PLAY THERAPY WITH LOW ACHIEVERS
IN READING

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF EDUCATION

BY

Judy C. Crow, B.A., M.A.
Denton, Texas
August, 1989
Crow, Judy C., *Play Therapy with Low Achievers in Reading*. Doctor of Education (Counseling and Student Services), August, 1989, 84 pp., 10 tables, references, 60 titles.

Play therapy in a school setting was studied to determine its therapeutic effectiveness on students' reading achievement, self-concept, and locus of control. The sample consisted of 24 students in two first grade classes who had been retained because of low achievement in reading. Instruments used in the study were the Gates MacGinitie Reading Test, the Piers-Harris Children's Self-Concept Scale, and the Intellectual Achievement Responsibility Questionnaire.

Analysis of covariance, used to test the significance of the difference between the adjusted post-test means of the experimental and control groups, showed that participants in play therapy scored significantly higher in self-concept than did those who were not exposed to treatment. No statistically significant differences were found between the two groups in reading achievement or locus of control.

Since research has shown that low achievers in reading tend to have low self-concepts, it seems reasonable to assume that improved self-concept would be...
related to improved reading scores. The nature of such a possible relationship needs further study.
Recommendations were made for integrating affective components into academic remediation programs, and suggestions for further research were made.
# TABLE OF CONTENTS

LIST OF TABLES ............................................ v

Chapter

I. INTRODUCTION ...................................... 1

Related Literature
Reading and School Achievement
Self-Concept and Reading Achievement
Grade Retention and Self-Concept
Locus of Control and School Achievement
Play Therapy and Reading Achievement
Play Therapy with Special Populations
Rationale for Play Therapy in Schools
Summary

II. PROCEDURES ..................................... 28

Purpose of the Study
Hypotheses
Definition of Terms
Instruments
Selection of Subjects
Collection of Data
Procedure for Data Analysis

III. RESULTS AND DISCUSSION ..................... 47

Analysis of Data
Summary of Results
Discussion
Conclusions and Recommendations
Appendix A: Consent Form
Appendix B: Parental Information Forms
Appendix C: Teacher Information Form
Appendix D: Child Information Form
Appendix E: Follow-Up Letter
Appendix F: Conference Request Letter
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age, Sex, Race, Grade Retention, and Reading Test Scores for the</td>
<td>41</td>
</tr>
<tr>
<td>Experimental Group</td>
<td></td>
</tr>
<tr>
<td>2. Age, Sex, Race, Grade Retention, and Reading Test Scores for the</td>
<td>42</td>
</tr>
<tr>
<td>Control Group</td>
<td></td>
</tr>
<tr>
<td>3. Means and Standard Deviations on the Gates MacGinite Reading Test</td>
<td>48</td>
</tr>
<tr>
<td>4. Analysis of Covariance Data for the Comparison of Mean Scores on</td>
<td>48</td>
</tr>
<tr>
<td>the Gates MacGinite Reading Test</td>
<td></td>
</tr>
<tr>
<td>5. Means and Standard Deviations on the Piers-Harris Children's Self-</td>
<td>49</td>
</tr>
<tr>
<td>Concept Inventory</td>
<td></td>
</tr>
<tr>
<td>6. Analysis of Covariance Data for the Comparison of Mean Scores on</td>
<td>50</td>
</tr>
<tr>
<td>the Piers-Harris Children's Self-Concept Inventory</td>
<td></td>
</tr>
<tr>
<td>7. Means and Standard Deviations on the Intellectual Achievement</td>
<td>51</td>
</tr>
<tr>
<td>Responsibility Questionnaire</td>
<td></td>
</tr>
<tr>
<td>8. Analysis of Covariance Data for the Comparison of Mean Scores on</td>
<td>52</td>
</tr>
<tr>
<td>the Intellectual Achievement Responsibility Questionnaire</td>
<td></td>
</tr>
<tr>
<td>9. Individual Subject Scores on the Intellectual Achievement</td>
<td>54</td>
</tr>
<tr>
<td>Responsibility Questionnaire</td>
<td></td>
</tr>
<tr>
<td>10. Individual Subject Percentile Scores on the Gates MacGinite</td>
<td>55</td>
</tr>
<tr>
<td>Reading Test</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Because of its significance in our society today, reading takes on meaning as a developmental task; failure to master this task may have a negative impact on a child's self esteem (Gentile & McMillan, 1987; Sebeson, 1970; Smith & Dechant, 1961). Because the ability to read is the foundation for achievement in many areas, children who experience failure in reading often experience difficulty in other academic areas. Their lack of academic success in turn leads to social maladjustment and emotional problems, all of which become so intertwined that the disabled reader becomes trapped in a vicious cycle (Warncke, 1981).

Although the exact nature of the relationship between emotional difficulties and reading difficulties has been virtually impossible to establish, the literature supports the hypothesis that a definite relationship exists. Maslow (cited in Wirth, 1977) believed that many reading problems stem from emotional immaturity brought about by unmet needs. Emotional immaturity and unmet needs may result in children feeling helpless and unable to measure up to social expectations. If the low order
needs of disadvantaged learners are not met, they will probably be unprepared to learn to read and may not benefit from instruction.

Gates (1941) concluded that "personality maladjustment is frequently found to coexist with reading disability" (p. 85). Gates (1947) also reported that as many as 75% of severely disabled readers were estimated to show some personality maladjustment. Smith and Dechant (1961) concluded that the incidence of maladjustment among poor readers was significantly greater than among good readers. According to Abrams (1987) and Austin (1958), feelings of failure and frustration accompanying reading disability often lead to emotional conflicts. Zolkos (1951) noted that "Repeated failure may result in frustration, and the continual persistence of failure strengthens the frustration, leading to emotional maladjustment and complete discouragement and failure in the reading process" (p. 514).

Repeated failure in reading contributes to children regarding themselves as failures. Their reaction to this experience is often one of hopelessness and lack of control (Bryan & Pearl, 1979; Purkey, 1970). Such children feel unable to achieve in spite of their efforts and feel they have little power to change their situation.
They learn to operate from an external rather than an internal locus of control. Failure-prone students feel impotent and powerless in school, and reading seems to be the area in which they feel most powerless. These reading-disabled students are more likely to have negative self-concepts and to make causal attributions based on an external locus of control (Bryan & Pearl, 1979).

Although no single emotional symptom has been identified as being synonymous with reading disability, poor self-concept and excessive anxiety are most frequently cited (Lewis, 1984). It seems clear that persistent failure in reading results in feelings of worthlessness, inferiority, and self-doubt (Holmes, 1955; Sebeson, 1970; Smith & Dechant, 1961; Werner & Strother, 1986; Zolkos, 1951).

Researchers studying reading retardation at the Educational Clinic of Boston University, found that 39% of the children demonstrated an emotional disturbance of some kind. Feelings of inferiority, insecurity, and lack of confidence were found to be prevalent (Bennett, Sullivan, & Szymanski, 1950).

Any behavioral or learning distortion involves the total organism and must be dealt with as such (Bixler, 1945; Dreikers, 1954; Landreth, Allen, & Jacquot, 1969).
The emotional as well as intellectual needs of the child must be met, and to meet these needs the whole child must be considered (Axline, 1949). According to Gentile and McMillan (1987) and Strother and Barlow (1985), emotional factors need to be considered as potential deterrents or enhancers of the reading process. Simple remediation in academic areas is not enough to overcome children's negative self-concepts and the feelings of powerlessness which may be retarding them academically, particularly in reading.

It would appear important to offer some therapeutic medium for children in the schools in order to alleviate these negative reactions and feelings of worthlessness. Yet, many elementary schools either have no school counselors or employ counselors untrained in a therapeutic method of intervention such as play therapy, which is particularly helpful in promoting children's emotional adjustment.

In an evaluative school environment, children feel guarded, withhold their feelings and are not fully open to learning experiences. On the other hand, as Axline (1969) proposes, if children were offered an adjunct experience providing a safe, accepting, and supportive environment, such as a play therapy relationship, they would begin to
discover their own internal strengths and the potential to reach their full capacity to learn. Guerney (1983) suggests that the opportunity in play therapy to fantasize, to practice behavior, and to experience successes not possible in real life seems to promote more mature adaptive behavior and seems to assist in cognitive development.

