

Received: 12 Aug 2025

Accepted: 05 Sep 2025

Published: 30 Dec 2025

Evaluation of play therapy applications based on cognitive behavioral therapy in people with trauma

Serhan DOĞAN¹

¹ Swiss Montreux Business School, Switzerland, e-mail: drserhandogan@icloud.com, ORCID: <https://orcid.org/0009-0007-7434-9642>

Abstract

In this study, mental problems experienced in childhood and the conditions that cause them are explained and evaluated. Children's developmental process can be negatively affected by different reasons (physical abuse and neglect, emotional abuse and neglect, sexual abuse). As a result of mental problems experienced in childhood, an important psychological problem such as trauma arises. In our study, play therapy and different methods applied in the treatment of trauma and such psychological problems in children were interpreted. The aim of the play therapy method based on cognitive behavioral therapy is; It is the child's expression of himself through play and finding solutions to his problems. Every child loves to play and play has a very important place in the development process of children. In line with the data obtained as a result of the studies in the field of application of play therapy to individuals with a history of trauma from past to present, we can say that; Play therapy is a treatment method with a high success rate in solving children's problems. Although studies in the field of play therapy in our country have increased recently, we can say that there are very few studies. It is thought that this study on the use of play therapy in individuals with trauma will contribute to the literature.

Keywords: Trauma, trauma in childhood, cognitive behavioral therapy, play therapy, post-traumatic stress disorder.

Introduction

There are various characteristics that make up human beings. The most important of these is everyone's unique way of thinking and expressing their thoughts. This important feature has been important since Greek philosophy in ancient times. There are some theories about how thoughts affect a person's life. The 'Rational Emotive Behavioral therapy' put forward by Ellis is that mental and psychological problems in people arise with their unrealistic thoughts. In the Cognitive therapy approach developed by Aaron T. Beck in 1960, the conceptualization of the spiritual psychology of human thoughts was combined with the field of psychology and psychiatry. The concept of cognitive behavioral therapy emerged with the combination of Rational emotive behavior therapy developed by Ellis and cognitive therapy developed by Beck.

Games started with the presence of children in the world. Children spend most of their day playing. The use of games for educational purposes dates back to the 1900s. Games, which have started to be used in the physical development of children, have also started to be used in child therapies. Play therapy is an effective method in mental disorders of the child period such as trauma.

Theoretical Framework

Definition of cognitive behavioral therapy

There are more than one different definition of the concept of cognitive. When we define it in general; features such as attention, learning and memory are included. Cognitive psychology describes the way our mind functions. Cognition; It is the process by which emotional states are



Doğan, S. (2025). Evaluation of play therapy applications based on cognitive behavioral therapy in people with trauma. *Social Research and Education Journal*, 1(1), 22-36. <https://doi.org/10.5281/zenodo.18802686>

transformed, controlled, stored and used. Cognitive psychology, on the other hand, is a psychological process that includes processes such as learning, living in the mind, and remembering information. (Neisser, 2014). In cognitive behavioral therapy, both cognitive and behavioral methods are used. Cognitive therapy is the introduction of erroneous thoughts and beliefs experienced by the individual. (Türkçapar, 2008). Cognitive behavioral therapies are short-term treatment methods that aim to solve problems. The patient easily adopts this treatment method. It gives the patient the skills to recognize, solve and cope with problems and thoughts.(Sungur, 1997).

In cognitive behavioral therapy, there are some responsibilities that fall on the patient. The patient should complete the homework given to him on time so that the change is fast. The purpose of this therapy method; It is the reconstruction of the thoughts that people consciously or unconsciously have in their minds and the change of negative behaviors that occur as a result of these thoughts. Cognitive behavioral therapy basically consists of three steps. First, the problem experienced by the patient is evaluated. He and his family members are informed about this so that he feels comfortable during the therapy period. After the diagnosis is made, taking into account the symptoms of the client, the appropriate treatment process is planned. After these processes, a more active process begins for the patient. In this process, the most appropriate cognitive therapy method is determined and applied to intervene in the diagnosis made to the patient. When the symptoms improve, the middle house process begins to prevent the recurrence of symptoms in the patient and the treatment continues to be applied less frequently. Strengthening sessions can also be added to the program to maintain the improvement achieved as a result of therapy for a long time (Corey, 2008).

Application of cognitive behavioral therapy on children

This therapy method was developed by Aaron Beck to treat adults diagnosed with depression. In the following years, the application areas of therapy expanded and it was used in the treatment of many other psychological problems. In studies conducted in 1990, this treatment method was effective in patients with anxiety disorders and it came to the fore to apply the treatment to anxious children (Manassis, 2009). It is a difficult and sensitive process to apply treatment methods applied to adults on children. The classification of pediatric patients as "young adults" and the disregard for their therapeutic needs have a negative impact on the duration of treatment (Kendall, 2006).

There are some important points to be considered in children who will undergo cognitive behavioral therapy. A cooperative attitude should be adopted throughout the therapy process and work with the child. The duration of therapy should be planned in steps, concrete and achievable goals should be set for the child and these goals should be decided together with the child; Because the fact that the goals are meaningful for the child increases the effectiveness of the process. It is important to establish understanding, supportive and open communication with the child throughout the entire therapy. A more careful and more creative approach should be adopted in the application of cognitive behavioral therapy to children compared to adults, and the methods used should be adapted to the child's developmental level. The language used in the sessions should be carefully selected and the age period of the child must be taken into account. If exposure therapy is to be applied to the child, extreme caution and care should be taken in these situations where anxiety may be triggered. Reinforcers play an important role in gaining desired thoughts and behaviors, and reward systems are very effective for children to achieve their goals more willingly. When giving homework, the homework given at school should be taken into consideration and the submission time should be planned accordingly. Meetings with the family should also be included in the therapy process; It should be ensured that the rewarding and punishing processes are controlled by the family. More time needs to be allocated to

understand what is going on in children's minds compared to adults. Unlike adults, shorter scales should be used in the evaluation of emotions and these scales should be structured with pictures. Games should be included in the sessions in order to increase children's participation and make the process more willing. Using the Socratic questioning technique, a hero that the child likes should be determined and the interrogations should be carried out through this character. The homework and activities given should be selected in accordance with the child's development process, and the child should be made to feel more comfortable by focusing on the academic skills in which he/she is stronger. In addition, the assignments should not be too long and should be clearly explained in a language that the child can understand (Manassis, 2009; Freeman et al., 2004).

