Jim: No. I just…I just want to play together, it seems more fun.

Therapist: It seems like you really value time with people, do you?

Jim: Yes.

The importance of communication was brought up during the basketball game (*NBA Street 2*) in that both players had to communicate to each other to help their team and also to help when the other player was in trouble. I asked Jim what would happen if the other player did not communicate with him or if he did not communicate. He said, "Well, the other player wouldn't know what I was doing or what to do to help me." I confronted Jim about his inability to communicate his thoughts and feelings, and showed how this caused problems for him by not letting his caregivers know what he needed, as well as causing unpleasant feelings, like sadness. I encouraged him to share what he was feeling and he was asked if there were trusted people with whom he could share things. He said that

there was. I then asked if there was ever a time that he did share something that was bothering him with someone else.

Therapist: Jim, can you think of a time when you shared some troubling thoughts with someone?

Jim: Um…well, I did talk to my mom about how I was mad that my dad didn't do anything with me.

Therapist: Ok, and did it help?

Jim: Yeah, I think so.

Therapist: How did it help?

Jim: Well, it made me feel better and I cried. I don't like to cry.

Therapist: Have you ever told anyone else other than your mom that you were upset about something?

Jim: Yeah, my friend Seth. I can tell him anything.

Therapist: And you felt better after you talked with Seth?

Jim: Yeah, I didn't worry as much after talking with him. His parents are divorced, too.

Therapist: So it helped on these occasions when you talk to your friend and your mom, why do you think that you don't do it now, I mean, it was helpful but you won't talk or share your feelings now.

Jim: I…I guess I don't know.

Therapist: Well, just like in the game, if you don't talk, then people can't help, and then you don't feel good because it's all bottled up inside.

In the interview with Jim's mother following the last session of the study, she shared how Jim had shown improvement in talking about his feelings and not "blowing up" when he was frustrated.

> He came to me and told me about how he was feeling about going to his dad's for a month in the summer…that he didn't want to go, and we talked about it. And then he shocked me because he told me that he was really glad that I married his

> step-dad because if that hadn't happened he wouldn't have his little sister and he would worry about me being alone. I couldn't believe that he was able to say those things…it was good to hear that from him.

Jim also utilized better coping skills in the form of communication with his step-father in that he was able to share his feelings without getting angry, and also verbalizing that he would like to do more things with his step-dad. Following one of the video game sessions, I brought in Jim's step-father and explained the relationship aspect of Jim's game play. I encouraged Jim's step-father to join Jim in activities, and Jim was able to verbalize his desire to spend time "like they used to" doing fun things. Jim's step-father stated that he did not realize Jim's desire to do things with him; instead, he interpreted Jim's behavior as a signal to be left alone. Thus, both would withdraw from each other: the step-father thinking that Jim wanted nothing to do with him, and Jim not communicating what he was really feeling.

Trevor developed new coping skills in learning frustration tolerance. Trevor's mother expressed in the initial interview that when he was experiencing sadness, he had a difficult time dealing with situations or people that frustrated him. She said that he would "lose it", acting out physically by kicking or hitting others or breaking things. An interesting phenomenon that occurred in the therapy sessions was how Trevor was able to restrain himself when playing the games, even when he failed to reach the objective and had to start over again. He voiced his frustration ("Oh man", "Shoot!", "Dang it!") but would quickly gather himself and hit the restart button and try again. He did this several times over, without becoming discouraged or reacting physically. I brought this to his attention in the second session.

Therapist: Trevor, I'm noticing that you are not getting mad or frustrated when you don't finish the level. Can you tell me about that?

Trevor: Well, I'm frustrated all right. This one is pretty hard.

Therapist: But you aren't freaking out, you're not yelling or screaming or throwing the controller.

Trevor: Why would I do that?

Therapist: Well, it sounds like at school and home when you are angry or frustrated, you lose control and hit or throw things, and it takes awhile for you to calm down.

Trevor: Yeah…I have done that…it gets me in trouble sometimes, I can tell you that.

I used this experience of sitting with the discomfort of frustration while playing the video games to show Trevor that he has the ability to display self control. While the context of the therapy office was different than school or home, the emotional control exerted in the situation is the same. His mother and teachers stated that when they had tried to work with him on frustration tolerance, they would often hear him say, "I can't do it, I just lose control." It was important to get him to see that he can do it, and the games provided a way to do this. Once Trevor realized this, the groundwork was laid for helping to identify with the feeling of being in control and transferring to other contexts such as school or home.

A game that Trevor liked to play was *Need for Speed Most Wanted*, a car racing game in which the player has to complete the courses as fast as possible without drawing attention of the police, who set up roadblocks to catch the driver. One of the features of the game play is a button on the controller that slows down the action for five seconds when the driver is approaching a roadblock. This "slow motion" feature allows the driver to see everything that is in front of him or her, and gives them extra time to make a decision. Trevor's mother spoke about his problems with "being fine one minute and then being completely out of control the next" when he encountered frustration. I told her

about the body's response of the sympathetic nervous system (fight or flight) when a threat is encountered and how there is little time for rational and logical thinking, and children can have a more difficult time because of a lack of impulse control. I showed the "slow motion" button feature to Trevor and he used it several times in game play. I then made the connection between the "slow motion" feature in the game and a "slow motion" idea for real life. We talked about what it what was like for him when he had a reaction when he was sad, or a "meltdown" as his teacher said. He said, "It's like things are just happening…just really fast and I remember breathing hard and then I…I guess that's when I lose it." I talked with him about what would happen if he imagined things in slow motion, and just like in the game he had a "slow motion" button. We practiced counting to five slowly, and then to ten.

Therapist: Now, that is just like having a slow motion button inside you. Do you think you can remember that?

Trevor: I think so; I think it's a lot like *Need for Speed*.

Therapist: Because I know from watching you play the games that you can control your reactions, remember how we talked about that?

Trevor: Yeah.

Therapist: So, counting can be like you have a slow motion button to slow things down so you can think and make a good choice.

Trevor: Sure…Hey can we play more?

I interviewed Trevor's teacher following the six sessions and she shared that she had seen Trevor show restraint when being picked on by a bully and did not react inappropriately. His mother shared this account of his improvement.

> Well, we had a crisis this week. You know about "Bear" his favorite stuffed animal that he has had since birth. (I knew about "Bear" as Trevor had brought him to a few of the sessions and he made a cameo appearance in the videotape). Well, we had gone to Wal-Mart and by the time we got home Trevor remembered that he had left "Bear" on the toy aisle. We returned to Wal-Mart and no one had found him and some of the workers think that he had been thrown away, you know how worn out he was. Well, I thought for sure that Trevor would absolutely lose it, but he didn't. He cried, but he never melted down like he has in the past, I was shocked. He told me that maybe it was time to let "Bear" go. I can tell that there has been a difference.

Increase in Self Worth

The participants and their parents reported an increase in self worth during the course of the study. This was not only evident to the participants and their parents, but also to their teachers. As evidenced in the previous sections, the participant's self worth was very low. It was amazing to see the dance of two major changes: An increase in self worth which in turn brought about the increase in coping skills, and the gaining new coping skills which brought about new found self worth. The games provided a wonderful tool with metaphors that related to inner values such as strength and courage.

Marco experienced an increase in self worth while playing the game *RuneScape* and found that the metaphors linking the game to concepts in real life were helpful to him. He shared how in the last two weeks of the study he felt more confident when thinking of his future and the sense of "futility" was not there. Again, he remarked about his future, "I think that the game helps me see that if I'm good at this then I am going to be good at other things." In the last three weeks of the study Marco attended school every day, whereas prior to the study he was missing an average of one to two days per week.

His mother reported that he was sleeping better as well. Marco shared in the next to last session how the use of the game brought him to a new realization about himself.

> In this world of *RuneScape*, I am universally adored you know? I have a kingdom. I have a castle. Thousands of people call me Master. I am powerful; I have lots of money that I have earned. I'm in control and it feels good. When I got 99 in Woodcutting I remember feeling an overwhelming sense of accomplishment, I wanted to talk to people, go out more, and my grades went up. From playing the game and talking about it the way that we have, I think that it has helped me see that the future doesn't have to be so bleak, and that it's not going to be.

Much like Marco, Sergio experienced an increased sense of self worth related to his future. His love of flying and dream of being in the Air Force was something that he did not talk about until he noticed and played the *AirForce Counterstrike* game, and revealed that he doubted if he would ever be able to fulfill his dream. "I guess I just feel like nothing good is going to happen to me like that." At first, it was difficult for Sergio to play the game because it was very complicated and new, but as he played he became more skilled through completing small tasks. This concept was useful to show him how success builds on small steps and each day offers opportunities, albeit small, to eventually reach the larger goals that seem so far away. Sergio's self doubt melted away each time that he restarted the failed mission, and frustration was replaced with a purposeful determination. I asked him in the last session how he felt about himself as compared to the beginning of the sessions.

> I feel better…I feel like I'm not sad as much you know? I can think about the future and see that if I'm patient then it's like a bunch of little steps that I have to complete. Even though I don't really like a class I'm in, uh, or something that my mom wants me to do, that its part of those small steps that lead up to…that lead up to those big goals.