If Guerney and the other investigators cited earlier are correct, exposing a child to a positive environment provided by play therapy should increase his or her capacity to learn, which should result in an improved self-concept and, in turn, create a desire and motivation to read. This study was designed to examine the effect of such an environment, specifically that of play therapy, on children's emotional development and various aspects of their academic achievement. Questions to be answered include the following: What is the effect of play therapy on low achievement in reading, on self-concept, and on locus of control? Do children who receive play therapy in a school setting perform differently from children who do not receive play therapy? Do children in a school setting who receive play therapy demonstrate higher levels of internal control? Can a child's concept of self be altered by play therapy experiences in a school setting?
Related Literature

Reading and School Achievement

Not only is reading mastery a top priority in schools today, but for many parents, reading is a priority upon which they place undue emphasis and the basis on which they evaluate their child's intelligence (Strother & Barlow, 1985; Wirth, 1977). Because many parents overemphasize reading achievement, they compound the problem of poor reading achievement by nagging the child and becoming intolerant, angry, or even bitter when their child fails in reading. These parents often blame the school and the teacher, causing the child to feel that circumstances are beyond his or her control (Smith & Dechant, 1961; Strother & Barlow, 1985; Warncke, 1981). Thus, such parental attitudes significantly affect children. According to Moustakas (1955), "The parent's attitude is the most powerful factor in the child's emotional development" (p. 81).

Dreikers (1954) proposed that "poor reading is the strongest rebuff to the order of adults" (p. 345). A child's reluctance to accept rules and to conform to them is manifested particularly in the study of reading and writing. Related maladaptive behaviors which often result include (a) inability to do work that others the same age
can do; (b) poor work habits; (c) inattentiveness; (d) psychological and physical withdrawal; (e) indecision; (f) aggression; (g) difficulty in cooperation; and (h) a general feeling of insecurity and apprehension (Dreikers, 1954; Holmes, 1955; Sebeson, 1970).

Because reading is so important in our society, children tend to adopt a view similar to that of adults; the study of reading, more than any other area in school, engenders emotional reactions. Those children who perceive themselves as poor readers often feel defeated almost before they start as a result of their initial exposure to reading, which brought feelings of embarrassment or failure. Unfortunately, such children develop this view of themselves as poor readers before they have been identified as needing extra help in reading. Before help is given, they begin to behave in ways consistent with their impaired self-concept (Gates, 1941; Wirth, 1977). Poor readers have little motivation in other academic areas. Their feelings of nervousness, inadequacy, and discouragement usually indicate a low self-concept and result in underachievement in academics (Sebeson, 1970).
Self-Concept and Reading Achievement

According to Wattenberg and Clifford (1964) "Among children severely retarded in reading, there are many who also have low self regard" (p. 461). Their research findings showed that as early as kindergarten age, self-concept factors are antecedent to and predictive of reading accomplishment. In general, the measures of self-concept and ego strength taken at kindergarten were predictive of reading achievement two and one-half years later. Wattenberg and Clifford concluded that measures of the self-concept, if taken early in kindergarten, would add to the predictive efficiency now attainable through mental ability tests. Lamy (1965) also found that kindergarten students' perceptions of themselves and their world gave as good a prediction of reading achievement as intelligence test scores.

According to Werner and Strother (1986) "Some children . . . perceive that their self worth is directly related to their early performance, usually in reading" (p. 538). Black (1974) selected samples of normal and retarded readers whose average placement was fourth grade level and found that the mean self-concept of the retarded readers on the Piers-Harris Children's Self-Concept Scale
was significantly lower than the mean self-concept of the normal readers.

In a study of 133 first-grade students, Williams (1978) failed, however, to find support for the relationship between children's self-concepts and their first or second grade reading achievement. This lack of correlation was due possibly to the fact that many of the students had not internalized reading as a value at this age or that the modified version of the Coopersmith Self-Esteem Inventory was not sensitive enough to measure the self-concept of children in the first grade.

Research findings seem to indicate that poor reading ability is closely bound up with feelings of personal worth, and that underachievers tend to have negative self-concepts. Purkey (1970) suggests that "... there is a continuous interaction between the self and academic achievement, and that each directly influences the other" (p. 23).

If children are being constantly evaluated and their self-worth is made dependent upon academic achievement or how well they can read, they are likely to become discouraged when they fail to measure up. The discouragement they feel must be counteracted by
encouragement and opportunities for self-direction and enhancement of self-concept before they can learn to read.

Grade Retention and Self-Concept

Children develop feelings about self and self-image from experiences, and these experiences include the attitudes, opinions, and conduct of significant others in their life. Thus, the approval or disapproval of these significant others and the experience of either success or failure affects children's self-concepts (Ludwig & Maehr, 1967; Sebeson, 1970; Wylie, 1961).

Failure to be promoted from one grade to the next many times causes significant others in a child's life to view the child as inadequate. White and Howard (1973) explored the problem of failure to be promoted and its effect on the development of the self-concept of elementary school students. The subjects in their study were 624 sixth-grade students classified according to the number of times they had failed a school grade. It was hypothesized that failure to be promoted would be associated with a negative self-concept and that those students who had failed more than one school grade would have a more negative self-concept than those who failed only one grade. The Tennessee Self-Concept Scale was used to test the subjects in the areas of identity,
self-satisfaction, behavior, physical self, moral/ethical, personal self, family self, social self, and total positive. The only subscale that was not associated with failure was the physical. The results of this study suggest that the self-concept of elementary students is related to failure to be promoted.

Once children become labeled as retainees, they begin to regard themselves as failures. They feel unable to achieve in spite of their efforts and feel they have little power to change their situation. Such feelings of helplessness tend to be circular; that is, as children feel it is useless to attempt mastery, they fall further behind, bringing them more negative feedback, which, in turn, reinforces the idea that they are failures (Covington, 1961; Millaway, 1974). These children may come to blame themselves and attribute their failure to a lack of ability. Such children may ultimately confuse ability with worth. When parents and teachers share these views, they reinforce the child's sense of failure. In such cases, neither the home nor the school gives the child the sense of security needed for emotional stability.
Locus of Control and School Achievement

Children with an external locus of control believe that their lives are controlled by outside forces over which they have no control, whereas children with an internal locus of control believe they have direct control over their lives. Positive feelings about oneself and the perception of an internal locus of control have been found to be related to higher achievement, greater motivation, faster learning, better social adjustment, and maturity (MacDonald, 1971; Purkey, 1970).

Children with low self-esteem and the perception of an external locus of control are clearly at a disadvantage in many areas. They adapt self-defeating behaviors such as lack of attention, fear of failure, fighting, and underachievement, feelings which block the use of better responses and contribute to low esteem and the development of an external locus of control (Omizo & Omizo, 1987).

Children who fail consistently attribute their failures to lack of ability and their successes, though infrequent, to external factors such as luck or the teacher's generosity (Covington, 1961). They expend a tremendous amount of effort trying to avoid failure in order to protect their sense of self-worth. Striving for achievement and the process of traditional education have
little meaning for externally-oriented children who do not perceive a lasting relationship between their own behavior and others' approval or disapproval because they feel that these factors are beyond their control (Reimanis, 1973). The consequences of failure can be motivating or disruptive, depending upon what children tell themselves. Those who routinely give up in the face of failure believe the outcome is independent of effort (Fowler & Peterson, 1981). They believe failure will be the outcome no matter how hard they try, so they stop trying.

A number of researchers have found that learning-disabled children score lower on measure of internal control for success than nondisabled children (Crandall, Katkovskey, & Crandall, 1965; Nowicki & Strickland, 1973). Pearl, Bryan, and Donahue (1979) found that learning-disabled children in grades three through eight had lower perceptions of internal control over success than did nondisabled children on the Individual Achievement Responsibility Questionnaire. However, there were no group differences for locus of control in relation to failure. Bryan and Pearl (1979) concluded that "research on children's locus of control fails to support the notion that disabled children remain optimistic until experience proves them wrong" (p. 226).
Omizo and Omizo (1987) studied the effect of group counseling on self-esteem and locus of control of learning-disabled children. The results of their study indicated that the participants in group counseling felt better about themselves and had a higher perception of internal locus of control on measures of the Locus of Inventory for Three Achievement Domains and the Coopersmith Self-Esteem Inventory than did participants in the control group.