Play Therapy

Play therapy is a therapeutic play process applied by trained people and structured to solve the psycho-social problems of clients (The Association for Play Therapy, 2019). The relaxing effect of games continues not only in childhood but also in youth. According to Grey (2011), games reveal and develop the untapped talents of individuals, improve decision-making processes, and teach children to follow rules. It also helps individuals control their own emotions, enables them to develop more positive attitudes in friendships, and contributes to their healthy adoption of the understanding of entertainment. Play therapy is a method that aims to communicate with children and enable them to express themselves by taking advantage of their natural interest in games in an emotionally therapeutic environment. Communicating with the child through toys provides an effective way to persuade the child to tell their problems. Play is a therapeutic process in any form and the therapist should connect with the child in this way by using play as a means of communication. The main purpose of this approach is to support the child socially and emotionally during his/her developmental period (Vanfleet, Sywulak, & Sniscak, 2018).

According to Piaget, play acts as a bridge between concrete experiences and abstract thoughts and assumes a symbolic function. Children associate the events they experience during play with their thoughts through symbolic and concrete objects. Thanks to this relationship, it is possible to regulate the experiences of children, and situations in which they feel under control, especially in daily life, can arise through play. Play allows children to embody their inner thoughts through symbols, and the therapist's use of this method contributes to children's ability to express themselves more comfortably in their daily lives. According to Ginott, through play, children can provide more effective information about themselves and the people around them than they normally would. In order to understand the situations in which children are forced to express themselves, the choice of play is left to them and they are supported to express themselves through toys. Games and toys are extremely important tools in communicating with children, and children feel safer through play when they have difficulty verbally expressing the events they experience (Landreth).

Certain stages are followed in the play therapy process. This process takes place between the child and the therapist in the playroom, where the child is freed, behaviors are supported and rewards are included. While the correct implementation of the stages leads to positive changes in the child, a mistake made at any stage can have negative consequences. In his study on disturbed children, Moustakas stated that during the play therapy process, children express their negative emotions, develop conflicting moods and thoughts, experience negative emotions and regressions related to their parents and siblings, and experience conflicts between positive and negative feelings about these people (Akt. Cansu, 2015). These findings suggest that improper implementation of play therapy stages can lead to negative behavioral patterns in children.

According to Dighton (2001), there are three basic methods in the application of play

therapy. In undirected play therapy, the therapist leaves the session duration and focus to the child's preference and the child becomes the guide of the process; This approach is based on a child-centered therapy approach. In directive play therapy, the duration and focus of the session are determined by the therapist and this approach is related to the filial therapy structure. In the collaborative approach, directive and non-directive approaches are used together; The therapist takes into account the child's ideas while presenting his own opinion on some issues. An example of the formation of this approach is the family therapy method (Akt. Cattanach, 2003).

Play therapy can be applied to children who experience fear and anxiety, exhibit irritable and aggressive behaviors, experience separation anxiety, have shyness problems, regress in their behavior according to their age, lack of self-confidence, have problems with sleep, food and toilet training, show excessive interest in sexual urges, have difficulty adapting to changes in the family, and experience psychosomatic disorders even though there is no physical reason (Bratton, 2005). It is known that children have difficulty expressing themselves, especially in describing their negative experiences, because their vocabulary is more limited than adults. Therefore, it is of great importance to benefit from play therapy and make children feel comfortable in the playroom. Children who have difficulty in verbal expression can more easily share experiences that they have difficulty in explaining or resist thanks to the therapeutic relationship established through play (Schaefer, 2013).

Types of play therapy

Child-centered play therapy (CMOT) is an approach known as non-directive play therapy in the past, and there is no intervention to change or control the child. The main goal is to help the child understand their own behavior and to enable them to manage themselves through this awareness. The main thing in therapy is the inner resources that the child has. In this method, the therapeutic relationship established between the child and the therapist is of central importance for the development of the child (Axline, 1949). The use of toys also has an important place in child-centered play therapy. Particular attention should be paid to the selection of toys used so that children can express their thoughts and feelings. Examples of these materials are crayons, scissors for children, colored paper, plastic containers and dolls. The choice of toys can vary depending on the cultural context (Sweeney & Landreth, 2017).

Axline (1989) emphasized eight basic principles in child-centered play therapy. Accordingly, the play therapist should establish a warm, close and friendly relationship with the child, accept the child as he is and maximize the environment of trust in the therapeutic relationship. The therapist should carefully observe the child and try to understand the emotions he is trying to express correctly. Believing that the child's symptoms will decrease should be one of the basic attitudes of the therapist, and an intrusive approach should not be taken to the child's self-expression and behavior during play. A hasty attitude should be avoided in therapy and a connection with real life should be established only when necessary (Akt. Glden, 2018).

Developmental play therapy (GOY) is a method developed by Viola Brody. In this approach, no toys are used; instead, touch-based games are preferred. The therapist's touching the child during the play process contributes positively to the development of the child's sense of self and supports healthy development. However, contact with the genitals of children is strictly prohibited. Post-traumatic thoughts are tried to be soothed with compassionate and safe touches. This method can be applied both individually and in the form of group therapy (Teber, 2015). Physical touch is one of the fundamental aspects of human life, and individuals express their love through touch from a young age. That's why babies like to be held. The sense of touch is a part of the need for love for both children and adults and plays an important role in the cognitive and physical development of children (Erkan, 1990). It is seen that this need is not met in children who have been subjected to violence, neglect or who have not been raised with

sufficient attention and love. Developmental play therapy aims to address this deficiency and promote the child's healthy development through affectionate touch (Brody, 1992).