When talking with Sergio's mother in the final interview, she shared how he tends to have "all or nothing" thinking regarding his abilities. She also said that if something is

too hard for him “he tends to shut down and won’t try anymore.” She believed that the work done in the sessions has laid the groundwork to help Sergio with his self worth in relation to his future and his abilities. “I just want him to have that feeling that he can reach his goals, that he can achieve anything that he sets his mind to.”

John, Trevor, and Geoff experienced an increase in self worth by being able to find inner strength as insulation against the negative thinking triggered by the bullying they received on a daily basis. Prior to the play therapy, all three had trouble dealing with bullies, and all three had ingrained many negative themes into their thinking processes. It was evident that the bullying was a trigger for their sadness, causing an external locus of control and resulting in the participants either shutting down or lashing out.

John identified with the game *Naruto* and the idea of an inner strength appealed to him. As mentioned earlier, the game provided metaphors that aligned with the idea of strength and courage, and this was used to show John the “power” of ignoring the bullies. He was able to experience change within himself (“I feel good, I’m feeling powerful”) as well as witnessing a lessening effect of their words (“the mean words aren’t so bad”). His mother remarked that John was attending school each day, and there were no longer the battles in getting him to go. Unfortunately, in the week prior to the last session, John was punched in the face by a boy who had bothered him all year. I shared with him in previous sessions as I do with all clients faced with bullying that sometimes the bullying behavior escalates before it dissipates when one tries the ignoring approach. He shared his feelings about being punched. Pointing to his nose he said, “He hit me right here, right here! I didn’t even do anything, he was calling me names and I didn’t do anything and he walked up and punched me!” John’s mother reported that the boy was not

expelled or suspended, but moved to another classroom. She was unhappy that a more severe punishment was not given to the perpetrator, but stated that she was proud of John in that he did not lose control like he had done in the past. She also said that she was proud that he returned to school even though he had been hit. She said that in the past something like that would have made him want to never go back to school. As we began the final session, I helped John process his thoughts and feelings about the event.

Therapist: John, I feel so bad for you, I can't imagine what that was like for you.

John: I was terrified, I mean, he punched me…in the face!

Therapist: Remember how I told you that sometimes bullies will try something more, more severe to try and get a reaction out of you?

John: But I ignored, I ignored, I told him to leave me alone, but then…then he just punched me!

Therapist: You mentioned being scared…are you scared to go back to school?

John: Because he might hit me! I'm worried he is going to punch me in the face again!

Therapist: What happened to the boy?

John: He got a full day of ISS, and they are moving him to another classroom. But my mom is going to go down there and talk to them.

Therapist: And we've spent all this time talking about the power within…

John: And that didn't work so well…

Therapist: And then you got attacked. But it sounds like you weren't too scared to go back to school, right? I mean, before you probably wouldn't have gone back to school, right?

John: Nope, no way.

Therapist: I'm wondering what was different this time.

John: Well, I didn't die from it, and they moved him away from me, so I don't have to see him.

John's play in the final session was very aggressive and he was very animated while he played, jumping up and down and exclaiming "you will pay" as he battled the "bad guys." I asked him about how he felt inside even though he had experienced a physical attack. "I don't want to get hit, but I feel good inside still. I don't think I have to be afraid of that guy." This incident, although unfortunate for John, provides a glimpse of how his increase in self worth remained intact even though he encountered a difficult situation.

Geoff revealed feeling better about himself by being able to ignore the negative comments from the bullies, and also by experiencing a change in his thinking. This was accomplished by using the concept of acquiring "attributes" mentioned in a previous section and applying real life attributes of strength, courage, and bravery in dealing with those who made fun of him. He said, "It makes me feel better about myself because I don't have to believe what they say about me. I know that I'm smart and when I play the game I feel smart. But I also know that I am smart in real life." His mother noticed the change in how he felt about himself.

> I think that he has been more confident and he seems happier. Last week when he got that award for good behavior at school I could see him look really happy, and he hasn't looked like that in a long time. I know that he feels better about himself because he hasn't been blowing up.

A Lessening of Sadness

A common thread throughout the participant's journey was the lessening of sadness. It is naïve to think that sadness is something that play therapy or any psychotherapy can completely eradicate, since sadness is a naturally occurring,

fundamental human emotion. As the participants learned new coping skills, found a greater sense of self worth, and obtained more control over their reactions to situations around them, the crushing weight of the sadness lessened. As a result, they experienced freedom in making better choices and reaping the rewards of those choices.

Marco entered the study experiencing irritability, a sense of hopelessness, decline in school performance, as well as withdrawing from family and friends. His mother reported the frustration of seeing her once straight A student making D's and F's, not turning in homework, and refusing to go to school. She talked about her fear of seeing him "turning into a shell" and "not talking to any of us." She spoke of the worry of him losing friends. "People that he has been friends with since grade school, he doesn't even call or want to see. We just don't know what to do. It really worries us." Marco talked about his "sense of futility" and "hopelessness" when thinking about the future, as well as the difficulty in going to school. Marco's difficulties with his father, usually distant and aloof, seemed to worsen when his father pressured Marco to talk when was feeling irritable and "I just wanted to be left alone." Through the work with the game *RuneScape*, Marco was able to find meaning in his life, gain confidence in his abilities, and experience an increase in his sense of self worth. He attended three full weeks of school in the last three weeks of the study, he turned in homework assignments, and his grades went up. His mother praised his progress. "I was very happy to see him at least turn in assignments and attend school. I know that his work is still well below his academic ability, but it is an improvement." I asked Marco about the sadness that he talked about early on in the study.

> I don't feel as sad. I don't know if it is because there are only a few weeks of school left (smiles)…I don't know, like I said before, I don't have that sense of

futility anymore…which is pretty cool. I know I'm glad I'm going to see the new Star Trek movie, (laughs) although I don't really care for my father's company.

Marco's conflict with his father is an ongoing problem, but Marco and his parents agreed to attend family counseling sessions to help mend the relationship and help his parents learn better ways to implement boundaries. However, Marco revealed that since participating in the study he felt like he could "deal" with his parent's demands of him, instead of acting out like he had in the past. In the fourth session, Marco revealed that his parents had forbidden him from communicating with a certain person that he met while playing the game *RuneScape*. He shared that this person had become a "close friend" and someone that he trusted very much. He shared that his parents had the ability to monitor who he chatted with online, and that they confronted him with what they "deemed inappropriate material", and told him that he would not be allowed to have contact with this person again. While we played *RuneScape* we talked about what happened and how he handled the situation.

Therapist: So, your parents told you that they found some inappropriate chat material and are banning you from contact with your friend.

Marco: Indeed.

Therapist: How did you handle that, I mean, when they told you.

Marco: Well, I was a little angry, then sad. Yeah, just sad. Sad face.

Therapist: That must have been really hard. So, what do you plan to do?

Marco: Well, they probably have some sort of monitoring system, and my father will take RuneScape away from me all together, so I am not going to contact my friend. I guess I see that its really their job to protect me and I think they think they are doing that, you know?

Therapist: Did you react in any way, you know, like you have in the past sometimes, like yelling or getting physical with your dad, breaking things?

Marco: No, I realize that its pretty pointless…I mean, I got angry, but I didn't feel that need to hurt anyone or myself, or break anything.

Therapist: I must say, I'm proud of you, Marco. That shows maturity and integrity…and also self control.

This exchange revealed how Marco handled the situation with his parents in a mature and responsible way, despite experiencing a great deal of sadness over the loss of the relationship with his friend. This is an example of how Marco implemented new ways of tolerating the feelings of sadness without shutting down or lashing out. I helped him process thoughts and feelings about losing this friend, as well as praising him for dealing with it in a mature manner. In the final sessions his mother remarked about how well he had dealt with the situation.

> I was really worried, because like I told you, he has drawn away from his friends, so now, he has a friend but we are taking this one away from him. But he didn't freak out, you know, and it's been what, a couple of weeks, and still he hasn't been upset about it. He and I talked about it, like you suggested, and he let me know he wasn't happy about it, but he is willing to respect our wishes.

John's sadness lessened while being involved in the study. His mother reported that he attended two full weeks of school in the final two weeks of the study. John reported feeling "not as sad" as when the study began, and his mother said that she noticed a change. "I think that he has not been as worried about the bullies at school and so he is more eager to go. I think that the fear being gone gives him a more positive way to look at school."

Trevor's mother and teacher noticed that not only did the sadness lessen, but his social interactions increased. As mentioned in Trevor's history and background, his teacher noted his withdrawn behavior where he was "in his own little world." The two player dynamic of the games provided the opportunity to model social interaction. In the

third session I asked him about being withdrawn from peers. He replied, “Yeah, those other kids are kinda mean and so I guess I stay away from everyone.” I challenged him about “everyone” being mean and he said, “No not everyone is mean, only a few of the kids.” I used the example of myself as someone that Trevor did not know until the beginning of the study, but that he had learned to trust me. I told him that our playing the games together is just like getting to know someone in his class and sharing in an activity with them. I shared that sometimes it feels risky to let another person get to know you, but said that one cannot get friends without being friendly. I used the example of *Lego Star Wars* and how each player must trust the other to reach the goal.