Wirth (1977) tested the effects of a remedial reading program on third through sixth graders' perceptions of responsibility for achievement. Four public and three nonpublic elementary schools were selected for this study. The experimental groups were composed of those who scored low on perception of responsibility for success and failure on the Individual Achievement Responsibility Questionnaire. Groups of four to seven students participated in daily 30-minute classes for seven months. In addition to remedial and developmental reading materials, the Developing Understanding of Self and Others materials were used in these classes to provide affectively-oriented activities. Comparable groups of students from the two schools were selected as control groups. There were significant differences in the
treatment and control groups' perceptions of responsibility for academic successes and failures at the fourth-, fifth- and sixth-grade levels. These findings suggest that with affective treatment, underachievers who ordinarily are less willing to assume responsibility for their academic successes and failures become more willing to assume responsibility and, presumably, become more motivated to learn.

Play Therapy and Reading Achievement

According to Smith and Dechant (1961) "Reading is one of the few academic areas in which we demand success for all children" (p. 1). Unfortunately, this is not always possible. The researchers also believe reading is the key to children's success in school and to their personal and social adjustment.

Although a relationship between children's adjustment and reading attainment has been established, few publications report the effects of counseling intervention strategies on reading attainment of children in primary grades. One of the earliest such studies was that of Axline (1947), who studied the effects of play therapy on children with reading problems. Thirty-seven second-grade children were chosen from a group of 50 underachieving readers. The sample consisted of 8 girls and 29 boys who received the lowest scores on the Gates Primary Reading
Test. Demonstrated gains were noted on reading test scores and intelligence test scores after three and a half months of nondirective play therapy with no remedial reading instruction given.

Bills (1950) also investigated the effects of play therapy on reading ability. His sample consisted of eight poorly adjusted, eight- and nine-year-old slow readers. The control group was composed of 10 children who were not as retarded in reading. The experiment was designed so that each child served as his or her own control. After six individual and three group play therapy sessions, students in the play therapy group showed significant gains in their reading ability.

In an effort to adapt the principles of nondirective play therapy to the classroom, Carlton and Moore (1966) used self-directive dramatization of stories in the regular classroom in an attempt to improve student self-concept and achievement in reading. The experimental group consisted of Grades 1 through 4 in a public elementary school with an average of approximately 30 pupils per class. A matched control group received traditional reading instruction, and the experimental group received self-directive dramatization stories at different times over a period of three and one-half
months. The experimental group achieved significantly greater gains in reading and favorable changes in self-concept.

Swartz and Swartz (1985) assessed the effects of a multifaceted counseling program on emotional adjustment and reading achievement. The subjects were 22 students who qualified for Chapter I remedial reading services and who had unexplained achievement defects, inadequate adjustment, emotional or behavioral problems, or disruptive family circumstances affecting academic performance. Individual play therapy sessions for those children whose problems were judged to be most severe and group counseling or whole class sessions for small groups experiencing similar but less severe problems were conducted weekly with teacher consultation provided. The total number of sessions conducted was not reported. Gains in reading achievement and emotional growth were reported only for those children who received individual play therapy. Although the study was descriptive and no control opportunities were available, emotional growth as well as reading achievement were demonstrated.

Play Therapy with Special Populations

Dyslexic children with both behavioral and reading difficulties have been involved in very few controlled
studies using play therapy. Griffiths (1971) conducted one of the few such studies, using the traditional methods of teaching dyslexic children in conjunction with an approach comparable to play therapy. While this procedure was not defined formally as play therapy, the premise underlying its goals and many of the methods used to attain these goals were virtually the same as those of play therapy.

The children involved in the study were described as having low or marginal self-concepts and as being discouraged in a world in which so much emphasis is placed on identification of symbols, an area in which they were inept. In addition to the traditional classroom setting, an adjunct situation was carefully arranged which differed from the school experience in which the child had already failed. The therapy sessions were held in an uncluttered room, the furnishings consisting simply of a table with materials which the children were allowed to manipulate as freely as desired, utilizing their own ideas entirely. The freedom allowed in these sessions paralleled that allowed in play therapy. As therapy progressed, the children came to see themselves in more positive ways. Along with improved behavior, there were significant gains in academic achievement.
Children who have been abused suffer devastating damage to their personalities; there is no short cut to effective treatment of their severe psychological problems. It appears, however, that psychodynamically-oriented play therapy may be a useful treatment for abused and/or neglected children. Studies evaluating the outcome of play therapy for abused children confirm that most children benefit from treatment (Mann & McDermott, 1983). Green's study (cited in Mann & McDermott, 1983) reported significant improvement in 15 of 16 abused children in impulse control, object relations, and cognitive functioning after they had been in play therapy for nine months.

Barlow, Strother, and Landreth (1985), in their report on a four-year-old child with behavior problems, found the therapeutic procedure of play therapy to be effective in helping the child overcome some of her regressive behaviors, such as temper tantrums, thumb sucking, and hair pulling that was so extreme that it had led to baldness. The authors concluded that play therapy helped the child explore new relationships, organize her experiences and express her feelings freely, thus relieving her anxiety. Barlow, Strother and Landreth also report that play therapy can be used in elementary schools
to help children who lack self-control, are dependent, show regressive behavior, have failed at reading, and have experienced school phobia.

In a case study of Amy, a five-year-old elective mute child, individual play therapy along with sibling group play therapy and parent consultation proved to be a viable treatment (Barlow, Strother, & Landreth, 1986). For children exhibiting elected mutism, an atmosphere of safety and trust must exist in order for the child to feel comfortable. In addition there must be no pressure to communicate verbally. Play therapy meets both of these criteria. Amy was virtually paralyzed in her efforts to function in society because of deficient verbal communication skills and underdeveloped social skills. After nine months of play therapy, Amy was removed from a special education class and placed in a regular first-grade classroom.

Young children who are subjected to parental pressure to read early suffer from various problems including reading failure and school phobia. Werner and Strother (1986) suggest that though parents may be well intentioned, too much pressure can negatively affect a child's self-concept, socialization, and attitude toward reading. They reported on two children, ages four and
six, exposed to early literacy instruction. One child was negatively affected by high parental expectations. He was described as a "hurried reader," valuing reading only as a means for receiving praise and attention. Such children tend to become so proficient in a specialized area such as reading at an early age that other aspects of their personality fail to develop. Elkind (1981) referred to this phenomenon as "premature structuring." In the case of this "hurried reader," play therapy was used to help him deal with his negative emotions related to his environment and the pressure on him to perform.

In examining the possible effects of play therapy on intelligence, Axline (1949) conducted 8 to 20 play therapy sessions with 15 six- and seven-year olds. The group of children who showed a gain in I. Q. scores after therapy differed from the group who showed no appreciable change; the children whose scores improved had completed their therapy, whereas the others, the therapists felt, were not ready to terminate therapy. Axline did not claim that play therapy raised the scores of these children, but explained the increase in scores by saying the children were freed from emotional constraint and could thus more
adequately use their ability. It would seem that a similar emotional process could take place with disabled readers.

Rationale for Play Therapy In Schools

Emotionally charged concept formations inhibit learning. Thus, any type of remedial therapy must take into account the uniqueness of each child while attempting to treat the emotional dysfunction as well as the reading problem (Lewis, 1984). Whoever works with the child, whether it be a remedial reading teacher or a therapist, must, as Holmes (1955) asserted, "lend order and stability to the disorganized and tense child by being patient, sympathetic, and systematic . . . . She must not only gain the child's confidence but instill self-confidence in the child . . . ." (p. 15).

One of the primary objectives of play therapy is to help the child grow in his or her sense of self-significance and self-adequacy. According to Moustakas (1955), normal emotional development in the early years of life in a family relationship parallels the emotional growth in a play therapy relationship. By exploring personal feelings and attitudes in the relationship with the therapist offered by play therapy, the child gains a sense of inner relaxation, insight, and a sense of personal adequacy and worth. In this
supportive climate, the child is freed from the damaging effects of intense hostility and anxiety and regains a sense of self-capacity. With this restoration the child feels safe to venture into new experiences where success rather than consistent failure becomes a part of life (Moustakas, 1955).