Experiential play therapy (DOT) is based on the assumption that children understand things better through experience. Children learn by living and experiencing their fears and problems rather than cognitively analyzing them. They do not think about emotions as much as adults, they gain experience through their reactions to the situations they encounter (Moustakas, 1997). This therapy method directs children's development and learning processes in an experiential way. From around the age of two, children can act out their problems through symbols and metaphors. After creating an environment suitable for the problem or trauma experienced by the child, his/her reactions to this situation are observed and the child is given new experiences. The relationship of trust between the child and the therapist is vital in this process. The child faces the problem he has experienced before in a safe environment. Symbols used in the game; It is directly related to the child's emotional states such as fear, anxiety, weakness or failure (Norton & Norton, 2017). The therapist can participate in the game according to the child's wishes and takes on the role determined by the child. In this method, the child and the therapist can choose opposing emotions; for example, the therapist takes on the role of the weak while the child chooses to be strong, and the child has the opportunity to experience the power that he usually sees in adults in real life (Schaefer, 2013). The focus of experiential play therapy is to safely revive real-life emotions. Traumatic events can be handled with this method, but special care should be taken not to retrigger the trauma. The child's self-determination of the therapist role increases the sense of control and the child feels safer (Schaefer, 2013).

Psychoanalytic play therapy is based on the psychoanalytic theory developed by Sigmund Freud. Psychoanalysis was initially applied to adults and it was aimed to reveal the unconscious thoughts of the individual by free association method. Freud did not apply this method directly to children, but in the case of "Little Hans", he observed the child from a distance and tried to understand his inner world through his reactions to the games he played with his father (Freud, 2010). Various difficulties have been encountered in the application of the classical psychoanalytic method to children. Since children remain inactive for a long time and have difficulty expressing themselves verbally, psychoanalysts have developed new methods suitable for children (Zülliger, 2005). One of the significant contributions to this field was made by Freud's daughter, Anna Freud. In this approach, the child creates his/her own game by choosing the toys he/she wants, and the therapist tries to understand the child's inner world by observing this game (Zülliger, 2005).

Filial therapy (FT) is a method created by combining different theoretical approaches and its main purpose is to strengthen the relationship between parent and child and to solve family problems. In this process, therapists introduce parents to child-centered play therapy and teach them to apply it. Parents who learn these skills under the supervision of the therapist are encouraged to practice play therapy with their children in the home environment. Thanks to this method, parents and children develop empathy and the problems between them are handled in a healthier way (VanFleet and Rise, 2017). However, filial therapy may not be suitable in some cases. The use of this method may be inconvenient for individuals with cognitive disabilities, parents experiencing intense stress, families who abuse their children, and children with autism and severe aggression problems (Tortamış Özkaya, 2015). Filial therapy helps children learn to express their emotions, gain self-confidence, reduce daily life problems and feel more confident. For parents, it offers important benefits such as understanding their children's emotions, improving communication skills, gaining listening habits and coping with family problems more healthily (Mahalakshmi, 2016).

In the Theraplay approach, the therapist keeps himself in the background while involving parents and children in the play process. The aim is to create a healthy communication environment between parent and child. There are four basic categories of play: structure, commitment, challenge and nutrition. The therapist selects appropriate games based on the child's needs and creates an individual plan for each child (Booth & Jernberg, 2014). This approach uses parents' facial expressions, body language, and interactions rather than toys. Theraplay aims to establish a connection between the parent and the child's right brain without relying on verbal communication (VanFleet, Sywulak, & Caparosa, 2018).

Sand therapy is a method applied using sand, sand trays and miniature toys and can be used in children, adolescents and adults. The textural structure of the sand creates a therapeutic effect and naturally attracts children's attention (Delevi & Bugay, 2011). The therapist presents the client with two trays of sand, one dry and the other wet, and the client chooses the tray they want to use. The blue color of the trays symbolizes water. The client is then asked to create a scene with miniature toys (Kalff, 2003). Dora Kalff, who developed this method, combined Jung's analytical psychology approach with the World Technique and developed sand therapy, based on the limited verbal expression skills in children (Kalff, 2003).

Puppet therapy is a method based on children reflecting their emotions through puppets. The fact that puppets are not real people allows children to express themselves without fear of judgment (Bromfield, 1994). In this method, children can create stories by choosing puppets, and the therapist tries to understand the child's inner world by observing these stories. The therapist can give feedback to the child by rearranging the conflicts and cognitive errors in the story, or help the child find a solution to his/her problem by acting out a story with puppets (Teber, 2015).

Trauma

Definition of trauma

Trauma is the state of severe fear and helplessness that people experience in the face of situations that they are not used to and that pose a threat to their physical integrity. Traumatic events are caused by people; harassment, assault or natural means; It can occur like an earthquake or fire. (Aker and Önen, 2006) The word trauma is mainly used in the field of health. This word, which is of Greek origin, entered our language in French. The Turkish Language Association defines the word trauma as "local wound or trauma that disrupts the structure and shape of a tissue or organ and occurs as a result of an external mechanical reaction". (Tdk, 2019). As studies in the field of psychology increase, the word trauma has started to be used more. (Çolak et al., 2010). From a psychological point of view, the word trauma is explained as 'an experience, a tremor that leaves physically and emotionally important and effective signs of injury on the living thing'. (Tdk, 2019). Traumatic events may not have the same effect on people. Some patients may develop more than one psychological problem, such as Post-Traumatic Stress Disorder (PTSD) and others Acute Stress Disorder (ASD). (İzci and Ünveren, 2017)

Briere and Scott (2016) interpreted trauma as the inability to cope with the event that may cause problems in the person. As much as physical injuries have negative effects on people, psychological injuries are effective with the individual. Each of the people may encounter negative events at a certain time in their lives, and there are some important features for these negative events to turn into trauma. These features are that the event happens suddenly, cannot be controlled by the person and has negative effects on the individual. Carlson and Dalenberg, (2000). He divided traumatic events into two groups as human-induced and nature-induced. Examples of human-induced events such as accidents, injuries, and natural events such as floods and earthquakes are given. (Akt: Dürü, 2006). Trauma shakes people's underlying beliefs. One of

the basic beliefs in people. They are good people. After trauma, people's beliefs about themselves and the world are negatively affected. After experiencing trauma, people feel that their lives are ruined and blame themselves. (Moser, Hajcak, Simons, & Foa, 2007).