Therapist: Remember how we have to work together in *Star Wars* in that I have to trust you and you have to trust me?

Trevor: Yeah.

Therapist: Well, relationships and friendships are the same way. I know that it might seem scary to be friends with someone, but you told me that sometimes you want to have friends.

Trevor: Yeah, I think that it would…that I could. I want people to like me.

Therapist: I think that you do, and just like in the *Lego Star Wars* game, you have to work together. Does that make sense?

Trevor: Yeah.

His teacher commented “I have seen him be concerned about his classmates. One day a girl in his class got hurt and he helped her and wanted to make sure she was o.k. I had not seen that before.” His mother said, “I have seen him display kindness and compassion; and it’s like, Whoa! Is that my Trevor? (Laughs) It’s a very nice change.” I asked Trevor about helping the girl in his class and what his mother said about noticing

his kindness. “I kinda feel more peaceful, like when we play the games I feel peaceful. Its kinda nice to help people.”

Jim released his sadness in the middle of the fourth session. He was more quiet than usual at the beginning of the session, but chose a racing game and we began to play. We talked while playing the game and he shared that his step-father, not his mother had brought him to the session because she had undergone medical tests due to experiencing severe stomach pain. I noticed when I asked him a question about his mother he did not respond, and when I glanced over I was surprised to see he was crying. We paused the game and Jim’s crying increased. He leaned over with his head in his hands and the tears openly poured out. I gently told him that it was o.k.; that he was safe and crying was good for him and to let it out. This went on for about five minutes before he was ready to talk.

Therapist: Jim (no response)…Jim, its o.k. to cry, let it out…o.k., when you’re ready, tell me what you’re thinking about.

Jim: I’m thinking…I’m thinking that something is going to happen to my mom and I’m going to have to live with my dad.

Therapist: That she is going to die?

Jim: Yeah.

Therapist: You’re really worried about these medical problems, aren’t you? Its o.k., it’s perfectly normal to be worried about that. Have you talked with your mom about…I mean, has your mom told you about what is going on with her, or the medical tests she’s got to have?

Jim: No, she…I hear her telling other people.

Therapist: And have you told her that this is really bothering you and that you are so worried?

Jim: No.

Therapist: So, in her mind she probably thinks that you know everything and that you are o.k. I think you should tell her how you feel, I mean, it might make you feel better.

Jim: I don't know.

Therapist: Why not? What are you afraid of?

Jim: I'm scared I will cry in front of her.

Therapist: Remember how we talked about that one of the triggers for you is that you hold all this stuff in and then you get overwhelmed and then blow up over something not that big. Remember that?

Jim: Yeah.

Therapist: Well, I think this is one of those times that we can practice this.

Once Jim gathered himself, I questioned him about how hard it was for him to be sad and cry in front of me. He said, "It was hard but then it just came out and there was nothing I could do." I commented on the fact that in doing this he neither lashed out nor ran away, I pointed out to Jim in this exchange how he stayed with the uncomfortable emotion and even experienced a reaction but did not self-destruct. I used this experience as an example to show Jim that he could experience intense sadness and stay in control. This "being in control" theme was a metaphor that was found in some of the racing games we had played together (*ATV Off Road Fury, Need For Speed Hot Pursuit 2*). I probed further into why he did not want to cry in front of his mother. "I guess I just don't want her to worry about me." I reviewed with Jim everything that we had worked on using the video games up to that point in therapy, and assessed how he felt currently. He said that he felt better after crying, and I encouraged him to give school a try since he would have a little more than half a day by the time he got there. He said he would and I noticed a brighter countenance as he left the therapy room.

At the next session I asked Jim what happened after he left the previous session. He shared that not only did he make it through the day but "I had a great day." He said, "I got back to school and I was o.k., I didn't get in any trouble or anything." He told me that he told his mother about his fears of her dying, and I praised him for being able to talk about them. His mother shared that he was able to talk to her about his feelings and she said, "It helped me to hear how scared he was because I didn't realize what a toll it was taking on him." Following the final session Jim's mother talked about the improvement in Jim's ability to not react when various emotions surfaced. "He is doing great, we have not had the big blow ups that we were having…I can see how he has improved. We still have some things to work on… like respect, but yes, he is not acting out like he was." This occurrence provides an example of how Jim's sadness lessened but also how he learned to better tolerate sadness when it did surface.

Summary

In this chapter, the participant's history and backgrounds and the themes that arose from a phenomenological analysis of their narratives was presented. Theme One reflected the depth of sadness of the participants relating to broken self worth, father and family issues, and a decline in school performance. Theme Two demonstrated how the video/computer games were utilized as a play therapy tool in the form of enhancing communication through game play, and the use of metaphors between game play and the participant's real life issues. Theme Three identified transformation and growth of the participants in relation to gaining new coping skills, increasing the participant's sense of self worth, and helping to lessen the sadness experienced by the participants. Appendix E

contains a list of the themes and sub-themes. In the next and final chapter, conclusions and recommendations based on the findings will be presented.

CHAPTER FIVE: SUMMARY, INTERPRETATIONS, AND RECOMMENDATIONS

Overview

This study has examined the effectiveness of computer/video games as a play therapy tool for children suffering from an emotional disturbance of sadness. Data was collected through examining historical information about the participants, through interviews with the participants, the participant's families, and school personnel, and by recording and observing the play therapy sessions. The results from an analysis of this data was provided and summarized in the previous chapter. This chapter will present a summary of the findings as well as the interpretations and recommendations.

The significance of the findings will be examined by linking them to the original research question: Will computer/video games as a play therapy tool be effective in reducing the emotional disturbances of sadness in children? The first section of this chapter will compare and contrast the findings with those found in the literature. Next, the interpretation of the findings demonstrating the use of video/computer games as a play therapy tool and "filling the gap" in the literature will be discussed. In addition, implications, cautions, and recommendations for future research based on the findings will be presented. Finally, the researcher's reflections on the research experience are provided.

Significance of the Research Findings

This section of the chapter will compare and contrast the findings from this study with the information presented in the literature review of Chapter Two. Overall, the findings from the study supported the fact that children suffering from emotional disturbances encounter difficulties academically, emotionally, and socially (Duhig & Phares, 2003; Gresham, 2005; Lopes, 2007; Reddy & Richardson, 2000; & Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Marco, John, Jim, Trevor, Sergio, and Geoff all experienced academic problems, ranging from school refusal to poor academic performance to behavioral problems in the school setting. Emotionally, all of the participants experienced self worth deficits, an inability to apply emotional control, and an inability to tolerate unpleasant emotions. Socially, the participants all experienced deficits in social skills as well as difficulties fitting in at home, school, or other social settings. In addition, families with a child suffering from an emotional disturbance experience high amounts of stress related to those emotional difficulties (Duhig & Phares, 2003, Wagner et al., 2005). The findings also support the extant literature that play therapy is effective in treating children suffering from emotional problems (Bratton, Ray, Rhine, & Jones, 2005; Fall, Navelski, & Welch, 1999; Koocher & D'Angelo, 1992; Kot, Landreth, & Giordano, 1998; Leblanc & Ritchie, 2001; Shaffer & Lazarus, 1952; Shen 2002). Each participant experienced a reduction of emotional disturbances through the use of play therapy in this study. Finally, the findings confirmed the usefulness of video and computer games in psychotherapy with children (Aymard, 2002; Bertolini & Nissim, 2002; Clarke & Schoech, 1994; Dahlquist, 2006; Gardner, 1991; Kokish, 1994;

Resnick & Sherer, 1994; Vasterling, Jenkins, Tope, & Burish, 1993). Each of these categories related to the findings will now be discussed in detail.

The Findings Related to Children Suffering from Emotional Disturbances

Academic Problems and the ED Child

The findings from this study confirmed that children suffering from emotional disturbances experience significant academic problems. The participant's educational experiences and difficulties substantiated the literature in that the combination of emotional and behavioral problems created a negative learning experience (Reddy & Richardson, 2000). Also, the findings reinforced how children suffering from an emotional disturbance tend to anticipate failure and expect negative reactions from teachers, peers, and parents; and how these negative reactions lead to low self worth, isolation, and sadness (Gresham, 2005). Jim demonstrated this when he shared his feelings that it felt "hopeless" to continue trying to do what his mom, step-father, and teachers wanted him to do because "it's always wrong anyway."

The findings from this study substantiated the literature regarding children with emotional disturbances in that behavioral problems are frequent in the academic arena (Malmgren & Gagnon, 2005; Wagner et al., 2005). Five of the six participants (John, Jim, Trevor, Sergio, and Geoff) had received some form of disciplinary action from the school they attended in the past three months, including detentions, suspensions, and one expulsion. The participants' experience and the literature are consistent with one another regarding the link between the participant's lack of emotional control and other behavioral and emotional problems. This lack of emotional control leads to behavioral

outbursts, which results in consequences in the form of punishment by school officials as well as social consequences such as peer rejection, finally culminating in an emotional crevasse of self loathing (Davis & Vander Stoep, 1997; Reddy & Richardson, 2000; Wagner et al., 2005). This phenomenon was demonstrated by Sergio's behavioral outburst in which he overturned a desk and threatened a teacher, resulting in expulsion from the school. His mother stated that following that incident his behavior became more withdrawn from family and friends, and his emotional outbursts worsened. Finally, the findings of the study and the literature concur regarding the oppositional behaviors demonstrated by children suffering from emotional disturbances (Lopes, 2007; Wagner et al., 2005). Marco, John, Jim, Trevor, Sergio, and Geoff experienced conflict with parental figures, teachers and school personnel, other authority figures, as well as with peers.

