Review of the Literature

Validity and effectiveness of Gestalt Play Therapy: a proposal for defining a shared research protocol

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ABSTRACT in ITALIANO
Questo studio mira a sviluppare e validare una checklist pratica e valida specifica per misurare l'efficacia del trattamento basato sulla Gestalt Play Therapy. In questo articolo vengono esplorati il concetto di gioco e il suo ruolo nella terapia. A seguito di un'analisi della letteratura della Play Therapy e delle sue applicazioni, sono state rilevate le complessità inerenti alla ricerca in Play Therapy.
Viene proposta la creazione di una checklist specifica per valutare l'efficacia del trattamento basato sulla Gestalt Play Therapy e un protocollo di ricerca condiviso. L'uso di un protocollo condiviso permetterà di implementare i dati relativi alla Gestalt Play Therapy fornendo uno strumento pratico di valutazione per i terapeuti permettendo, allo stesso tempo, di raccogliere prove dei benefici dell'approccio della Gestalt Play Therapy.

Parole Chiave
Gestalt, Gestalt Play Therapy, Play Therapy, Protocollo di ricerca.

ABSTRACT
This study aims to develop and validate a practical and valid checklist specifically for measuring the effectiveness of treatment based on Gestalt Play Therapy.
This article explores the concept of play and its role in therapy. Following a literature review of Play Therapy and its applications, the complexities inherent in Play Therapy research are noted.
The creation of a specific checklist to evaluate the effectiveness of Gestalt Play Therapy-based treatment and a shared research protocol is proposed. The use of a shared protocol will make it possible to implement Gestalt Play Therapy data by providing a practical assessment tool for therapists while at the same time allowing them to gather evidence of the benefits of the Gestalt Play Therapy approach.

Keywords
Gestalt, Gestalt Play Therapy, Play Therapy, Research protocol.

INTRODUCTION

Children may face emotional and behavioral challenges that traditional therapy may not effectively address. Play Therapy provides a natural and developmentally appropriate way for children to express themselves and process their experiences.

In this article, Play Therapy—specifically focusing on Gestalt Play Therapy and research in this field—will be explored. Its key principles, therapeutic applications, and the benefits it offers for children's emotional and psychological development will be discussed.

Additionally, we will examine the limitations of current research and potential areas for future study. By exploring this topic, we can gain a deeper understanding of its significance and the need for continued research and innovation in the field.

DEFINITION OF PLAY

The United Nations Human Rights Council has recognized play as a fundamental right of every child, as it is essential for physical, emotional, social, and cognitive development [1]. It represents a key aspect of children's growth and self-expression, making Play Therapy a crucial tool for preventing and addressing childhood problems and difficulties.

Play is a dynamic process that allows children to express themselves spontaneously and personally, connect with others, socialize, and develop their imagination. It is a way to explore and understand both the internal and external world.

Numerous scholars have studied the role and value of play in mental development, including Jean Piaget, Anna Freud, Melanie Klein, Donald Winnicott, and Virginia Mae Axline [2]. Among them, Virginia Axline, considered one of the pioneers of Play Therapy, developed the Child-Centered Play Therapy model. Unlike authors such as Anna Freud and Melanie Klein, who viewed play as a psychoanalytic tool, [3] Axline introduced play as a form of therapy, believing it to be, in itself, a process of healing wounds [4].

In the model developed by Virginia Axline, play is regarded as a meaningful experience through which children—and humans in general—achieve a full expression of themselves. She proposed eight key principles considered essential in Play Therapy: establishing a good communication/relationship, accepting the child as they are, allowing the child to express their feelings, helping the child become aware of their expressed feelings, encouraging the child's belief in their ability to solve problems, non-directive play, allowing the child to progress at their own pace, maintaining safe boundaries in therapy to keep the child connected to reality [5, 6].

One reason why play is not widely incorporated into interventions aimed at promoting children's social and emotional development is its elusive nature. While most people intuitively understand how play differs from non-play, translating this understanding into well-defined, reliably measurable characteristics is challenging [7]. Although there is no universally accepted definition of play, there is general agreement on the characteristics that qualify an activity as play: it must be enjoyable, process-oriented, intrinsically motivated, meaningful, iterative, and child-controlled [8, 9].

Zosh et al. attempted to capture the heterogeneity of children's play experiences by conceptualizing play as a spectrum, with these experiences differing in terms of who initiates the play (adult or child), the degree of direction in the play, and the presence of a learning objective [10].