It is stated that people experience mental collapse at the time of trauma. Mental collapse is when people lose their autonomy. One of the negative beliefs that comes into play after this situation is that they are no longer human. The inability of these people to prevent what they are experiencing during the event creates negative beliefs that the control mechanism is not working in their lives. People who have experienced trauma feel lonely and begin to believe that their interpersonal communication is progressing in a bad direction. (Ehlers and Clark, 2000). According to Horowitz, the traumatized person sometimes tries to deny this trauma, and as a result, the feelings of reliving the event continue repetitively, such as flashbacks. The most common emotions that occur after trauma are; destructive and negative emotions such as helplessness, shame, anger (Akt: Ertürk, 2014). A person who does not receive help after trauma will find himself in a vicious circle.

Types of childhood trauma

Child traumas have been evaluated in two groups as abuse and neglect by the World Health Organization. Child abuse; emotionally, sexually and physically, and child neglect is handled physically and emotionally. (WHO, 2017). Violations and abuse in childhood have a great impact on the future lives of individuals. Children who are exposed to such problems start bad habits such as smoking and alcohol after they reach adulthood. These children usually have post-traumatic stress problems. Such harm by the person who cares for the child in childhood. It affects the physical and mental health of children. (Bessel, 1991)

Childhood traumas occur when children are neglected by their parents or the person responsible for them, and when the child suffers all kinds of mental, physical, sexual harm and feels danger. The fact that these actions are not fully understood by children or consciously done by adults does not prevent the formation of trauma. (Turla, 2002) According to the definition of the World Health Organization (1999), the process of engaging in all kinds of physical and mental negative behaviors and sexual abuse of children, harming the child's life and development process, and using children for malicious purposes reveals childhood traumas. Such negative approaches towards children reduce their quality of life and create permanent negative effects on their lives. (Güler et al., 2002)

Engaging in behaviors such as abuse and neglect towards children means damaging their lifelong lives. The fact that parents have experienced a traumatic event in their past can manifest in some ways during the period of raising their children. For this reason, there is a high probability that the parents of abused children have also been abused. (Fatma, 1996) Parents have experienced a traumatic event in the past or have a psychological or physical disorder in any way. It is one of the most common profiles in the abuse of children. Another reason is that as a result of not feeling ready for motherhood or fatherhood, there is a communication gap between the child and the family, and this often leads to neglect of children. One of the most common causes of neglect and abuse problems is the inability to establish a healthy relationship between the child and the parent. (Janzen, 1986)

Neglect and abuse in children cause great injuries to their personalities at an early age. Children whose personalities are badly affected are at risk in their future lives. The most important cause of experiencing psychological problems in adulthood is childhood traumas. (Aral, 2009) Burgess et al. said that trauma-oriented personality traits develop in children. These are usually helpless, destructive, aggressive behavior patterns. It is related to abuse and neglect in childhood in cases such as being attacked or witnessing traumatic events in adulthood.

Individuals who have been exposed to traumatic events in childhood do not delay in injuring themselves and starting bad habits such as alcohol and substance addiction. (Neslihan, 2006)

According to Young and Lindemann, in order for children to lead a psychologically healthy life, the basic needs that arise in childhood must be met appropriately. These needs include developing secure attachment, the formation of a positive identity perception, self-control and developing realistic boundaries, the ability to express one's needs and thoughts freely, and spontaneity and role-playing (Akt. Erdogan, 2014).

Physical abuse is the subjection of children or adolescents to behaviors that cause physical injury by their parents or caregivers. These injuries can occur by hitting with the hand or any object, or by taking damaging actions. Physical neglect, on the other hand, is the situation where the basic needs of the child or adolescent such as nutrition, clothing and shelter are not met by the people responsible for their care. Physical abuse; It is one of the most easily recognizable types of abuse due to visible symptoms such as cuts, bruises, and burn marks. Today, physical abuse can still be used as a method of punishment by some parents. In the treatment of children exposed to such abuse, psychiatric intervention should be applied not only to the children but also to the parents. At this point, the age factor of the parents is also effective; It is known that young individuals who are not ready to take on the responsibility of parenting resort to such methods more frequently. In addition, it is seen that most of the parents who commit physical abuse have been abused themselves in the past. Children who experience physical abuse and neglect have difficulty communicating with people, tend to become socially withdrawn, and exhibit slower learning processes in their academic lives. Most of the time, they cannot express the problems they experience and their situation is noticed by their friends, relatives or teachers (Tıraşçı and Gören, 2007).

Research on the effects of physical abuse on children reveals that these children have high levels of anxiety and worry, increased introversion behaviors and decreased self-esteem. However, aggressive tendencies increase, and feelings of fear and helplessness become dominant. It is stated that individuals who are exposed to physical violence are more prone to depression in adulthood and experience failure in their social relationships (Güner et al., 2010).