Emotional Problems and the ED Child

The study findings concur with the literature regarding the emotional difficulties that children suffering from emotional disturbances face (Gresham, 2005; Lopes, 2007; Reddy & Richardson, 2000; & Wagner et al., 2005). Marco, John, Jim, Trevor, Sergio, and Geoff all experienced difficulties in exerting emotional control as evidenced by the inability to tolerate unpleasant emotions resulting in the participants externally reacting verbally or physically. This was demonstrated in the life of John whowould verbally assault his mother when he felt out of control. One of the school professionals at Geoff's school remarked, "It's as if the sadness builds up and then someone does or says something, and he reacts either physically or verbally." In addition, the findings supported the literature in that a number of factors (i.e., emotional, behavioral, academic,

family) are involved in complicating the life of the child suffering from an emotional disturbance (Reddy & Richardson, 2006). This was evident when Sergio talked about a sense of "hopelessness" and "being overwhelmed." He stated in the initial interview, "Sometimes I just feel like nothing matters, I mean, why get good grades, why clean my room, why do anything." Marco, John, Jim, Trevor, Sergio, and Geoff experienced significant amounts of stress related to family dynamics, school, and social situations that created difficulty for the participant in both learning how to control emotions and maintaining emotional control. As stated by Reddy and Richardson (2006):

> For example, youngsters with ED represent a complex mix of emotional, behavioral, educational, and medical/neurological difficulties that make the diagnostic, teaching, and learning process difficult. School and family treatments are further complicated by high rates of family psychopathology, inadequate parenting skills, and limited support systems and resources. In addition, lack of knowledge of services and programs offered by other agencies (e.g., schools, social service, juvenile justice), differential use of terminology between agencies, and ineffective interagency collaboration often interfere with treatments. (p. 381)

This complex conglomeration and interaction of many factors leaves the ED child completely overwhelmed, due to the lack of adequate coping skills (Wagner et al., 2005). This was supported by John, Jim, Marco, and Trevor in their accounts of feeling "overwhelmed" and "out of control."

The findings of this study substantiated the conclusions in the literature regarding the low self worth that is evident in children suffering from emotional disturbances (Gresham, 2005; Wagner, 1995; Wagner et al., 2005). Each of the participants shared their feelings of low self worth, which manifested in a poor self image, external locus of control, and expectation of failure. Geoff said "I am stupid. If I wasn't, why would I be in those [ESE] classes?" In addition, Marco, John, Jim, Trevor, Sergio, and Geoff had

patterns of negative, self-defeated thinking in regards to academic performance which supported the findings in the literature (Gresham, 2005).

The myriad of issues surrounding the child suffering from emotional disturbances (i.e., school failure, family dysfunction, behavioral problems, etc.) creates a negative feedback loop that consistently results in low self worth (Wagner et al., 2005). A shared theme for Marco, John, Jim, Trevor, Sergio, and Geoff culminating in low self worth was the academic problems, family conflicts, and rejection by peers that resulted in self loathing and isolation. John summed it up this way, “I’m empty inside; I feel like a heartless shell.”

Finally, the findings of this study supported the literature regarding conditions that co-exist with the emotional problems of the child suffering from emotional disturbances (Wagner et al., 2005). John, Jim, Trevor, and Geoff were described as having “oppositional” behaviors in previous school documentation, while Marco and Sergio were described by psychiatrists as having “depressed” behaviors. All of the participants have been prescribed and currently take medication for their emotional issues.

Social Problems and the ED Child

The findings of this study and the literature corroborated regarding the social difficulties that children suffering from emotional disturbances exhibit (Gresham, 2005; Malmgren & Gagnon, 2005; Wagner et al., 2005). The participant’s lack of social skills was documented by school officials, parents, as well as by the participants themselves. This was evident when Marco’s mother talked of him being a “loner” and “isolative”,

when Trevor's teacher talked about Trevor being "in his own little world", and when Sergio's mother stated how Sergio "became so down at times and withdrawn from me and his sister." All of the participants voiced problems with getting along with others and wanting to avoid social situations, and parents painfully shared their child's isolative tendencies and withdrawal from family and friends. As Wagner and colleagues (2005) observed, "According to parents, elementary/middle school children with ED have consistently and significantly lower social skills on all measures than their peers with other disabilities" (p. 85).

Children suffering from emotional disturbances have difficulty fitting in with other children (Gresham, 2005), mainly due to the internalizing behaviors of low self worth and the anticipation of failure (Lopes, 2007). This study confirmed this as Marco, John, Jim, Trevor, Sergio, and Geoff voiced frustration about fitting in with peers. Marco summed it up when he said, "I've never felt like I fit in, even in elementary school when I was younger, I really didn't have friends." Trevor remarked that other kids "make fun of me" and "don't like me." The social problems are part of the negative feedback loop of low self worth, academic and behavior problems, and family conflict that plague a child suffering from emotional disturbances (Wagner et al., 2005). This was confirmed in the participant's experiences as well as in the observations of the families and teachers. For example, Trevor's teacher commented on how he would lash out at peers and then shut down. "It is like he is unreachable" she remarked.

Family Problems and the ED Child

The findings in this study supported the literature regarding the family stress and conflict surrounding children suffering from emotional disorders (Duhig & Phares, 2003; Wagner et al., 2005). The families of Marco, John, Jim, Trevor, Sergio, and Geoff experienced significant levels of stress related to family issues. Jim and John experienced the lack of a father in their life; Marco, Trevor, Sergio, and Geoff experienced significant conflict with their mother who was their primary caregiver. Jim and Trevor reported significant conflict with step-fathers in relation to their emotional issues. Also supported by the literature was the caregiver's concern over the participant's emotional and behavioral issues, as well as the expression of fears concerning how the participant's emotional problems would impact the participant's future (Duhig & Phares, 2003). For example, Sergio's mother expressed a great deal of fear that Sergio may turn out "like his father" who suffers from Bipolar disorder and is unable to work.

The findings in this study corroborate with the literature regarding the caregiver's frustrations in finding appropriate services in trying to meet the needs of their children suffering from emotional disturbances. As Wagner and associates (2005) state,

> Children and youth with ED are not the only ones shaped by early experiences with schools and service systems their families too encounter educators, medical and mental health providers, and others in their efforts to meet their children's needs. Often, these interactions may be contentious and the efforts challenging. (p. 81)

The caregivers of Marco, John, Jim, Trevor, Sergio, and Geoff all expressed frustration regarding finding the proper services for their child both psychologically and academically. The mothers of Jim and Geoff expressed unhappiness with how their

child's school was providing services in working with the emotional needs of their child, and reported that this caused additional stress in the home.

In summary, the findings of this study support the literature regarding the difficulties that children suffering from emotional disturbances have in the areas of emotional control, behavior, academics, and social-adaptability.

The Findings Related to the Effectiveness of Play Therapy

Play Therapy and Emotional Issues

The findings of the study were consistent with the literature in that play therapy is effective in treating emotional problems in children (Bratton, Ray, Rhine, & Jones, 2005; Clatworthy, 1981; Clement, Fazzone, & Goldstein, 1970; Fall, Navelski, & Welch, 2002; Kot, Landreth, & Giordano, 1998; Muro, Ray, Schottelkorb, Smith, & Blanco, 2006; Shen, 2002). As stated by Bratton and colleagues (2005) "Our findings suggest that play therapy was beneficial regardless of whether children were treated for internalizing or externalizing behavior problems or other identified concerns" (p. 383). Marco, John, Jim, Trevor, Sergio, and Geoff were all suffering from the emotional disturbance of sadness and each received six sessions of play therapy with video/computer games as the play therapy tool. Marco, John, Jim, Trevor, Sergio, Geoff, their family members, as well as teachers and other school professionals reported a lessening of sadness following the six weeks of play therapy. Geoff's mother remarked, "I think that he has been more confident and seems happier. Last week when he got that award for good behavior at school I could see him look really happy, and he hasn't looked like that in a long time. John reported feeling "not as sad" as when the study began and his mother said that she

noticed a change. Trevor's mother and teacher noticed that Trevor's sadness lessened, and Jim's mother noticed how Jim's sadness had lessened.