Young children do not usually possess the necessary verbal skills to express problems directly even when they feel free to do so (Carlton & Moore, 1966). Instead of using abstract words, they use play as a natural means of communication. According to Landreth (1983, p. 200) "Play is to the child what verbalization is to the adult." If significant communication is to take place between the child and counselor, play media are vital. A school setting offers a natural, comfortable, and effective environment in which communicating through play can occur.

Young elementary children who are experiencing problems in school are beginning to test roles and concepts, develop social relations, and work through some of their problems and frustrations. While play therapy may not be used to analyze the child's behavior, it is useful, especially in elementary school, in facilitating communications related to these issues (Nelson, 1982). No attempt is made to change or label the child. Rather, the child is seen as a unique individual who, through the play
therapy process, becomes free to self-actualize (Alexander, 1982).

Because few facilities are available for the mildly disturbed child, what better place than the school for assisting such a child whose parents may be willing to receive this help but unwilling to participate or pay for more costly therapy in a clinical setting (Alexander, 1982). Using play therapy in school provides opportunities to meet developmental needs not only of the maladjusted child but of all children (Landreth, 1987).

Most children referred for play therapy have problems with relationships. Through the development of trust in the therapist, the child-therapist relationship may serve as a catalyst to a better relationship between the child and his or her teacher and peers (Alexander, 1982). A fully equipped play room is not essential; the important element is that children be allowed to choose a mode of communication comfortable for them.

Play therapy can be an adjunct to the learning situation. Because schools attempt to assist children in their intellectual, emotional, social, and physical development through many and varied learning experiences, play therapy can be one of these experiences which assists children in maximizing their full potential to learn (Landreth, 1983). In identifying the main objectives of
play therapy, Landreth (1987) pointed out that "play therapy is a learning experience for children . . . with objectives consistent with those of the school: to assist children in learning about themselves and their world" (p. 257).

Summary

Reading is usually the one subject upon which achievement in all other academic areas depends. Most researchers agree that emotional problems often contribute to children's struggle with reading and their failure to read. Research findings indicate that poor reading ability is closely related to a child's feelings of personal worth. In many cases, traditional methods of teaching reading, and schooling in general, contribute to the development of feelings of inadequacy and a negative view of self. Young children enter the learning situation expecting to succeed. During the years that children form their self-concept, they should experience more success than failure. As Griffiths (1971) notes, "only children with secure self-concepts can successfully experience failure" (p. 132).

Grade retention has been shown to exert a negative effect on children and their self-concepts. The external
evaluation by significant others, such as a teacher, is of extreme importance, particularly to elementary-age children because of the high value placed on these opinions. If children come to view themselves as failures at an early age, this negative view will become their impression of themselves or, in essence, their "self-concept." Having to struggle with a sense of failure uses the energy that could be more constructively spent in the learning process.

Although failure is a realistic part of success and an element ever present in life, children who consistently fail tend to give up and give in to a sense of powerlessness. They ascribe their failures and successes to significant others in their lives. These children need help as they learn to accept credit for their success and to deal positively with their failure.

Children with an internal locus of control have been found to be more academically successful, more motivated, better adjusted socially, and more mature. Children with an external locus of control are at a disadvantage socially, emotionally, and academically because they believe their lives are controlled by forces over which they have no control.

Play therapy is a medium which can help children begin to feel more in control, learn to accept and utilize
personal responsibility and self-discipline, and perceive themselves in a more positive manner. Although there have been few carefully controlled studies on the effects of play therapy on reading achievement, those reported suggest that a relationship exists between children's emotional adjustment and reading attainment. Investigators need to consider play therapy as an adjunct to the total educational process. The result may be a freer child, one who develops innate abilities more fully, and, ultimately, becomes a better learner and reader.
CHAPTER II

PROCEDURES

This chapter presents the purposes, hypotheses, and definitions of this study. Also described are the instruments, subjects, and procedures for the collection and analysis of data.

Purpose of the Study

The purposes of this study were (a) to determine the therapeutic effectiveness of play therapy on low achievers in reading, self-concept, and locus of control and (b) to provide information about this effectiveness to teachers and administrators in an attempt to offer alternate means of reading remediation aimed at enhancing the students' self-concepts and increasing their internal control.

Hypotheses

The following hypotheses were investigated for this study:

1. Children who receive play therapy will achieve significantly higher mean scores on the Gates-MacGinite Reading Test than will children in the control group.

2. Children who receive play therapy will achieve significantly higher mean scores on the Piers-Harris
Children's Self-Concept Inventory than will children in the control group.

3. Children who receive play therapy will achieve significantly higher mean scores on the Intellectual Achievement Responsibility Questionnaire than will children in the control group.

Definition of Terms

1. Self-Concept--The evaluation a person makes in regard to him or herself (Coopersmith, 1967). It involves one's personal judgment of worthiness, which is manifested in attitudes and behaviors. Self-concept was operationally defined as the scores children received from self-ratings on the Piers-Harris Children's Self-Concept Scale.

2. Reading Achievement--The grade at which the children scored on the Total Reading Score of the Gates-MacGinitie Reading Test.

3. Locus of Control--A construct used to describe whether individuals believe that the positive and negative reinforcements they receive are the consequence of their own actions or are beyond their control. Locus of control was operationally defined as the scores children received on the Intellectual Achievement Responsibility Questionnaire.
a. **Internal Locus of Control**—The belief that an event is contingent upon one's own actions.

b. **External Locus of Control**—The belief that an event is the result of luck, chance or under the control of powerful others, **not** under one's personal control.

4. **Low Achievers in Reading**—Those children who were achieving at least one year below grade placement in reading as measured by the total reading score of the Gates-MacGininte Reading Test.

5. **Play Therapy**—The process of counseling with a child through the use of play media as a basis for communicating with and understanding the child. As defined in this study, play therapy is therapeutic play in an appropriately equipped play room with an experienced play therapist present. Through play, the child's natural medium of expression, the child will begin to express feelings, both positive and negative, and these feelings will be accepted and reflected by the therapist. This acceptance and understanding by the therapist should help the child in accepting and understanding self (Axline, 1969; Ginott, 1961; Moustakas, 1955).
Instruments

The Gates-MacGinitie Reading Test, published by Teachers College Press, Columbia University, New York, is a multiple-item paper-pencil test of vocabulary and reading comprehension which measures the reading achievement of students in Grades 1 through 12. The Basic R (Grade 1) also measures letter recognition and letter sounds (MacGinitie, 1978). The Basic R was chosen because it is recommended for use in first grade. It consists of eight subtests: Listening Comprehension, Auditory Discrimination, Visual Discrimination, Following Directions, Letter Recognition, Visual Motor Coordination, Auditory Blending, and Word Recognition.

The total weighted score is obtained from the raw scores of the first seven subtests. A raw score in itself does not tell as much about the achievement of students as the other scores that can be derived from it by using the table of norms. Both normalized standard scores (Readiness Standard Scores) and percentile scores (Readiness Percentile Scores) based on the Total Weighted Score allow examiners to make comparisons among children in a group. A percentile rank derived from a particular raw score tells the percentage of students at that grade level whose raw score was the same or lower than that of
the subject tested. The score on the Word Recognition subtest is obtained separately and provides the examiner with a simple means of locating quickly those children who have already acquired some reading ability (MacGinitie, 1978).

The norms for the Gates-MacGinitie Reading Test were established through the administration of the tests to a nationwide sample of approximately 65,000 students in Grades 1 through 12 from October 1976 to May 1977. These students were drawn from public and parochial schools in a stratified random sample which was weighted to be representative of the school age population as of the 1970 census.

Reliability, or the degree of consistency of the results of the test, was measured, and the alternate form reliability coefficient for Primary A, vocabulary, was 93. The alternate form reliability coefficient for Primary A, comprehension, was 93 and for Basic R, 88 (MacGinitie, 1978). Concurrent validity was established by the correlation between performance on the Gates-MacGinitie Reading Test and the Metropolitan Achievement Test on Levels D and E. The correlations were between .79 and .92, with those higher being for total test scores.