Emotional abuse is behavior by parents or caregivers that negatively affect the emotional development of the child. Insulting, intimidating and ridiculing can be given as examples of this situation. Emotional neglect is the situation where the child is not given enough attention and love. Although emotional abuse is more common compared to other types of abuse, it is a more difficult type of abuse to diagnose because it does not leave physical scars. While this abuse is sometimes seen alone, in some cases it can occur together with physical or sexual abuse (Polat, 2001). As a result of parents or individuals around them yelling, rejecting, leaving them alone or frightening them, children begin to feel worthless and this leads to various disruptions in their development (Polat, 2007). Emotional abuse often originates from the child's immediate environment, and the people who commit it are usually first-degree relatives. Low education level, history of substance use and psychological problems are among the risk factors originating from parents (Taner & Gökler, 2004).

Sexual abuse is the use of individuals under the age of 18 to meet the sexual desires and needs of another person (Öztürk & Uluşahin, 2016). In other words, it is the use of children who have not completed their sexual development for sexual purposes by force, deception or persuasion (Bayraktar, 2015). Sexual abuse can occur in forms where there is no physical contact and there is physical contact. Types of abuse without physical contact include having sexual conversations with the child, masturbating in the presence of the child, and watching the child naked. Types of abuse involving physical contact include acts such as encouraging the child to touch the genitals, sexual penetration, friction and obtaining financial gain for sexual purposes

through the child (Firat et al., 2016).

Post-traumatic stress disorder is one of the most common psychological problems after traumatic events. In this disorder, long-term mental distress occurs with the feeling of reliving the events, mood deterioration, reactions to avoiding people and environments that remind them of the trauma. According to DSM-5, in order to diagnose post-traumatic stress disorder, the individual must be sexually assaulted, witness a frightening event experienced by someone else, encounter death, learn that a relative has been exposed to a traumatic event, or directly experience a traumatic event. The traumatic event is relived with involuntary and recurring memories, intense feelings of discomfort, nightmares, and feeling like reliving the event. In addition, avoidance behaviors, loss of interest in social activities, withdrawal from people, emotional numbness and hopelessness for the future can be seen. Symptoms such as sleep problems, sudden outbursts of anger, distraction and excessive startle accompany the picture. If these symptoms last less than three months, they are defined as acute, and if they last longer than three months, they are defined as chronic post-traumatic stress disorder. In some cases, symptoms may appear six months after the trauma, in which case a chronic diagnosis is made (APA, 2013).

Children with traumatic experiences have difficulty making rational decisions. This is an emotional response of the brain to survive. Traumatic experiences are stored in the brain, and bodily sensory experiences can trigger traumatic behaviors (Van der Kolk & Bessel, 1994). In trauma treatment, the relationship between the emotional brain and trauma should be taken into account. Post-traumatic children lose their sense of trust and feel constantly threatened. The main goal of treatment is to regain a sense of confidence in children and make the world more livable for them. By creating safe spaces, the child begins to feel ready for safe experiences and a decrease in sudden reactions is observed (Schwartzenger, 2007).

Children with a history of trauma can relive traumatic events they have experienced during the play therapy process. In this process, the aim is to reveal and repair the child's interrupted defense mechanisms. Early traumas can negatively affect the social functions of the brain, leading to problems in establishing social relationships and regulating bodily sensations (Norton, 2007). When experiential play therapy is used, the child makes emotional transmission through movements during play. At this point, the child's sensory experiences are of great importance. The therapist's response to the child's sensory responses in a similar way facilitates the emergence of the traumatic experience (Norton, 2007).

Discussion

In this section, play therapy studies applied to children with a history of trauma and different psychological problems are included; In line with the findings, it is aimed to provide a general framework regarding which approaches are more effective. Mahmut (2017) examined the effect of experiential play therapy on post-traumatic stress levels on 32 children between the ages of 3 and 10 with different traumatic experiences living in children's homes. The Childhood Post-Traumatic Emotional Stress Scale was applied to the children before and after the therapy, which was applied in a total of eight sessions for eight days. Research findings revealed that play therapy has a positive effect on reducing children's post-traumatic stress symptoms. Similarly, in the study conducted by Ogawa (2004) on children who have experienced trauma, it was concluded that play therapy is effective in improving traumatic symptoms. Gözalan (2013) examined the effects of play therapy on children with attention disorders and traumatic experiences; As a result of the study, it was stated that attention problems and difficulties in language skills can be reduced through play therapy.

Teber (2015) used the experiential play therapy method in his research on post-traumatic

somatic symptoms and emphasized that play therapy is effective in reducing these symptoms. In a study conducted by Kübra et al. (2019) with 30 children between the ages of 4 and 8, it was found that play therapy significantly reduced the levels of post-traumatic stress disorder.

Sezici (2013) examined the effect of play therapy application on social competence and behavior management in children; As a result of the study conducted with children in the 4-5 age group, positive developments were observed in the social skills and behaviors of the children (Akt. Sena, 2019). Similarly, Esra (2019), in her study on primary school students, stated that play therapy reduces the level of social anxiety and this effect occurs in a short time. Kwon (2004), in his experimental and control group study, revealed that children who received play therapy had significant increases in self-esteem and emotional intelligence levels (Akt. Gençer & Aksoy, 2016). Akman (1987), on the other hand, applied an eight-month play therapy in order to reduce the anxiety levels of children who had just started kindergarten and reported that a decrease in children's anxiety levels was observed as a result of the therapy (Akt. Sena, 2019). In the research conducted by Yıldız (2015), it was found that play therapy was effective in reducing the shyness levels of primary school students.