For John, Jim, Sergio, and Geoff, caregivers noted an improved ability to tolerate unpleasant emotions without reacting or self-destructing (e.g. Bratton et al., 2005; Kot et al., 1998; Shen, 2002). Jim's mother remarked about the improvement in Jim's ability to not react when various emotions surfaced, and Marco's mother noticed how Marco did not react negatively when she and his father had to confront him about a difficult situation. Marco, John, Jim, Trevor, Sergio, and Geoff all shared detailed information regarding the unpleasant emotion of sadness that impacted their self worth, destroyed their self-confidence, contributed to difficulties in social situations, and caused struggles in maintaining family relationships. The lessening of the sadness provided each of the participants a new way of looking at themselves as well as how they viewed the future. As Marco said, "From playing the game and talking about it the way that we have, I think that it has helped me see that the future doesn't have to be so bleak, and that it's not going to be."

Play Therapy and Behavioral Issues

The findings of this study corroborated with the literature regarding play therapy being effective in treating behavioral problems in children (Bratton et al., 2005; Fall et al., 1999; Garza & Bratton, 2005; Muro et al., 2006; Ney, Palvesky, & Markely, 1971). As Bratton et al., (2005) states,

> Play therapy is widely used to treat children's emotional and behavioral problems because of its responsiveness to their unique and varied developmental needs. Most children below the age of 11 lack a fully developed capacity for abstract

> thought, which is a prerequisite to meaningful verbal expression and understanding of complex issues, motives and feelings. (p. 376)

All of the participants experienced behavioral issues in addition to emotional issues, which is common in children suffering from emotional disturbances (Reddy & Richardson, 2000; Wagner et al., 2005). For instance, Sergio overturned a desk at school, Geoff destroyed property at home, and Marco blatantly disobeyed his parents. While all of the participants experienced behavioral issues, Geoff, Sergio, Trevor, and John experienced behavioral problems both at home and in the school setting, while Marco and Jim experienced the behavioral issues only in the home setting. Identified as "externalizing" (Bratton et al., 2005, p. 383) problems, the behavior issues of the participants revealed themselves in the form of disrespect (e.g., verbal/nonverbal actions towards caregivers, teachers, or other adults), physical altercations (e.g., hitting peers, siblings, or caregivers), and destroying property (e.g., breaking things at home or at school). The behavioral problems coupled with the emotional issues created a complex linking of negative residual effects resulting in problems in school, at home, and socially. This was demonstrated in Sergio's feelings of hopelessness when he stated, "Sometimes I just feel like nothing that I do matters, I mean, why get good grades, why clean my room, why do anything."

During the six sessions of play therapy, each of the participants, their caregivers, and teachers noted a diminishment of behavioral outbursts. By the end of the six sessions, none of the participants displayed any behavioral outbursts or issues either at home or in the school setting, as noted by caregivers and teachers. As Trevor's teacher noted, "It's as if he has come out of his shell." Bratton et al., (2005) stated,

> Behavior problems, in particular, are of great concern for significant adults in children's lives – primarily parents and teachers – who often expend a great amount of energy in trying to change problematic behaviors. The present research supports play therapy as an agent in changing behavior. (p. 385)

Play Therapy and School Issues

The findings of this study confirmed the literature findings regarding the effectiveness of play therapy in reducing/eliminating school issues (Bratton et al., 2005; Fall et al., 1999; Garza & Bratton, 2005; Muro et al., 2006). Each of the participants' caregivers reported difficulties surrounding academic performance, behavior problems in the school setting, and school attendance. This was confirmed through documentation that the school professionals provided, as well as by testimony of the participants and family members. Marco, John, Jim, Trevor, Sergio, and Geoff all had experienced lower grades in the months prior to being referred for psychotherapy services, and Sergio, John, Jim, and Trevor had encountered significant behavior problems. Marco and John had been missing at least two days of school per week due to emotional issues. During the play therapy treatment, teachers as well as caregivers noticed a lessening of school problems, and by week three the two Marco and John were completing full weeks. By the end of the six play therapy sessions, five of the six participants (Marco, Sergio, Trevor, Jim, and Geoff) had not experienced any school problems as reported by teachers and caregivers. The one participant who experienced a school issue was John who was punched in the face by a boy that had previously bullied him. This incident occurred the day before the sixth session. Despite this problem, John was able to return to school the next day and did not miss any more days throughout the end of the study. During follow

up interviews which occurred in the last week of school, the gains that had been made by Marco, John, Jim, Trevor, Sergio, and Geoff in the play therapy sessions were still being seen.

Play Therapy and Social Issues

The findings of this study corroborated with the literature regarding the effectiveness of play therapy in improving social adjustment (Bratton et al., 2005; Clement et al., 1970; Fall et al., 1999). At the beginning of the study, each of the participant's families reported social problems, ranging from withdrawal from family and friends, to difficulties relating to peers. Marco, John, Jim, Trevor, Sergio, and Geoff all reported difficulty with bullies at some point over the course of their academic career; however, John, Trevor, Marco, and Geoff were currently experiencing significant issues with bullying. John said,

> People at school call me fat. I think they hate me. When they say those things it makes me believe it and think that no one would ever want to be my friend. They also say that I am ugly. When people say those things all of the time, you start to think that it's true. Sometimes I'm afraid to go to school because I don't want to hear those things.

During the course of the play therapy sessions, each of the parents reported improvement in the participants being more involved in family activities, and teachers reported noticing better social involvement in the classroom setting. For Trevor, both his teacher and parent noticed an increase in compassion towards others. Trevor's teacher remarked, "I have seen him be concerned about his classmates. One day a girl in his class got hurt and he helped her and wanted to make sure she was okay I had not seen that before." In regards to the bullying, John, Trevor, Marco, and Geoff reported improvement in being

able to ignore the bullying without reacting physically or verbally. For John, the use of the game *Naruto* provided a metaphor for inner strength that helped him find the "power" to ignore the bullies. At the end of the play therapy sessions, Marco, John, Jim, Trevor, Sergio, and Geoff were able to report feeling more comfortable in social situations, due to feeling more confident in themselves as well as being less worried about the opinions of others. Bratton et al., 2005 states,

> Social adjustment and personality are also concerns for most parents. Parents want their children to grow up well-liked and well-adjusted. The need to belong is primary to a child's growth and acceptance of self. When children are unable to socially adapt or modify their behavior to fit in, children and parents alike are negatively affected. According to this research, play therapy demonstrates its effectiveness in these areas. (p. 385)

In summary, the findings in this study as demonstrated by the previous examples support the literature regarding the effectiveness of play therapy in treating emotional, behavioral, academic, and social problems.

The Findings Related to the Usefulness of Video/Computer Games in Psychotherapy

Video/Computer Games and Building Rapport

The findings of this study supported the literature related to the usefulness of video/computer games in building rapport with children (Aymard, 2002; Clarke & Schoech, 1994; Gardner, 1991). As mentioned in the previous chapter, the use of the video/computer games was helpful in reducing the initial anxiety that is so common with children and teens in the first session of psychotherapy. For example, John remarked, "You mean we are going to play video games? I never thought that I would be playing video games at a counselor's office. That's cool, I like it." As Aymard (2002) observed,

> The first play therapy session brings children into an unfamiliar setting, with a stranger, under ambiguous circumstances. Under those conditions who wouldn't be anxious, reticent, passive aggressive, or any of the descriptors found in the clinical literature that characterize children's initial resistance to play therapy? (p. 15)

By being familiar with the set up of the video and computer game console, the participant's defensiveness and apprehension so often seen in the initial stages of psychotherapy with children and teens lessened considerably. Marco brightened at the sight of computer console, Sergio visibly relaxed, and Geoff smiled broadly. This is consistent with the observation of Clarke and Schoech (1994) who noted, "Adolescents typically resent treatment…While adolescents hate therapy, they love computer games" (p. 122). Marco, John, Jim, Trevor, Sergio, and Geoff immediately relaxed, and became comfortable through the use of the games. Sergio remarked, "I was a little nervous at first when my mom said that I would be seeing a counselor, but then you said that we would be playing video games and I like to play them so I felt better." In addition, the two-player dynamic used in this study further helped to facilitate rapport, which was noted by Gardner (1991).

Video/Computer Games and Communication of Thoughts and Emotions

The findings of this study corroborate with the literature regarding the usefulness of video/computer games in helping children/teens communicate their thoughts and emotions in psychotherapy (Aymard, 2002; Bertolini & Nissim, 2002; Clarke & Schoech, 1994; Gardner, 1991; Kokish, 1994). In this study the games not only helped in building rapport, they aided in Marco, John, Jim, Trevor, Sergio, and Geoff sharing intimate thoughts and emotions about themselves, their family experiences, and school struggles.

With the encouragement of the therapist and the familiarity of playing a video/computer game, each participant eagerly shared and willingly answered questions. This was demonstrated by John's ability to respond verbally to questions once game play began, whereas in the interview he spoke little and made little eye contact. This allowed access into the emotional caverns of Marco, John, Jim, Trevor, Sergio, and Geoff, and the opportunity to explore the complexities of their emotional makeup, a finding which supported Kokish (1994) who found that the games helped the child express emotions through the characters present in the game. In each of the six play therapy sessions, Marco, John, Jim, Trevor, Sergio, and Geoff all elicited emotions such as excitement, anger, sadness, joy, disappointment, fear, and grief. The following statement by John demonstrates the communication of sadness as well as an expression of joy and excitement.