The Piers-Harris Children's Self-Concept Scale was developed especially for work with children and
adolescents. It is an 80-item, self-report questionnaire designed to assess how children and adolescents feel about themselves. It can be administered either individually or in groups. Children are asked to indicate whether each statement applies to them by giving a yes or no response. All cluster scales are scored in the direction of positive self-concept, so a high score indicates a high level of assessed self-concept within that specific dimension.

An overall assessment of self-concept is reflected in three summary scores: a total raw score, a percentile score, and an overall stanine score. The total raw score is the single most reliable measure. With a raw score range of 0 to 80 reflecting the total number of items responded to, a high total score on the scale indicates a positive self-concept, whereas low scores are indicative of a negative self-concept. The instrument originally consisted of 152 items which were later reduced, after two item analyses, to 80 items. The items were carefully written and cover areas of self-concept particularly related to physical aspects, abilities, and personality. Six factors emerged as a result of a factor analysis of the scores of 457 sixth graders. These included (1) behavior, (2) standing in school, (3) appearance, (4) anxiety, (5) popularity, and (6) happiness. The reliability coefficients ranged from .42 (with an interval
of eight months) to .96 (with an interval of three to four weeks), with the median test-retest reliability being .73 (Piers, 1984). An investigation of the stability of the revised 80-item scale found it to have better stability using both a two-month (\(r = .77\)) and a four-month (\(r = .77\)) interval. These coefficients were based on scores of 244 fifth graders (Wing, 1966). An attempt was made to build validity into the scale by defining the universe to be measured as the areas in which children reported qualities they did or did not like about themselves. Items with low discriminatory power were dropped; those retained presumably better reflected the children's general self-concept than the others.

This scale correlates positively with the Lipsitt Self-Concept Scale (.68) and negatively with anxiety and similar measures (-.48 to -.69). Piers (1984) calculated internal consistency on a normative sample of 297 sixth and tenth graders. The reliability estimates for the total score, using the KR-20 formula, ranged from .88 to .93. The Piers-Harris appears to be a highly reliable instrument, and the reliability figures compare favorably with other measures used to assess personality traits in children (Piers, 1984).
The Intellectual Achievement Responsibility Questionnaire (hereafter referred to as the IAR) is designed to measure beliefs of responsibility for reinforcement as internal or external. The IAR was developed within the context of a larger research program designed to investigate children's achievement development. It assesses children's beliefs about responsibility for reinforcement exclusively in intellectual-academic achievement situations.

The IAR limits the source of external control to those persons who most often come in contact with a child: his parents, teachers, and peers. This restriction was based on two considerations. The first was the possibility that a child might attribute different amounts of power or control to various external agents. When the IAR was developed, there was no information available to determine whether it was possible to generalize about children's belief in the power of various kinds of external forces, although there was some evidence of generality in adults' belief systems (Rotter, Seeman, & Liverant, 1962). A second reason for the restriction was to focus on children's beliefs in the instrumentality of their own actions compared with that of other people. From a developmental point of view, this appeared important because of young children's dependence upon
others for instrumental help and emotional support (Crandall, Katkovsky, & Crandall, 1965).

The IAR was constructed to test a sample of an equal number of positive and negative events. It was felt that the dynamics operative in assuming credit for causing good things to happen might be very different from those operative in accepting blame for unpleasant consequences. It is possible that belief in personal responsibility for the two kinds of events may develop at different rates, or that this may be true for some children but not others. Thus, the IAR was so constructed that, in addition to a total I (internal or self) responsibility score, separate subscores could be obtained for beliefs in internal responsibility for successes (I+ score) and for failures (I- score).

The children's IAR scale consists of 34 forced-choice items. Each item stem describes either a positive or a negative achievement experience which routinely occurs in children's daily lives. Internal alternatives are designated by an I. Positive events are indicated by a plus sign, and negative events by a minus sign following the I. A child's I+ score is obtained by summing all positive events for which the child assumes credit, and the I- score is the total of all negative events for which the child assumes responsibility. The total I score is
the sum of the I+ and the I- scores (Crandall, Katkovsky, & Crandall, 1965). Raw scores range from 0-34, with a total internal orientation being 34 and a total external orientation being 0. Thus, a high total score on the scale indicates a high degree of internal control, whereas lower scores are associated with a low degree of internal control.

The consistency of children's IAR responses over time is moderately high. Of the original 923 elementary and high school students drawn from five different schools, 47 children in Grades 3, 4, and 5 were given the test a second time after a two-month interval. For these younger children, the test-retest correlations were .69 for total I, .66 for I+, and .74 for I-. These correlations were all significant at the .001 level. An additional 70 ninth-grade students from one of the same schools used in the original study were given the test after a similar interval of two months. The reliability coefficients for these children were .65 for total I, .47 for I+, and .60 for I-. Again, these correlations were all significant at the .001 level. There were no significant sex differences in any of the correlatons (Crandall et al., 1965).

Because the IAR contains two kinds of items, those sampling beliefs in self-responsibility for positive events and those sampling beliefs regarding negative
events, split-half reliabilities were computed separately for the two subscales. For a random sample of 130 of the younger children, the correlation was .54 for I+ and .57 for I- after correction with the Spearman-Brown Prophesy Formula.

IAR scores were correlated with two measures of academic achievement in the original samples. For the younger children, these measures were the Iowa Tests of Basic Skills and their report card grade averages. Total I scores correlated positively and significantly with almost all achievement test measures and with report card grades for Grades 3, 4, and 5 (Crandall, et al., 1965).

Selection of Subjects

Retained children enrolled in the first grade in a North Louisiana school district comprised the total population for this study. Permission for this study was received from the administration of the parish school board and the principals of the two elementary schools involved in the study.

Two first grade classes in which all students met the experimental criteria were selected from separate schools. These two classes were selected because they also represented a cross section of races in first grade classes in the school system. Subjects were selected from each school first on the basis of lowest scores on the
Gates-MacGinite Reading Test or the Stanford Reading Achievement Test. This selection procedure led to the identification of nine appropriate subjects in School A (later designated as the experimental group). The reading test scores available for other students were considered too high. Therefore, the teacher was asked to nominate students with poor reading skills for whom there were no reading test scores. Three other subjects were selected on the basis of having been retained and identified by the teacher as being most deficient in reading skills and most in need of help in reading. All subjects selected had been retained. The total number of subjects selected from School A (experimental group) was 12.

Ten subjects were selected from School B (later designated as the control group) on the basis of lowest scores on the Gates-MacGinite Reading Test or the Stanford Reading Achievement Test. The reading test scores available for other students were considered too high. Therefore, the teacher was asked to nominate students with poor reading skills for whom there were no reading test scores. Two other subjects were selected on the basis of having been retained and identified by the teacher as being most deficient in reading skills and most in need of help in reading. All subjects selected had been retained.
The total number of subjects selected from School B (control group) was 12.

Following the selection of subjects, School A was designated the experimental group because this was the school where the author was employed, and subjects were therefore more readily available for the experimental treatment. Subjects assigned to the control group were those students enrolled in School B, the location of which made it impossible to provide the treatment because of scheduling and transportation problems.

Permission was obtained from the parents and teachers for the author to pretest and post-test each subject individually at a convenient time at the beginning and end of the research study. An explanation of the study, an informed consent form, and an information sheet (Appendices A, B, and D, respectively) for each of the 24 identified subjects was sent home by the child to parents or legal guardians along with a request that these forms be returned by the student in three days. Forms were returned in this time period by 16 of the 24 selected. A follow-up letter (Appendix E) was sent to the eight children who failed to return consent forms, and follow-up phone calls were made by the author. All consent forms were returned.
The experimental group consisted of six black females, four black males, and two white males. The control group consisted of two black females, three black males, three white males, and four white females. Their ages were seven and eight with a total group median age of 7.2. Subjects' age, sex, race, grade retention status, and reading test scores are listed in Tables 1 and 2.