Child-motivated and child-controlled play is often referred to as free or spontaneous play [11]. Conversely, activities that maintain some degree of playfulness but are not intrinsically motivated or child-controlled are considered "guided" or "goal-oriented" play, meaning they are at least partially directed by an adult. The division between free play and adult-involved play is not rigid; an adult can participate in children's play to introduce academic content without completely taking over the activity.

PLAY THERAPY

Play Therapy is defined as the systematic use of a theoretical model that establishes an interpersonal process in which trained therapists utilize the therapeutic power of play to help children prevent or resolve psychosocial difficulties and achieve optimal growth. Play Therapy is both a psychotherapeutic approach for children and a psychodiagnostics tool [12].

Play Therapy is particularly suitable for preschool and school-aged children, as most children under the age of 11 have not yet fully developed abstract thinking, which is essential for expressing and understanding complex issues, motivations, and emotions [13]. It is especially effective in treating developmental disorders, managing emotional difficulties, and addressing behavioral problems. Research has demonstrated its effectiveness, showing a significant reduction in negative behaviors through its use. However, its application requires proper theoretical training for professionals and an appropriate diagnosis [14].

In Play Therapy, play serves as a medium for communication between the child and the therapist, based on the understanding that children use play materials to express their feelings, thoughts, and experiences either directly or symbolically [15, 16].

Carl Rogers and Virginia Axline, in the humanistic field, emphasized the importance of the "face-to-face" relationship with the child, encouraging the creation of an environment that allows the child to grow at their own pace [17]. In non-directive Play Therapy, the child leads the session, and the relationship with the therapist is key to fostering positive change [18].

Cognitive-behavioral Play Therapy utilizes play to facilitate cognitive changes. By using developmentally appropriate tools [19], it encourages children to adopt different and more adaptive responses to their difficulties, which are then reinforced as models. Group Play Therapy also focuses on managing behavioral problems, habits, or mental disorders in children who play together under the supervision of a therapist. The therapist's role varies from that of a significant guide to a mere observer [20].

RESEARCH IN PLAY THERAPY

The Issue of research in Play Therapy

Play Therapy, as a multidisciplinary intervention for minors, raises questions mainly related to verifying the competencies and professional identity of therapists who use play-based therapy. Due to the legal and ethical complexities involved in working with minors, several authors [21] have highlighted the importance of considering the specific regulatory and ethical framework that governs relationships with children. A key aspect is the role of written informed consent, which should clarify confidentiality, as well as the collaboration between the child and the parents (or legal guardian) [22]. A review of the literature highlights various critical themes within Play Therapy, such as Supervision. Bratton, Landreth, and Homeyer were the first to emphasize the importance of Play Therapy supervision and proposed a model of intensive supervision [23, 24]. Given the non-verbal nature of Play Therapy, supervision experiences that incorporate symbolism, metaphorical play, and art seem to be the most appropriate [25]. The importance of supervision in Play Therapy has also been stressed by Lawrence et al., as countertransference issues are more frequent in therapeutic relationships with children [26]. Another sensitive issue is the effectiveness of Play Therapy. Shelby et al. pointed out that despite an extensive body of literature, the absence of systematic studies leaves room for numerous, yet conflicting, interpretations [27]. For this reason, in 2008, the Center for Disease Control concluded that the effectiveness of Play Therapy was not demonstrable. Specifically, Wethington et al [28]., after reviewing seven interventions for childhood trauma, concluded that the available evidence was insufficient to determine the therapy's effectiveness.

In response to these findings, it has been suggested that empirical research has consistently lagged behind its practice, which is otherwise well established. By supporting this view, Urquiza applied the method proposed by Onken et al. to describe the scientific phases that accompany the development of a valid, scientifically oriented model [29].

Phase 1: Researchers generate new forms of therapy based on clinical theories or research findings. Therapists are trained to implement these therapies on a small scale (e.g., single-case studies), serving as pilot studies.

Phase 2: Clinical trials are conducted to assess the effectiveness of the therapies, analyze their individual components, and test their replicability.

Phase 3: Researchers apply therapies that have demonstrated effectiveness and examine the generalizability of the results [30].

An additional issue in Play Therapy research is that most studies published after 2000 lack essential features required to meet evidence-based criteria, including: control groups, randomized assignment, adequate sample sizes, reliable and valid measurement tools with blind scoring, treatment manuals with fidelity checks, proper therapist training and supervision, specific inclusion/exclusion criteria, and appropriate statistical analyses. Furthermore, the dissemination of Play Therapy research is limited because publications often appear in specialized therapy journals, which are not widely read outside the field of Play Therapy [31].