> Well, it's like this. People call me names and it hurts my feelings. It makes me feel like no one wants to be with me. My father never loved me and he didn't want to be with me. It's all of those things and sometimes I think about them a lot. (Becomes animated) Wow! Hey look, I have the same powers in my character that Naruto has in the show! I love this game!

As Bertolini and Nissim (2002) noted,

> Therefore, we believe that when a child starts playing with a video game during therapy or in daily life, the therapist's main concern should not be to repress its use but rather to seek to understand whether the child is having an emotional experience – a genuinely joyful and meaningful one. Perhaps there should be a change of aim when dealing with a child who is playing with a video game. The aim should be to manage to offer 'recognition and experience of sharing'.... (p. 323)

The two-player aspect of the games appeared to provide a joining effect of therapist and participant, which communicated to the participant, "I'm here, I'm with you, and we're in this together." An example of this "togetherness" was evident in both Jim and John

choosing me as an ally in the game play, which joined us as partners in the therapeutic relationship.

Video/Computer Games and the Use of Metaphor

The findings of this study substantiated the literature in that video/computer games provide useful metaphors to give meaning to experiences and create fertile ground in which to plant ideas for change (Bertolini & Nissim, 2002). The previous chapter details the many ways in which metaphors were gleaned from the games and applied to the participant's daily life. For Trevor, the metaphor of the "force" in *Lego Star Wars* was used; Geoff found meaning in the metaphor of "attributes" in *SSX-3 Snowboarding*; while Marco found the metaphor of life's challenges in the "quests" of *RuneScape*. Each of these provided a powerful way for Marco, John, Jim, Trevor, Sergio, and Geoff to connect a previously abstract concept (i.e., self worth) to an application in their everyday life through the vehicle of the game and something they were very familiar with (i.e., the "force", "attributes", "quests", etc.).

In regard to the video/games providing the use of metaphor, Bertolini and Nissim (2002) state, "Both patients discovered the possibility, through video games, of exploring an unconscious theme that was a source of particularly severe anxiety but which they began to feel they could control, dominate and communicate" (p. 322). A metaphor was found for Marco, John, Jim, Trevor, Sergio, and Geoff through the particular game they chose to play, and this provided a wonderful avenue whereby true life change could begin to take place.

In summary, the use of video/computer games in this study were found to support the literature regarding the use of the games as being a useful tool for building rapport, enabling communication of thoughts and emotions, as well as providing metaphors that help the participant apply the material from the games to their everyday lives.

Summary of Significance of the Research Findings

In summary, it is important to note that the findings in this study were found to be consistent with the literature. Consistencies included experiences of the emotionally disturbed child, related to the areas of academics, emotionality, behavior, and social-adaptability. Another consistency found between this study and the literature was in the effectiveness of play therapy, as related to academics, emotionality, behavior, and social-adaptability. The final consistency between this study and the literature was in the effectiveness of the use of video/computer games relating to building rapport, enhancing communication of thoughts and emotions, and providing metaphors.

Interpretation: The Findings of the Use of Video Computer/Games as a Play Therapy Tool "Filling the Gap" in the Literature

Overview

This study examined the use of video games specifically in the context of play therapy. A literature review revealed a lack of supporting literature or specific examples of the use of computer/video games as a play therapy tool, therefore the phenomenological approach using qualitative case studies was chosen. The emphasis of

qualitative research is on the interaction of human participants, and qualitative case studies are useful in research that examines a narrowed interest within a real-life context (Merriam, 1998). Creswell (2007) stresses the importance of qualitative research when the literature does not answer a specific question and "a need exists to add or fill a gap in the literature" (p. 102). The previous section demonstrated how the findings support the literature. This section will interpret the findings related to the original research question.

The Research Question Answered

This phenomenological case study examined the effectiveness of video/computer games as a play therapy tool in treating children suffering from the emotional disturbance of sadness. Based on the data collected through interviews and observations, and based on the examination of that data through qualitative, phenomenological procedures, it was revealed that the use of video/computer games as a play therapy tool seemed to be effective in reducing the emotional disturbance of sadness for the children in this study. The specific areas in which the use of video/computer games as a play therapy tool seemed to be effective are as follows: (a) building rapport, (b) providing a vehicle for communication, (c) providing metaphors as a therapeutic foundation for growth and change. Each of these will be discussed in detail in the following sections.

Building Rapport

The previous section demonstrated how the findings of this study confirmed that video/computer games are effective in building rapport with children in psychotherapy

(Aymard, 2002; Clarke & Schoech, 1994; Gardner, 1991) and that play therapy is effective in treating emotional problems in children (Bratton et al., 2005; Clatworthy, 1981; Clement et al., 1970; Fall et al., 1999; Kot et al., 1998; Muro et al., 2006; Shen, 2002). This study combined both video/computer games and play therapy in treating children suffering from the emotional disturbance of sadness, and demonstrated that the use of the video/computer games as a play therapy tool are useful not only in reducing sadness but also in building rapport in the context of play therapy. The video/computer games lessened the participants' anxiety and apprehension immediately upon entering the therapy room in the first session. This was demonstrated by Marco dropping his defenses, Geoff's apprehension lessening, and John's increased ability to communicate with me as the anxiety dramatically decreased once the video/computer games were introduced. As presented in Chapter four, Marco, John, Jim, Trevor, Sergio, and Geoff all struggled socially which resulted in difficulties with communication, and suffered from low self worth. These problems create impediments in establishing a therapeutic relationship with the child, especially in the early stages of psychotherapy (Aymard, 2002).

Rapport was easily established with Marco, John, Jim, Trevor, Sergio, and Geoff through the use of the video/computer games. The games were something familiar and fun and the defenses of Marco, John, Jim, Trevor, Sergio, and Geoff soon disappeared. The two-player aspect of the games also provided a joining effect between me and the boys, and the focus was on the game screen or computer screen, rather than sitting face to face. Each boy began to relax almost immediately upon picking up a game controller and with eagerness looked through the collection of games. As I picked up a controller it was as if the remaining apprehension left the room and we experienced a common bond. As

the game play began, the experience of fun was felt in the session. Marco, John, Jim, Trevor, Sergio, and Geoff reported that they saw in me someone who understood their world, because I joined them in the games. Sergio commented that playing together in *Lego Star Wars* was "like when you have a friend, it like helps you because you don't have to feel alone." In addition, if I did not know anything about the game, I allowed them to teach me and show me, as demonstrated by the sessions with Marco who taught me about *RuneScape*. This dynamic placed the participant in a power-teacher role, and put me in a submissive-student role, which further helped to reduce the feeling that I was dominant over them. The rapport that was built early on through the use of the video/computer games laid the foundation for later therapeutic work. These interactions demonstrate how video/computer games as a play therapy tool can be useful in building rapport.

Vehicle for Communication

The previous sections of this chapter demonstrated the findings of this study confirming that children suffering from emotional disturbances have difficulties with social skills and communication (Gresham, 2005; Malmgren & Gagnon, 2005; Wagner et al., 2005); that play therapy is effective in helping children with social adaptability (Bratton et al., 2005; Clement et al., 1970; Fall et al., 1999); and that video/computer games are useful in helping children/teens communicate their thoughts and emotions in psychotherapy (Aymard, 2002; Bertolini & Nissim, 2002; Clarke & Schoech, 1994; Gardner, 1991; Kokish, 1994). In this study, the video/computer games as a play therapy tool was effective in not only reducing sadness in children and building rapport, but also

serving as a vehicle of communication in the play therapy process. Bratton and associates (2005) cite the importance of play in helping the child express thoughts and emotions,

> In play therapy, then, play is viewed as the vehicle for communication between the child and the therapist on the assumption that children will use play materials to directly or symbolically act out feelings, thoughts, and experiences that they are not able to meaningfully express through words. (p. 376)

The video/computer games aided communication on two levels. One level was opening up communication between me and the participant about the games themselves another level was opening up communication about the participant's personal world (i.e., family, school) as well as about thoughts and emotions. Thus, discussion of the game itself helped Marco, John, Jim, Trevor, Sergio, and Geoff become comfortable in talking, creating back-and-forth interaction. The following excerpt from a session with John helps to demonstrate this.

Therapist: So the Decepticons are bad guys?

John: Yes, they are the bad ones trying to take over the world because they want to live here. Their planet is dying so they came here.

Therapist: What makes them bad?

John: They want to hurt humans and the Transformers want to help the humans.

Therapist: Do you ever feel like you are battling Decepticons in real life?

John: Yeah, like the people that make fun of me at school.

Therapist: So, they feel like the Decepticons?

John: Yeah, sometimes I hate them.

As this dialogue continued, the conversation moved from talking about the game to more in-depth topics such as the participant's thoughts and feelings about family, school, and how they viewed themselves. The games aided the process of communication

by being something that the participant viewed as fun and was interested in, as well as being something that I and the participant could do together. This communication was important as it laid the foundation for the use of metaphors in the games which will be discussed in the next section.