Table 1

Age, Sex, Race, Grade Retention, and Reading Test Scores for the Experimental Group

<table>
<thead>
<tr>
<th>Code #</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>No. Years Retained</th>
<th>Reading Score</th>
<th>SRA Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>*</td>
<td>42</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>M</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>M</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

*No score available
Table 2

Age, Sex, Race, Grade Retention, and Reading Test Scores for the Control Group

<table>
<thead>
<tr>
<th>Code #</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>No. Years Retained</th>
<th>Reading Score</th>
<th>SRA Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>F</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>M</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>8</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>M</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>2</td>
<td>*</td>
<td>07</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>F</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>32</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>M</td>
<td>W</td>
<td>1</td>
<td>*</td>
<td>27</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>F</td>
<td>B</td>
<td>1</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>F</td>
<td>W</td>
<td>1</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>M</td>
<td>B</td>
<td>1</td>
<td>*</td>
<td>03</td>
</tr>
</tbody>
</table>

*No score available

Collection of Data

Code numbers were assigned to subjects in both groups. Color coding was used to eliminate any confusion in separation of data for both groups. The color-coded numbers were placed on each consent form and test, and a master list was composed for future reference. On all other forms, numbers rather than names were used.

The author of this study administered the pretest battery to all subjects during a three-week period prior to the start of the play therapy sessions. Tests were
administered orally both individually and as a group as designated by the procedures for administration. All testing was conducted during the school day in each school. The author visited each selected classroom prior to testing to introduce and acquaint herself with the group of children. An explanation of the testing was given, and the subjects were told that they were to be part of a special study which would benefit not only them, but other children as well. They were told their school grades would not be affected in any way and that their privacy would be protected. Any questions that the children had were answered during this introductory period.

The Gates-MacGinitie Reading Test was administered to both classes as a group in each of the respective classrooms to avoid any disruption in scheduling, and because of the lack of availability of a separate classroom. The administration was done in two forty-five minute segments on two consecutive days as suggested by the testing manual.

The Piers-Harris Children's Self-Concept Scale and the Intellectual Achievement Responsibility Questionnaire were administered individually to each subject in the study in similar settings at both schools. A small office
adjacent to the school office was used for testing. Once again the children were put at ease by the author by being told there were no right or wrong answers and no grades would be given. The purpose was to find out how boys and girls feel about themselves and their responsibility in school-related tasks. The scales were administered orally to each child. A yes or no answer for the Piers-Harris and a choice of a or b for the IAR was sufficient in responding as to whether the item described the way they usually felt about a situation. Students were encouraged to answer in a way that described how they really were and not how they wished they were. Difficult words were defined for each examinee prior to testing. Two such words were popular and unpopular used on the Piers-Harris. The item stating "I have a good figure" was defined as "I like the way my body looks." If students seemed confused about an item, clarification was made.

After testing was completed, each subject in the experimental group received one thirty-minute individual play therapy session per week for ten weeks. An attendance roll was kept, and missed sessions were rescheduled to assure that each child received the ten sessions. Play therapy sessions for the experimental group were held during the school day in the play center.
of an unoccupied kindergarten classroom equipped with play media suitable for play therapy. Additional play materials which were unavailable in the kindergarten class were added. These included guns, knives, monsters, and similar toys that elicit a wide and varied range of emotional expression. The control-group subjects received no special attention and were involved only in the regular school routine.

The author of this study was the play therapist and had a Master's degree in Elementary School Counseling. She had completed all the work for a doctorate in Counseling with the exception of a dissertation and had completed a course in play therapy as well as one year of supervised experience in play therapy.

The post-test battery was administered to the experimental and control-group subjects during a three-week period immediately following the ten-week treatment period. Two children could not be included in the post-testing because they had moved. The number of subjects in the total sample was 22 (N = 22), 11 in the control group and 11 in the experimental group. Subjects were told that they were being given the same test they had been given earlier, and they may or may not remember the questions. They were told to answer the questions as
they felt at that time. The instruments were again administered orally both individually and as a group. The answer sheets were handscored by the author of this study. Data were entered into the computer center at Louisiana Tech University for processing.

Procedure for Data Analysis

A "pretest-posttest control group design" as recommended by Campbell and Stanley (1973) was used because of its control of pretreatment differences. An analysis of covariance design was used to test the significance of the difference between the experimental group and the control group on the adjusted post-test means. The analysis of covariance was used because (a) it is a powerful statistical test sensitive to differences among groups; and (b) it adjusts for initial group differences (Huck, Cormier, & Bounds, 1974). The analysis of covariance takes into account the correlation between the dependent variable and one or more covariates. In each analysis of covariance, the pretest score was the covariate. All research hypotheses were tested for significance at the .05 level of confidence.
CHAPTER III

RESULTS AND DISCUSSION

The results of the data analysis, discussion of the findings, and recommendations based on these findings are included in this chapter.

Analysis of Data

Hypothesis 1

Hypothesis 1 stated that children who receive play therapy will achieve significantly higher adjusted mean scores on the Gates-MacGinite Reading Test than will children in a control group. The mean scores, adjusted mean scores, and standard deviations obtained from the Gates-MacGinite Reading Test used to test reading achievement are presented in Table 3. The mean score of the experimental group on the Gates-MacGinite Reading Test was slightly higher than the mean score of the control group. This slight difference in favor of the experimental group was also true for the post-test mean scores. However, the adjusted post-test mean scores were almost identical.
Table 3

Means and Standard Deviations on the Gates-MacGiniti Reading Test

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Adjusted</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp.</td>
<td>79.54</td>
<td>87.18</td>
<td>86.96</td>
<td>6.97</td>
<td>5.17</td>
</tr>
<tr>
<td>Control</td>
<td>78.18</td>
<td>86.72</td>
<td>86.94</td>
<td>10.48</td>
<td>6.46</td>
</tr>
</tbody>
</table>

The results of the analysis of covariance data comparing adjusted mean scores on the Gates-MacGiniti Reading Test are presented in Table 4. The obtained E-value was not significant at the .05 level, indicating there was no significant difference in reading achievement between the experimental group and the control group. Therefore, Hypothesis 1 was rejected.

Table 4

Analysis of Covariance Data for the Comparison of Adjusted Mean Scores on the Gates-MacGiniti Reading Test

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.003</td>
<td>1</td>
<td>.003</td>
<td>.0001</td>
<td>.9912</td>
</tr>
<tr>
<td>Within cells</td>
<td>528.56</td>
<td>19</td>
<td>27.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis 2

Hypothesis 2 stated that children who receive play therapy will achieve significantly higher adjusted mean scores on the Piers-Harris Children's Self-Concept Inventory than will children in a control group. The mean scores and the standard deviations obtained from the Piers-Harris Children's Self-Concept Inventory used to measure children's self-concepts are presented in Table 5. As the data in Table 5 indicate, the pre-test means were only slightly different for the experimental and control group, whereas the experimental group achieved a much greater increase in mean score on the post-test.

Table 5

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>48.27</td>
<td>64.09</td>
</tr>
<tr>
<td>Control</td>
<td>47.09</td>
<td>56.36</td>
</tr>
</tbody>
</table>

The results of the analysis of covariance comparing adjusted mean scores on the Piers-Harris Children's Self-Concept Inventory are presented in Table 6. The obtained F-value was significant at the .0435 level,
indicating the experimental group scored significantly higher in self-concept than the control group. Therefore, Hypothesis 2 was accepted.

Table 6

Analysis of Covariance Data for the Comparison of Adjusted Mean Scores on the Piers-Harris Children's Self-Concept Inventory

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>258.32</td>
<td>1</td>
<td>258.32</td>
<td>4.58</td>
<td>.0435</td>
</tr>
<tr>
<td>Within Cells</td>
<td>1049.34</td>
<td>19</td>
<td>55.23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 3

Hypothesis 3 stated that children who receive play therapy will achieve significantly higher adjusted mean scores on the Intellectual Achievement Responsibility Questionnaire than will children in a control group. The mean scores and standard deviations obtained from the Intellectual Achievement Responsibility Questionnaire used to test internal or external locus of control on school-related tasks are presented in Table 7. An examination of the data in Table 7 indicated that the values of the pre-test mean scores were very close (-.36). The post-test results indicated an increase in the
experimental group's post-test mean score, whereas the control group's post-test mean score decreased.