Schottelkorb et al. (2012) applied child-centered play therapy and trauma-focused cognitive therapy to traumatized children aged 6–13; concluded that both approaches were effective in reducing trauma symptoms. Delevi and Bugay (2011), on the other hand, applied sand therapy to a 13-year-old child who had problems in family relationships and observed that the child started to express his feelings about his family life during the therapy process. Burch (1980) used the puppet therapy method to enable children to reenact their traumatic experiences and stated that puppets are an effective tool in confronting traumatic events (Akt. Mehmet, 2015). Lim and Ogawa (2014) examined the effects of filial play therapy on Sudanese refugee children and found positive improvements in children's social skills and behaviors. Fatma and Nalan (2018) study a decrease in aggression levels as a result of play therapy applied to children aged 3-6 who stay in women's shelters and have been exposed to various traumatic experiences; and an improvement in emotions such as fear, anxiety and shyness. Reyes and Asbrand (2005) applied 50 minutes of individual play therapy per week in special playrooms created for sexually abused children and determined that children had a decrease in depression and post-traumatic stress scores after therapy.

Homeyer and Landreth (1998) examined the behaviors of 423 children aged 3–10 who were sexually abused during the play therapy process; revealed that children express their lives symbolically through their games and drawings. In the sand therapy study conducted by Grubbs (1995), it was observed that abused children depicted scenes in a more destructive and chaotic way, while non-abused children created more organized and meaningful fictions (Akt. Meryem et al., 2016). Zinni (1997), in his study consisting of clinical and control groups, stated that abused children who were subjected to sand therapy created more maladaptive and fragmented stories, reflecting the disorder in their lives.

Table 1. Some studies on the application of play therapies to people with a history of trauma.

Researcher	Sample Group	Applied Method	The Result Obtained
Mahmut (2017)	Orphaned children between the ages of 3 and 10	Experiential play therapy	A decrease in children's childhood post-traumatic emotional stress disorder has been observed.
Ogawa (2004)	Children exposed to natural disasters	Child-centered play therapy	A decrease in traumatic symptoms of children has been observed.
Teberd (2015)	30 children aged 6-10	Child-centered play therapy	He said that it is effective in reducing somatic symptoms that occur after trauma.
Kübra A et al. (2019)	30 orphaned children between the ages of 4-8	Developmental play therapy	Play therapy has been found to be effective in reducing the level of post-traumatic stress in orphaned children.
Delevi and Bugay (2011)	A 13-year-old young girl whose family is in the process of divorce	Sand therapy	Although he did not talk much in the first session, he talked about his family's divorce process in the second session.
Schottelkorb et al. (2012)	Traumatized children aged 6-13	Child-centered play therapy, trauma-focused cognitive therapy	As a result of both methods, a decrease in traumatic symptoms of children was observed.
Burch (1980)	Children with a history of trauma	Puppet therapy	During the therapy period, children relived traumatic events by repeating them with the puppet method.
Lim and Ogawa (2014)	Sudanese refugee children	Filial play therapy	Children's social problems have improved.
Fatma and Nalan (2018)	Children aged 3-6 staying in women's shelters exposed to various traumatic situations	Play therapy	There was a decrease in the children's aggression levels, as well as an improvement in their emotions such as fear and shyness.
Reyes and Asbrand (2005)	Children who have been sexually abused	Play therapy	It has been reported that children have decreased depression and post-traumatic stress scores.
Homeyer and Landreth (1998)	Children who have been sexually abused	Play therapy	While the boys drew a picture of an open mouth, the girls placed some objects inside the mouths and kissed the puppets used in the play.
Grubbs (1995)	Two groups: abused and unabused children	Sand therapy	Children who have not experienced abuse describe scenes that reflect family and society in a positive way, while abused children describe these sand places as post-war places.
Zinni (1997)	Two groups: the control group and the clinical group; 52 children aged 10 and 11	Sand therapy	The children in the clinical group created incompatible stories using too many objects from different categories, while the children in the control group created meaningful stories with fewer objects.

According to the results of these studies in which the play therapy method is applied to people with a history of trauma, we can say that; The use of play therapy in trauma treatment will give positive results.

Conclusion and Recommendations

In conclusion, play is an essential tool that allows children to express themselves safely and naturally. A play therapist who has the necessary equipment in the field can make children's emotional experiences and difficulties visible through play. The findings in the literature also show that play therapy is an effective and functional treatment method in addressing many psychological problems, especially trauma.

Studies on play therapy will make significant contributions to supporting children's development. Psychological counselors working in schools can help many children establish a healthier bond with life if they identify students showing signs of trauma at an early stage and provide psychological support to these children with appropriate therapy methods. In this process, psychological counselors and therapists inform classroom teachers and parents about the play therapy and sessions applied; It is of great importance that it works in cooperation with the family and the school. In addition, the teachers working in drama courses in schools should receive play therapy training, which can allow the lessons to be structured in a therapeutic framework when deemed necessary. Play therapy makes it possible to intervene in children's problems in a relatively short time; It offers effective support, especially for children who have difficulty verbally expressing their traumatic experiences due to their age. Therefore, it is recommended that therapists choose the appropriate therapy method, taking into account the individual characteristics and needs of the child, and use it in conjunction with other treatment approaches when necessary.

The high number of experimental studies and research conducted in the field of play therapy abroad shows the richness of knowledge in this field. Translating these studies into Turkish and following them closely will contribute to the more conscious and scientifically based execution of play therapy practices. However, the institutions where play therapy training will be received should be carefully selected; Because today, online education given by people who do not have sufficient academic and practical background poses a risk to the field. It is seen that social awareness about play therapy is not at a sufficient level in Turkey. For this reason, it is important to organize seminars and training programs for different segments of society, especially teachers and parents. In addition, sharing informative and scientifically based content about play therapy on social media will contribute to the development of a positive perspective on this therapy method and reaching wider audiences.

Declarations

Acknowledgements: Not applicable

Authors' contributions: Only author

Competing interests: The authors declare that they have no competing interests.

Funding: There isn't any funding about research.

Ethics approval and consent to participate: Not applicable

References

- Aker, T., & Önen, P. P. (2006). Travma sonrası stres bozukluğu. *Türkiye Klinikleri Journal of Internal Medical Sciences*, 2(12), 52-63.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Aral, N., & Gürsoy, F. (2001). Çocuk hakları çerçevesinde çocuk ihmal ve istismarı. *Milli Eğitim Dergisi*, 151(5).
- Axline, V. M. (1949). Mental deficiency-symptom or disease. *Journal of Consulting Psychology*, 13(5), 313-327.