Providing Metaphors as a Therapeutic Foundation for Growth and Change

The most important contribution that this study provides is filling the gap in the literature by demonstrating how video/computer games can be utilized as a play therapy tool. The final and most important piece in filling this gap was to demonstrate the ways in which video/computer games provided metaphors for me, the therapist, to apply themes from the material in the games to the everyday life of Marco, John, Jim, Trevor, Sergio, and Geoff. The application of this material was important in laying the foundation for the participant's growth that lead to change, specifically in the areas of Marco, John, Jim, and Trevor learning new coping skills, Geoff, Sergio, Jim, and John experiencing an increase in self worth, and the reduction of sadness for all of the boys. Chapter four shared in detail how these metaphors in the games such as "the force" in *Lego Star Wars*, gaining "attributes" in *SSX-3* (snowboarding), and conquering "quests" in *RuneScape* applied to helping change the participants' views of themselves and the world around them.

Marco, John, Jim, Trevor, Sergio, and Geoff all identified with a particular character or theme in the game that was useful in applying that metaphor to understanding a struggle or building strengths in their everyday life. As discussed in Chapter four, John and Trevor identified with the metaphor of a power or strength that comes from within demonstrated by games like *Naruto, Transformers, or Lego Star*

Wars. For John, when playing the game *Transformers* he likened the "Decepticons" (robot-like creatures who are trying to take over the earth and make it their home) to the bullies that often plagued him at school. Sergio, Jim, and Geoff identified with the relationship part of the games as well as escape from unpleasant people or things. During each session throughout the study, I used these metaphors over and over in linking them from the game to the everyday experiences of Marco, John, Jim, Trevor, Sergio, and Geoff, which eventually began to transform each participant's thinking process. As Marco shared in the final sessions of the study,

> In this world of *RuneScape*, I am universally adored you know? I have a kingdom. I have a castle. Thousands of people call me Master. I am powerful; I have lots of money that I have earned. I'm in control and it feels good. When I got 99 in Woodcutting I remember feeling an overwhelming sense of accomplishment, I wanted to talk to people, go out more, and my grades went up. From playing the game and talking about it the way that we have, I think that it has helped me see that the future doesn't have to be so bleak, and that it's not going to be.

As a licensed therapist who has worked with children for 15 years, it was exciting to find this new play therapy tool and see it be so instrumental in laying a foundation for change! It was also exciting to see Marco, John, Jim, Trevor, Sergio, and Geoff begin to take the metaphors and apply them to their everyday struggles and achieve a sense of control over their circumstances. Chapter four detailed how many of the participants had to deal with bullies, and how these participants were able to apply metaphors of inner strength from games like *Naruto* and *Lego Star Wars* in dealing with these bullies. For participants like John, Trevor, and Geoff, self worth and self confidence began to build and they experienced a sense of control and being "in charge" of their emotions. For Marco, who viewed the future as "futile" and "bleak," he found new hope for the future based on the metaphors that were gleaned from his precious game (*RuneScape*), and these metaphors

helped to increase his self confidence about his ability to be successful in the next stage of his life.

In summary, this section demonstrated how this study “filled the gap” in the literature by demonstrating the use of video/computer games as a play therapy tool for children suffering from emotional disturbances, and how the findings provide useful information to add to the play therapy literature for those who utilize play therapy on a regular basis with children suffering from emotional disturbances.

Implications for Counseling

The results of this study could be used to assist counselors who work with children. First, implications for counselors who work with children suffering from emotional disturbances will be presented. This will be followed by implications for counselors who use play therapy in their work with children.

Implications for Counselors Working with Emotionally Disturbed Children

This study contains important information for counselors working with children suffering from emotional disturbances. First, children suffering from emotional disturbances often have family issues, social issues, school issues, as well as behavioral problems associated with their emotional issues. Thus, the counselor needs to be prepared to address each of these areas.

In addition, the social issues of a child suffering from emotional disturbances create barriers in communication and building rapport. The counselor should be prepared

that these children require an approach that is non-threatening and inviting, and that patience is a must in the rapport building stage. Therapists who work with children suffering from emotional disturbances must be patient in building the therapeutic relationship as it may take some time to do so (Lopes, 2007).

Another factor to consider in working with children suffering from emotional disturbances is that previous negative experiences in the academic, social, and home environments create a low self worth and negative outlook on life for the these children (Wagner et al., 2005). Thus, counselors should be prepared and know that these children have encountered failure in many different arenas, and that a multi-faceted approach is necessary to thoroughly cover all of these influences (Reddy & Richardson, 2000; Wagner et al., 2005).

Implications for Counselors Using Play Therapy

This study contains important information for counselors who use play therapy. First, video/computer games are an effective tool in building rapport with children suffering from the emotional disturbance of sadness. The games provide a fun and interactive approach that can significantly lessen a child's defense systems. Second, video/computer games are an effective tool in increasing communication with children suffering from the emotional disturbance of sadness. The games become a vehicle for communication that offers the therapist opportunities to enter the world of the child. Third, the video/computer games are useful in providing metaphors that apply to the academic, social, emotional, and home issues that children suffering from the emotional

disturbance of sadness encounter on a daily basis. These metaphors bring the therapy to life for the child and give a foundation on which to build future therapeutic work.

Cautions Based on the Findings

Some cautions based on the findings should be noted. First, all of the children in this study liked video/computer games and had some exposure to them outside of the therapy setting. However, not all children like video/computer games and some parents are against their children playing them, whether at home or at the therapy setting. Therefore, video/computer games may not be suitable for all children in all situations. Next, as in any form of play therapy, some toys and games are simply not liked by the child or the parent and the child or parent either ignores them or rejects the use of those toys and games. For example, some parents may object to some of the toys or games in the play therapist's office, such as anatomy dolls or toy guns. The same is true for video/computer games. Therefore, the games provided should be age appropriate, and parental approval of the games that are available for the child is essential. Also, educating the parents about the use of the video/computer games in the play therapy context and the potential benefits of using the games is recommended.

Last, the importance of play therapy training as well as the therapeutic relationship needs to be stressed. It is important that practitioners wishing to use play therapy go through proper training to understand the philosophy, purpose, and dynamics of this wonderful treatment. As mentioned earlier, my training and personality are two factors in building the therapeutic relationship that could have influenced the effectiveness of the treatment. Specifically, since I am a male who exhibits warmth,

empathy, and unconditional acceptance, this could have produced results with the participants who all were experiencing significant father issues such as conflict, abandonment, or neglect.

Recommendations for Further Research

This section will provide recommendations for further research based on the research findings. The purpose of this is to promote further study into the areas that have been examined and uncovered in this study. As Creswell (2007) stated,

> Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem…The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals for a call for action. (p. 37)

This study examined the use of video/computer games as a play therapy tool with children suffering from the emotional disturbance of sadness. While this study found that the video/computer games were effective with the participants in this study, a study using a larger sample with a wider demographic (i.e., girls, younger children) would be helpful to compare results. In addition, assessing the use of the video/computer games in different settings (i.e., crisis settings, schools, etc.) would help those practitioners who work in settings other than a private practice. A study that used an extended number of sessions (i.e., 10-35 sessions) would be helpful to examine if the number of sessions is a factor in producing long-term gains in recipients of play therapy using video/computer games.

Yet, another area for future research is examining the use of video/computer games in play therapy with other characteristics of emotional disturbances, such as school problems or anxiety. This would help practitioners who utilize play therapy by providing them a treatment approach for the multi-dimensional and often confusing problem that emotional disturbances represent.

Finally, this study revealed the bullying issues that affected all of the participants, either currently or in the past. It was evident that children who suffer from emotional disturbances experience fierce bullying that results in deep lacerations in their souls. More research involving video/computer games as a play therapy tool in dealing with bullying would help play therapists address this very common problem experienced by all school-age children, not just those suffering from emotional disturbances.

The Researcher's Reflections on the Research Experience

The topic for this study was born in 2000 as an idea that began like a very faint heartbeat while I observed how troubled young people, identified as "emotionally handicapped" who had previously refused to open up to me began to open the windows of their souls through the use of a much worn 1988 Nintendo Game Boy. Anger was traded for joy, communication began to flow, defenses dropped, and I began to learn something about these children that they had kept secret until the Game Boy was introduced into the therapy regimen. As I entered into post-Master's training, the heartbeat began to grow louder as I pondered the possibility of the use of video/computer in play therapy as a dissertation topic. Dr. Allen's enthusiasm for the topic in the research

methods class caused the heartbeat to heighten in its intensity, the unmistakable reverberations creating a passionate interest within me.

That heartbeat has sustained me in the past eighteen months as I have immersed myself in painstaking research, writing, studying, and connecting with participants and their families. In the time that I began this project, my mother went to be with her Lord, and I endured a grueling custody battle, both of which caused great pain and varying degrees of emotions. As I began to investigate the life of children suffering from emotional disturbances, the shifting emotions in my personal life seemed to parallel the shifting and often complicated emotional states of the participants I was studying. I found myself being transformed to new levels of understanding in not only the information that I was researching and writing for the literature review, but in a deepening of understanding of the everyday pain and frustration of the participants and their families. This became true not only for my work with the participants in the study, but also with the clients that I continued to counsel on a daily basis.