Table 7

Means and Standard Deviations on the Intellectual Achievement Responsibility Questionnaire

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Adjusted</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp.</td>
<td>18.36</td>
<td>20.18</td>
<td>20.12</td>
<td>2.84</td>
<td>2.93</td>
</tr>
<tr>
<td>Control</td>
<td>18.00</td>
<td>17.55</td>
<td>17.60</td>
<td>5.55</td>
<td>5.73</td>
</tr>
</tbody>
</table>

The results of the analysis of covariance data comparing adjusted mean scores on the Intellectual Achievement Responsibility Questionnaire are presented in Table 8. The obtained F-value was not significant at the .05 level, indicating there was no significant difference in locus of control between the experimental group and the control group. Therefore, Hypothesis 3 was rejected.
Table 8

Analysis of Covariance Data for the Comparison of Adjusted Mean Scores on the Intellectual Achievement Responsibility Questionnaire

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sign. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>34.84</td>
<td>1</td>
<td>34.84</td>
<td>1.77</td>
<td>0.1991</td>
</tr>
<tr>
<td>Within cells</td>
<td>373.97</td>
<td>19</td>
<td>19.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Results

In summary, Hypothesis 2, which predicted that children who received play therapy would achieve significantly higher mean scores on the Piers-Harris Children's Self-Concept Inventory than would children in a control group, was supported.

Hypotheses 1 and 3 were not supported. Although no significant differences in adjusted mean scores were found on the Intellectual Achievement Responsibility Questionnaire or the Gates-MacGinitite Reading Test, an examination of individual locus of control scores in Table 9 reveals that the scores of seven students in the experimental group increased on internal locus of control, and one remained the same. The scores of five students in the control group increased on internal locus of control, but the scores of six students decreased. An examination of percentile scores and reading in Table 10 shows that...
ten students in the experimental group improved their reading percentile scores; only one student's score remained the same. Nine students in the control group improved their reading percentile scores, although the gains made by these students were not as great as gains made by students in the experimental group, and the scores of 2 of the 11 students in the control group decreased. These scores appear somewhat elevated because the subjects were retainees and interpretation was based on first year, Grade 1 students.
Table 9

**Individual Subject Scores on the Intellectual Achievement Responsibility Questionnaire**

<table>
<thead>
<tr>
<th>Experimental Subjects: Pre</th>
<th>Post</th>
<th>+ = Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>7</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>8</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>10</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>11</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>12</td>
<td>22</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Control Subjects: Pre</th>
<th>Post</th>
<th>+ = Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>7</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>10</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>12</td>
<td>17</td>
<td>11</td>
</tr>
</tbody>
</table>

[+ = Increase, - = Decrease]
Table 10

**Individual Subject Percentile Scores on the Gates-MacGinitie Reading Test**

<table>
<thead>
<tr>
<th>Experimental Subjects:</th>
<th>Pre</th>
<th>Post</th>
<th>+ = Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>90</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>85</td>
<td>97</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>84</td>
<td>93</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>58</td>
<td>73</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>69</td>
<td>82</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>92</td>
<td>98</td>
<td>+</td>
</tr>
<tr>
<td>7</td>
<td>62</td>
<td>92</td>
<td>+</td>
</tr>
<tr>
<td>8</td>
<td>82</td>
<td>93</td>
<td>+</td>
</tr>
<tr>
<td>10</td>
<td>82</td>
<td>82</td>
<td>+</td>
</tr>
<tr>
<td>11</td>
<td>84</td>
<td>88</td>
<td>+</td>
</tr>
<tr>
<td>12</td>
<td>82</td>
<td>92</td>
<td>+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Control Subjects:</th>
<th>Pre</th>
<th>Post</th>
<th>- = Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>69</td>
<td>82</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>90</td>
<td>84</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>100</td>
<td>100</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>76</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>58</td>
<td>73</td>
<td>+</td>
</tr>
<tr>
<td>7</td>
<td>46</td>
<td>79</td>
<td>+</td>
</tr>
<tr>
<td>8</td>
<td>79</td>
<td>92</td>
<td>+</td>
</tr>
<tr>
<td>9</td>
<td>92</td>
<td>96</td>
<td>+</td>
</tr>
<tr>
<td>10</td>
<td>42</td>
<td>98</td>
<td>+</td>
</tr>
<tr>
<td>11</td>
<td>79</td>
<td>88</td>
<td>+</td>
</tr>
<tr>
<td>12</td>
<td>69</td>
<td>96</td>
<td>+</td>
</tr>
</tbody>
</table>
Discussion

The results of this study involving self-concept support the findings of Carlton and Moore (1966) and Griffiths (1971), who found that participants in play therapy exhibit higher self-concept scores than do those who do not participate in play therapy. They concluded that play therapy in a school setting has a positive effect on the self-concept of children who are low achievers in reading.

Studies support the conclusion that children with learning difficulties have lower perceptions of internal control than do normal or gifted children (Nowicki & Strickland, 1973), and that they have lower expectations for future achievement in subjects such as reading (Bryan & Pearl, 1979). However, it has been observed that teachers play a significant role in encouraging these children to achieve an internal orientation toward their academic endeavors by telling them they can do anything they want if they keep working (Crandall, et. al, 1965). This fact may account for the relatively high pre-test mean internal scores for the experimental and control groups in this present study. The teachers of both classes from which the subjects were selected were very
dedicated to their jobs and were known to be very encouraging.

In this study play therapy had no statistically significant effect on reading achievement or internal locus of control as measured by the selected instruments. Giving students an opportunity to be with a supportive adult in a setting conducive to freedom of emotional expression did not increase their measured reading ability. This finding runs counter to studies by Axline (1963), Bills (1950), and Carlton and Moore (1966), and to the assumptions of many classroom teachers. Experienced teachers, dedicated to meeting the individual needs of children, know that working one-on-one in a supportive and caring manner helps a child relax and in turn become more receptive and responsive to learning. Over time, the grades of these children improve. Perhaps sixteen weeks was not long enough to see significant changes occur in reading achievement. A longer pre- to post-testing time period might yield a more accurate measure of improvement in reading as measured by a standardized reading test. The children's reading scores in this study may also have been affected by the timing of the post-test. Post-testing had to be done immediately following a week-long achievement testing period of all grade-school children. This factor, along with restlessness due to the
approaching end of school, may have reduced some children's motivation to perform. Differences in academic motivation may have attributed to differences in reading scores. In short, it seems worthwhile to examine the role that motivation plays in the reading process.

Other variables affecting the reading process are attention span, self-confidence, ability to sequence, ability to speak in complete sentences, and ability to focus on one task until completion. Although standardized test results indicated limited behavioral change, observational analysis confirmed substantial behavioral change. The behaviors of the low-achieving children in this study indicated feelings of incompetence and anxiety. On closer contact with the children in the experimental group, the author observed that they acted with low self-confidence and appeared to have poor self-concepts. In academic areas, particularly reading, they were experiencing great difficulty. Teachers confirmed these observations. Lacking high internal control may have hindered their ability to accept responsibility for their failure. Findings reported in the literature support the conjecture that this, in turn, may have elicited feelings of helplessness about their failure. By the time children reach this point in the vicious cycle, many simply give up, believing they can not learn. Subjects in
this study seemed to have already given up when they were selected for the study.

At the beginning of play therapy several children were unable to make choices about what to play with in the allotted time and never completed a particular activity. Near the end of the treatment period the same children had begun to choose an activity more quickly, to finish it before moving on to something else or, if distracted, would come back to the initial activity and complete it. These play behaviors appear to indicate an increase in attention span and an ability to focus more readily.

One child, at the beginning of play therapy, would never speak unless spoken to, and then she answered in only brief one- or two-word responses. By midpoint in the treatment period, she had begun to initiate the conversation or ask the play therapist questions. Her sentences became more complex and more clearly spoken. She also began to act with greater self-confidence.

One child who had a twin sister and was described by her teacher as withdrawn and having low self-confidence appeared to have no interest in any of the activities offered in the playroom. At first, her lack of interest was attributed to boredom, but as time passed and communication improved, it became apparent that she had always allowed her twin to make decisions for her,
limiting her not only socially but academically as well. As she became more comfortable in the playroom, she began to make choices without help or constant need for validation. It could be assumed that in the future she may make similar independent choices and gain self-confidence in academic areas, particularly in reading.

Another child who was reported to be very fearful both at home and at school evidenced fearfulness in his play. He acted out exactly the same sequence of events during each session. He was reported to have been suffering from nightmares, and his teacher said he had difficulty concentrating in the classroom. The repetitive themes in his play seemed to offer some security for him because his nightmares lessened as the therapy progressed. With time, perhaps, his concentration in the classroom may improve.