- Bayraktar, S. (2015). *İnsanlığın kanayan yarası çocuk istismarı ve ihmali*. Ankara: Nobel Tıp Kitabevi.
- Booth, P. B., & Jernberg, A. M. (2014). *Theraplay* (Ş. Çavuşoğlu, Çev.). İstanbul: Gün Yayıncılık.
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36, 376-390.
- Briere, J. N., & Scott, C. (2016). *Travma terapisinin ilkeleri belirtiler, değerlendirme ve tedavi için bir kılavuz* (2. baskı) (B. D. Genç, Çev.). İstanbul: İstanbul Bilgi Üniversitesi Yayınları. (Orijinal çalışma basım tarihi 2014)
- Brody, V. (1992). The dialogue of touch: Developmental play therapy. *International Journal of Play Therapy*, 1, 21-30.
- Bromfield, R. (1994). The use of puppets in play therapy. *Child and Adolescent Social Work Journal*, 12(6), 435-444.
- Bulut, F. I. (1996). *Genç anne ve çocuk istismarı*. Ankara: Bizim Büro.
- Cattanach, A. (2003). *Introduction to play therapy*. New York: Brunner-Routledge.
- Corey, G. (2008). *Psikolojik danışma, psikoterapi kuram ve uygulamaları* (T. Ergene, Çev.). Ankara: Mentis Yayıncılık.
- Çolak, B. (2010). DSM'ler boyunca travma kavramının seyri. *Kriz Dergisi*, 18(3), 19-25.
- Delevi, R., & Bugay, A. (2011). Kum oyunu terapisi: Kuramsal bilgiler ve bir olgu örneği. *Çocuk ve Gençlik Ruh Sağlığı Dergisi*, 18(2), 127-134.
- Dürü, Ç. (2006). *Travma sonrası stres belirtileri ve travma sonrası büyümenin çeşitli değişkenler açısından incelenmesi ve bir model önerisi* (Yayımlanmamış doktora tezi). Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü, Ankara.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of post-traumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.
- EMDR Derneği. (t.y.). *Travma sonrası stres bozukluğu*. Erişim adresi: <https://www.emdr-tr.org/travma-sonrasi-stres-bozuklugu/>
- Erdoğan, Z. (2014). *Alkol ve/veya madde bağımlılarında travma sonrası stres bozukluğu belirtileri, bilişsel şemalar, duygu düzenleme ve anksiyete duyarlılığı ilişkisi* (Yüksek lisans tezi). Ege Üniversitesi, İzmir.
- Erkan, F. (1990). Kriminolojide çocuğun psiko-sosyal gelişimi açısından dokunmanın önemi. *İstanbul Üniversitesi Hukuk Fakültesi Mecmuası*, 53(1-4), 145-151.
- Ertürk, A. (2014). *Çocukluk çağı travmaları, travma sonrası stres bozukluğu, depresyon ve disosiyatif yaşantıların şizofreninin klinik özellikleri üzerindeki etkileri* (Uzmanlık tezi). Gazi Üniversitesi, Ankara.
- Fırat, S., İltaş, Y., & Yılmaz, Ş. B. (2016). *Ruhsal ve hukuki yönleriyle çocuk istismarı çocukların cinsel dokunulmazlığına karşı suçlar*. Ankara: Akademisyen Kitabevi.
- Freeman, A., Pretzer, J., Fleming, B., & Simon, K. (2004). *Clinical applications of cognitive therapy*. New York: Kluwer Academic/Plenum Publishers.
- Freud, S. (2010). *Çocukta fobinin analizi: Küçük Hans vakası* (D. Muradoğlu, Çev.). İstanbul: Say Yayıncılık.
- Gençer, A. A., & Aksoy, A. B. (2016). Anne çocuk etkileşiminde farklı bir yaklaşım: Theraplay oyun terapisi. *Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry*, 8(3), 244-254.
- Gözalan, E. (2013). *Oyun temelli dikkat eğitim programının 5-6 yaş çocuklarının dikkat ve dil becerilerine etkisinin incelenmesi* (Yüksek lisans tezi). Konya.
- Grey, P. (2011). The decline of play and the rise of psychopathology in children and adolescence. *American Journal of Play*, 3(4), 443-463.
- Güler, N., Uzun, S., Boztaş, Z., & Aydoğan, S. (2002). Anneleri tarafından çocuklara uygulanan duygusal ve fiziksel istismar/ihmal davranışı ve bunu etkileyen faktörler. *Cumhuriyet Üniversitesi Tıp Fakültesi Dergisi*, 24(3), 128-134.
- Güner, Ş., Güner, S., & Şahan, M. (2010). Çocuklarda sosyal ve medikal bir problem; istismar. *Van Tıp Dergisi*, 17(3), 108-113.
- Homeyer, L. E., & Landreth, G. L. (1998). Play therapy behaviors of sexually abused children. *International Journal of Play Therapy*, 7(1), 49-71.
- Janzen, C., & Harris, O. (1986). *Family treatment in social work practice*. Illinois: F.E. Peacock Publishers Inc.