As I connected with the participants and heard their stories, the emotional pain of sadness that engulfed them echoed in my head. As I came home each evening and watched the video tapes and transcribed them, I re-connected with the participant's voices and hearts. I immersed myself in the voice of Trevor sharing "I'm a heartless shell"; Jim relating his feelings about not seeing his father, "I don't care anymore", and Marco's view of the future as "bleak" and "futile". I had always prided myself as a counselor on having the ability to "leave the clients at the office", and rarely found myself thinking of client's issues once I was at home but this was different. Because of reviewing the videotape and transcribing, I was forced to view the sessions from a

different vantage point, and in doing so it made things more personal. Late into the evenings, I thought about the participant's everyday struggles as well as their families' as I sought to enter into their world. I encountered the bravery of the families doing their best to deal with their sons' shifting emotions, and the fear and sadness of the participants as they worried about going to school the next day, and the frustrations of the families trying to find treatment.

This study forced me to get personal. As therapists we are taught to keep a barrier between ourselves and the clients; however, the qualitative tradition forced the barriers to dissolve as I delved deep into the case study material. The heartbeat that had continued to get stronger over the past eighteen months continued on, the passion it drove culminated in providing to me a front row seat in observing the transformation and change that occurred in the participants' lives. The true gift I received as a result of working with these remarkable young people can be summed in John's triumphant exclamation, "You inspire me at everything!" I realized that the shifting emotions that I had experienced over the past eighteen months had stabilized, and that through giving and being challenged by this endeavor, I experienced healing.

This study was by far the most demanding endeavor that I have ever attempted. As someone who loves counseling, writing, and researching, I reached my limits and was called upon to surpass those limits in the completion of this work. This study has made me a better person as a counselor, writer, father, husband, and friend. My counseling work has broadened in its depth, and I am grateful to have developed new skills, gained new knowledge, and acquired new tools in working with children suffering from emotional disturbances.

Summary

This chapter discussed the interpretations, implications, and recommendations of the research findings. The findings of the study were compared and contrasted with the findings in the literature. The research question was answered concerning the effectiveness of video/computer games as a play therapy tool with children suffering from the emotional disturbance of sadness. The implications for counseling were discussed as well as recommendations for future research. Finally, the researcher's reflections on the research experience were shared.

Final Summary

This study provided an examination of the effectiveness of video/computer games as a play therapy tool in treating children suffering from the emotional disturbance of sadness. In Chapter One, the purpose of the study, research question, definitions, and the significance of the study were presented. Chapter Two contained a review of the literature relating to children suffering from emotional disturbances, the effectiveness of play therapy, as well as the investigation of the use of video/computer games in psychotherapy with children. Chapter Three included a description of the research method, including the rationale, assumptions, participant selection, research procedures, instrumentation, as well as data processing and analysis. Chapter Four presented the participants in detail, as well as the findings and relevant results. Chapter Five included a discussion of the findings, as well as the interpretations, implications, and

recommendations for future research. My sincere hope is that the findings of this study will provide a foundation for future research in the area of using video/computer games in play therapy with children.

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APPENDIX A: INTERVIEW PROTOCOL

Demographic Information

1. What is the age of your child?
2. Parents married/divorced?
3. Any siblings? If so, how many?

History

1. Any labor/delivery problems at birth?
2. Any traumatic events that have occurred?
3. How long has the presenting problem been present?
4. Any physical/medical problems?
5. Any current medications?
6. Any previous counseling or psychiatric services?

School

1. What grade is your child in?
2. Has the presenting problem been reported at school?
3. Has there been a decline in school performance?
4. Are there any learning disabilities or documented cognitive deficits?

Sadness

1. Is there irritability in your child?
2. Is there a loss of enjoyment in activities he/she used to enjoy?
3. Is there a withdrawal from friends and family?
4. Has there been a decline in school performance?
5. Are there behaviors you have noticed that are not typical for your child such as tantrums, excessive crying, defiance, or cruelty to animals or peers?

APPENDIX B: Observation Protocol

Session #_____

Rapport

1. Child comfortable and relaxed
2. Child makes eye contact
3. Communication: Child responsive and able to answer questions
4. Other behavioral observations

Mood/Affect

1. Mood (Beginning, Middle, and End of session) Affect (Beginning, Middle, End)
2. Sadness evident during the session?

Game Play

1. What game is used?
2. Behavior during game play
3. Mood during game play
4. Affect during game play
5. Play with therapist/Against therapist (2 player games)
6. Other behaviors noted

Discussion/Application

1. Metaphor used from game play to real world situation
2. Topics/items discussed following game play

APPENDIX C: Informed Consent Form for Participation in a Psychological Study

CONSENT FORM

Computer/Video Games as a Play Therapy Tool in Reducing Emotional Disturbances in Children

Kevin B. Hull
Liberty University
Center for Counseling and Family Studies

Your child is invited to be in a research study of play therapy using computer/video games. Your child is being selected as a possible participant because he/she has been referred for counseling services due to an emotional disturbance. I ask that you read this form and ask any questions you may have before agreeing to have your child participate in the study.

This study is being conducted by: Kevin B. Hull, Center for Counseling and Family Studies, Liberty University.

Background Information

The purpose of this study is to examine the use of computer/video games as a play therapy tool with children who are suffering from an emotional disturbance. I am a Licensed Mental Health Counselor in the State of Florida (MH6661) and will adhere to the Laws and Rules of the Board of Health, as well as the Ethics code of the American Counseling Association as my license requires.

Procedures

If you agree to have your child participate in this study, I would ask him to do the following things:

1. Receive counseling services in the form of play therapy using computer/video games.
2. Agree to receive the counseling services for at least six sessions.
3. Should your child require more sessions, I will provide them.
4. You will receive feedback following each session.

Risks and Benefits of Being in the Study

The study has some risks, although the risks are not any greater than what might be anticipated with any counseling services.

1. The play therapy could trigger strong emotional reactions in your child depending on the background of the presenting problem. Should this occur, I am trained to deal with them and will inform you at the end of the session how you can help your child.
2. Should there be a disclosure of physical or sexual abuse, I am mandated by the State of Florida Board of Health Laws and Rules to disclose that information to the proper authorities.

The anticipated benefits of the study are:

1. Resolution of the emotional disturbance for which your child was referred.
2. Decrease of sadness.
3. Improved emotional health and well-being.

Confidentiality

The records of this study will be kept private. In any sort of report that is published, I will not include any information that will make it possible to identify as subject. Research records will be stored securely and only researchers will have access to the records. In accordance to the State of Florida Board of Health Laws and Rules as well as the ethical standards of the American Counseling Association, I am required to keep all identifying information private. The limits to this confidentiality include: (a) if your child makes a statement of wanting to harm them or someone else, or (b) if he/she discloses physical or sexual abuse.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University, or Hull and Associates, P.A. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researchers conducting this study are: Kevin B. Hull and Dr. John C. Thomas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact Mr. Hull at: 6700 South Florida Avenue, Suite 11, (863) 644-8241,

Hullcounseling@Tampabay.rr.com. Dr. Thomas can be reached at (434) 592-4047, Jcthomas2@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Suite 2400, Lynchburg, VA 24502, or email at fgarzon@liberty.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of parent or guardian:_____Date:_____

Signature of Investigator:_____Date:_____

APPENDIX D: Training Manual for Peer Reviewers

Welcome! Thank you again for agreeing to participate as a peer reviewer in my research project. I have put this manual together for you as a training tool to help you as you review the sessions.

Purpose of the Study

The purpose of this study is to examine the effectiveness of computer/video games as a play therapy tool for children suffering from an emotional disturbance of sadness. I will be conducting six individual sessions of play therapy with 6 children, ages 10-14. Your main job as a peer reviewer will be to keep me as the researcher honest, ask hard questions about methods, meanings and interpretations, and to act as a sounding board for my ideas about the information that is gathered.

Assessing the Sessions

You will be reviewing the sessions that I have videotaped. You will be assessing the sessions with the following protocol:

Rapport

1. *Child comfortable and relaxed*
2. *Child makes eye contact*
3. *Communication: Child responsive and able to answer questions*
4. *Other behavioral observations*

Mood/Affect

1. *Mood (Beginning, Middle, and End of session) Affect (Beginning, Middle, End)*
2. *Sadness evident during the session?*

Game Play

1. *What game is used?*
2. *Behavior during game play*
3. *Mood during game play*
4. *Affect during game play*
5. *Play with therapist/Against therapist (2 player games)*
6. *Other behaviors noted*

Discussion/Application

1. *Metaphor used from game play to real world situation*
2. *Topics/items discussed following game play*

Peer Review Sessions

I will be meeting with you in person to get your feedback and to compare observations. Your role will be to assess my methods, meanings, and interpretations. The goal is to refine the findings and make them as clear and consistent as possible.

APPENDIX E: LIST OF MAIN THEMES AND SUB-THEMES

I. Theme One: The Enveloping Sadness

A. A Sense of Broken Self Worth

B. Father and Family Issues

C. Decline in School Performance

II. Theme Two: The Games as a Tool

A. Communication Through Game Play

B. Connecting the Dots: Bridging the Gap from Game Play to Real Life

III. Theme Three: Transformation and Growth

A. New Coping Skills

B. Increase in Self Worth

C. Decline in Sadness