The child who was perhaps the most aggressive and disturbed of all the subjects had no concept of limits and boundary setting. His behavior, both in the classroom and in beginning play therapy sessions, could be described as "out of bounds." Rather than being unable or unwilling to talk as some children are, he did not know when to stop talking. During therapy sessions, his play centered around hostile and aggressive activities such as war or
criminal acts. As play therapy progressed, there was a lessening of aggression along with intermittent moments of silence or more appropriately timed speech patterns.

Evidence of the kinds of improvement described above became more apparent as therapy progressed. It is important to remember that these improvements described above are associated with learning to read more effectively. Therefore, even though numerical data did not indicate that the treatment had a positive effect on reading, anecdotal evidence suggests that behaviors were changing, which may facilitate improvement of reading ability over a period of time.

Participation in play therapy did have a positive effect on the participants' self-concepts as measured by the Piers-Harris Test. An eagerness to be with a single supportive adult whose attention was devoted solely to them was evidenced in communication with the children. At any chance meeting outside the play therapy room, these children always asked, "Do I get to come today?" or "I want to come again this week." The disturbed, aggressive child would get very upset when told it was not his day to attend play therapy.

The therapist's attention, validation, and respect for these youngsters may have influenced their perceptions
of their self-worth as indicated by the increase in their self-concept scores at the end of treatment. Feeling that he or she is understood and accepted is crucial to a child's healthy emotional growth. Play therapy, it appeared, offered these children the opportunity to experience these feelings along with feelings of self-confidence and self-control. Perhaps individual or continued group play therapy would enable these children to develop an even healthier self-concept.

Conclusions and Recommendations

The small sample size in this study suggests the need for caution in interpreting the findings. However, there do appear to be useful implications. Low achievers in reading tend to have low self-concepts which can be improved through play therapy. Moreover, there is a strong likelihood that reading scores will improve as the child's self-concept improves. In short, integrating affective components into academic remediation programs is suggested. Based on the findings of this study, other recommendations for meeting the needs of low achievers in reading are the following:

1. In-service training programs should be provided for teachers so that they can learn classroom practices conducive to enhancing students' self-concepts.
2. Programs designed specifically for parents of low achievers should be implemented to teach parents ways they can enhance their child's self-concept at home.

3. In-service training for counselors which teaches the principles, objectives, and utilization of play therapy to improve self-concepts of children experiencing difficulties in reading should be provided.

4. Educational programs in which children develop self-confidence and self-direction should be provided so that if given the opportunity to display confidence, children may feel more free to do so.

5. Administrators should be educated regarding the importance of self-concept to academic success, and administrators should be encouraged to make use of valid, reliable measurements of self-concept as a preventative measure in schools.

Related issues not addressed in this study that future researchers may want to explore are the following:

1. A similar research study should investigate the possible impact of mood, stress, and age on lower elementary school children's self-concepts.

2. More teacher participation and input is needed in a similar research study. Teacher checklists to measure
children's self-concept, locus of control, and reading ability would provide additional, useful data.

3. A program to train teachers and/or parents to implement the basic principles of play therapy would enhance the treatment in a similar research study.

4. Utilization of group play therapy would be an alternate means of reaching more children in a similar research study. A measure of social adjustment could also be included.

5. Increasing sample size and involving more than one play therapist in the study are needed in a similar research study.

6. Detailed, pre and post observational analysis on each child, is needed in a similar research study rather than relying solely on standardized instruments.

7. An ethnographic study may be more appropriate for children who have failed and who have minimal reading skills.

These proposed modifications would increase our understanding of how to help children with reading and other academic difficulties.
APPENDIX A

CONSENT FORM
CONSENT FORM

I __________________________ do hereby give my permission for my child ______________________ to participate in the structured therapeutic play sessions to be held at ________________ School of the Lincoln Parish School District, Ruston, LA. I understand that all information will be coded to assure confidentiality.

After the completion of this study, your child's test scores will be available if you would like them to be interpreted to you. Please check the box below.

If you would like further information about this program, please call Judy Crow at 255-0791.

[ ] I would like a conference for interpretation of these scores after the study.
APPENDIX B

PARENTAL INFORMATION FORMS
Dear Parents,

I am a public school teacher in Lincoln Parish who is working on a doctorate in the Counselor Education Department at North Texas State University. As part of the research for my dissertation, I am conducting a study which will be of help to teachers, parents, administrators, and others who work with children with learning difficulties. The added knowledge will aid in providing better services to meet the needs of these children. Your child has been identified as having had some difficulty in the area of reading.

Because children's concept of self and locus of control have been reported to effect their reading ability, I plan to measure these concepts on two occasions during the school year to see if any change occurs with no particular treatment other than the regular school day routine. I am trained in assessment and in Play Therapy having completed two years of graduate course work and supervision in these two areas.

Please help me in this worthwhile endeavor by reading and signing the attached forms and returning them to __________________ School.
This research has the approval of North Texas State University and Lincoln Parish School Board.

Sincerely,

Judy C. Crow
Doctoral Candidate
Dear Parents,

I am a public school teacher in Lincoln Parish who is working on a doctorate in the Counselor Education Department at North Texas State University. As part of the research for my dissertation, I am conducting a study which will be of help to teachers, parents, administrators, and others who work with children with learning difficulties. The added knowledge will aid in providing better services to meet the needs of children. Your child has been identified as having had difficulty in the area of reading. I have designed a special program for such children to promote their readiness for reading.

Because children's concept of self and locus of control have been reported to effect their reading ability, I plan to administer instruments to measure these concepts, before, and after your child has been included in ten 30 minute specially structured therapeutic play sessions with me. I am trained in assessment and in Play Therapy having completed two years of graduate course work and supervision in these two areas.

Please help me in this worthwhile endeavor by reading and signing the attached forms and returning them to

________________________ School.
This research has the approval of North Texas State University and Lincoln Parish School Board.

Sincerely,

Judy C. Crow
Doctoral Candidate
APPENDIX C

TEACHER INFORMATION FORM
Dear Teacher,

I am a public school teacher in Lincoln Parish who is working on a doctorate in the Counselor Education Department at North Texas State University. As part of the research for my dissertation, I am conducting a study which will be of help to teachers, parents, administrators, and others who work with children with learning difficulties. The added knowledge will aid in providing better services to meet the needs of these children. The children in your classroom have been identified as having difficulty in the area of reading. I have designed a special program for such children to promote their readiness for reading.

Because children's concept of self and locus of control have been reported to effect their reading ability, I plan to administer instruments to measure these concepts, before, and after these children are included in ten 30 minute specially structured therapeutic play sessions with me. I am trained in assessment and in Play Therapy having completed two years of graduate course work and supervision in these two areas.

This research has the approval of North Texas State University and Lincoln Parish School Board.

Sincerely,

Judy C. Crow
Doctoral Candidate
APPENDIX D

CHILD INFORMATION FORM
Name of Child: 
Age __________ Date of Birth __________
Sex _______
Name and ages of brothers and sisters:

Any physical problems:

Any previous counseling experiences:

My child attended: (check below) Years:
Nursery School ______
Daycare ______
Regular Kindergarten ______
Developmental Kindergarten ______
None of the above ______
APPENDIX E

FOLLOW-UP LETTER
Dear ________________,

Last week three forms were sent to you concerning a special study in which your child has been included. If you have already completed and returned them to school, please accept my thanks. If not, I would appreciate your sending them by your child tomorrow. If you have misplaced the forms, please call me at 255-0791, and I will be glad to send another set by your child for you to complete, sign, and return.

Your help is greatly appreciated.

Sincerely,

Judy C. Crow
Doctoral Student
APPENDIX F

CONFERENCE REQUEST LETTER
Dear Parents,

The test results of the experimental study in which your child participated are complete. I want to thank you for your cooperation and support in this study. To obtain these results a phone call or conference can be scheduled by calling me at school, 255-0791 between 7:30 - 8:00 a.m. weekdays or 11:45 a.m. - 12:15 p.m. Tuesday or Thursday.

Thank you again for your support.

Sincerely,

Judy C. Crow
Doctoral Student
REFERENCES


80