- Kalff, D. M. (2003). *Sandplay*. California: Temenos Press.
- Landreth, G. L. (2011). *Oyun terapisi ilişki sanatı* (S. Yazıcı, Çev.). İzmit: Altın Kalem Yayınları.
- Lim, S.-L., & Ogawa, Y. (2014). "Once I have kids, now I am raising kids": Child-parent relationship therapy with a Sudanese refugee family - a case study. *International Journal of Play Therapy*, 23(2), 70-89.
- Mahalakshmi, B. (2016). Filial therapy. *Journal of Research in Humanities & Social Sciences*, 4(5), 1-8.
- Manassis, K. (2009). *Cognitive behavioral therapy with children: A guide for the community practitioner*. New York: Taylor and Francis Group.
- Moustakas, C. (1997). *Relationship play therapy*. Maryland: Rowman & Littlefield.
- Neisser, U. (2014). *Cognitive psychology: Classic edition*. New York: Psychology Press.
- Norton, B. (2007, October). *Trauma expression in play therapy*. Paper presented at the 13th Annual Colorado Association for Play Therapy Conference, Denver, CO.
- Norton, C. C., & Norton, B. E. (2017). Deneyimsel oyun terapisi. C. E. Schaefer (Ed.), *Oyun terapisinin temelleri içinde* (s. 187-203) (B. Tortamış Özkaya, Çev.). Ankara: Nobel Akademik Yayıncılık.
- Ogawa, Y. (2004). Childhood trauma and play therapy intervention for traumatized children. *Journal of Professional Counseling*, 32(1), 19-29.
- Öztürk, G. S. (2018). *Yapılandırılmış oyun terapisine dayalı geliştirilen psiko-eğitim programının boşanmış aile çocuklarının depresyon ve uyum düzeylerine üzerine etkisi* (Doktora tezi).
- Öztürk, M. O., & Uluşahin, A. (2016). *Ruh sağlığı ve bozuklukları* (14. baskı). Ankara: Nobel Tıp Kitabevleri.
- Polat, O. (2001). *Çocuk ve şiddet*. İstanbul: Der Yayınları.
- Reyes, C. J., & Asbrand, J. P. (2005). A longitudinal study assessing trauma symptoms in sexually abused children engaged in play therapy. *International Journal of Play Therapy*, 14(2), 25-47.
- Schaefer, C. E. (2013). *Oyun terapisinin temelleri* (B. T. Özkaya, Çev.). Ankara: Nobel Yayıncılık.
- Schottelkorb, A. A., Dumas, D. M., & Garcia, R. (2012). Treatment of childhood refugee trauma: A randomized, controlled trial. *International Journal of Play Therapy*, 21(2), 57-73.
- Schwartzenger, K. (2007, September). *Developmental play therapy in the treatment of childhood trauma*.
- Sungur, M. Z. (1997). Bilişsel-davranışçı terapilerin gelişim öyküsü. A. Tangör (Ed.), *Psikoterapiler el kitabı içinde* (s. 50-66). Ege Psikiyatri Sürekli Yayınlanan 4. Kitap.
- Sweeney, D. S., & Landreth, G. L. (2017). Hümanistik modeller, çocuk merkezli oyun terapisi. C. E. Schaefer (Ed.), *Oyun terapisinin temelleri içinde* (s. 129). Ankara: Nobel Yayınevi.
- Taner, H. A., Çetin, F. H., Işık, Y., & İşeri, E. (2015). Cinsel istismara uğrayan çocuk ve ergenlerde psikopatoloji ve ilişkili risk etkenleri. *Anatolian Journal of Psychiatry*, 16, 294-300.
- Teber, M. (2015). *Çocuk merkezli oyun terapisinin çocuklarda görülen davranış sorunlarının çözümüne etkisi* (Yüksek lisans tezi). Hasan Kalyoncu Üniversitesi.
- Tıraşçı, Y., & Gören, S. (2007). Çocuk istismarı ve ihmali. *Dicle Tıp Dergisi*, 34(1), 70-74.
- Tortamış Özkaya, B. (2015). Ebeveyn-çocuk ilişkisi üzerine odaklanan bir oyun terapisi yaklaşımı: Filial terapi. *Psikiyatride Güncel Yaklaşımlar*, 7, 208-220.
- Turla, A. (2002). Çocuk istismarı ve ihmali olgularında tıbbi yaklaşım. *Osmangazi Tıp Dergisi*, 19(4), 291-300.
- Türk Dil Kurumu. (2019). *Genel Türkçe sözlük*. Erişim adresi: <http://www.tdk.gov.tr>
- Türkçapar, M. (2008). *Bilişsel terapi: Temel ilkeler ve uygulama*. Ankara: Hekimler Yayın Birliği.
- Van Der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, 1(5), 253-265.
- Van der Kolk, B. A., Perry, J. C., & Herman, J. L. (1991). Childhood origins of self-destructive behavior. *American Journal of Psychiatry*, 148(12), 1665-1671.
- VanFleet, R. (2013). Filial terapi: Oyunun gücü ile aile ilişkilerini kuvvetlendirmek. C. E. Schaefer (Ed.), *Oyun terapisinin temelleri içinde* (s. 153-169) (B. T. Özkaya, Çev.). Ankara: Nobel Akademik Yayıncılık.
- VanFleet, R. (2017). Filial terapi oyunun gücü ile aile ilişkilerini kuvvetlendirmek. C. E. Schaefer (Ed.), *Oyun terapisinin temelleri içinde* (s. 153-170). Ankara: Nobel Akademik Yayıncılık.

- VanFleet, R., Sywulak, A., & Caparosa, C. (2018). *Child-centered play therapy (Çocuk merkezli oyun terapisi)* (H. U. Kural, Çev.). Apamer Psikoloji.
- World Health Organization. (2019). *Child maltreatment*. Retrieved from https://www.who.int/violence_injury_prevention/violence/child/Child_maltreatment_infographic_EN.pdf?ua=1
- Yıldız, C. (2015). *Oyun terapisiyle bütünleştirilmiş grup terapisinin çocukların utangaçlık düzeylerine etkisi* (Yüksek lisans tezi). Beykent Üniversitesi.
- Zinni, R. V. (1997). Differential aspects of sandplay with 10- and 11-year old children. *Child Abuse & Neglect*, 21(7), 657-668.
- Zülliger, H. (2005). *Çocukta oyunla tedavi*. İstanbul: Cem Yayınları.