The most recent review used by the Center for Disease Control classifies various forms of Play Therapy as "probably effective" since at least two valid experiments demonstrated statistical significance compared to a control group, or results were replicated in at least two independent research settings. However, this assessment presents only a partial view of Play Therapy, as it considers the quantity of studies conducted rather than analyzing the strength of therapeutic effects [32].

At the same time, there are encouraging findings regarding the effectiveness of Play Therapy, particularly in humanistic Play Therapy, where no significant differences were found based on the patient's gender, age, or treatment setting. However, due to the small sample sizes in Play Therapy research, it has not been possible to generalize the results or declare Play Therapy as the most effective treatment method [33].

Research in Gestalt Therapy with Children and Adolescents

Regarding Gestalt Therapy research, Stripling [34] collected all available pre- and post-2000 studies on the use of Gestalt Therapy for children and adolescents. Only eight studies were found after 2000, showing promising results.

Due to the scarcity of efficacy studies, institutions such as the American Academy of Pediatrics have not included the Gestalt approach in their list of evidence-based interventions. This finding highlights how the low volume of research on Gestalt Therapy systematically hinders its recognition as a treatment option for children and adolescents.

Gold and Zahm [35] similarly suggested that the lack of research on Gestalt Therapy could potentially threaten the survival of Gestalt Therapy itself. While its foundations and techniques have been adopted by other therapeutic approaches due to their perceived validity, the Gestalt model itself is often questioned due to a lack of research and scientific validation, creating a paradoxical situation.

Studies conducted after 2000 have revealed that Gestalt approaches provide benefits to children and adolescents, including:

1. Creating a space for self-expression of emotions;
2. Developing conflict resolution skills;
3. Establishing positive connections with therapists;
4. Using creative media to reduce depression and enhance well-being;
5. Improving emotional and social communication despite language barriers.

Cook observed that a Gestalt Therapy intervention reduced anxiety and depression while increasing self-esteem [36]. The reported studies describe the use of Gestalt theory in a variety of approaches [37, 38]. The author emphasizes that Gestalt Therapy is still strongly linked to specific experiments or techniques (e.g., topdog-underdog to address polarities, empty chair to resolve unfinished business). However, he argues that the Gestalt orientation, approach, and epistemology are more important than specific techniques [39].

Finally, an essential aspect is the international certification of Play Therapists. For Play Therapy research to meet evidence-based parameters, the components of the treatment must be explicitly defined. Ensuring treatment fidelity includes crucial elements such as: Structured training for therapists, Frequent supervision, Video-recorded sessions, Checklists to ensure treatment fidelity [40].

GESTALT PLAY THERAPY

Gestalt Play Therapy (GPT) differs fundamentally from other currents of Play Therapy and, more generally, from psychotherapy during childhood and adolescence. The development theory in GPT primarily focuses on the concept of the child's Self,

in line with the principle recognized by the infant research movement, which states that the organism is always in a relational and interactive movement, emphasizing the mutual relational intentionality between the child and their caregivers.

The development theory of Gestalt refers to the development of contact between the child and their parental figures, with different levels of contact evolving depending on the child's developmental phase and the quality of parental feedback. Some authors conceive it as a series of circular processes and successive creative adjustments that incorporate various movements of action and reaction, disorganization, and reorganization experienced by the child. Gradually, these contact experiences are assimilated, creating the structure of the Self while also serving as support for new changes. These interactions, or contact episodes, between mother and child develop through orderly processes that lead to the configuration of specific patterns.

The organism functions in an integrated way as the child grows. However, this integration may be interrupted due to difficulties in the natural growth process, physical or psychological pain. Traumatic experiences may force the child into adaptations, adopting behaviors that, although dysfunctional, help maintain control over their experiences and offer protection while simultaneously undermining harmonious growth.

Violet Oaklander was among the first to develop a specific therapeutic process for children and adolescents, based on Gestalt therapy theory and research on infant development. As Mortola highlights, from its origins, Gestalt therapy already incorporated aspects of play, such as expressive techniques like the well-known empty chair technique, the experimental approach, and roleplay. In her foundational book on Gestalt Play Therapy, Oaklander expanded on this tendency, transforming the therapy room into a Playroom. Instead of a therapy based solely on words, expression through play became the core of therapeutic work.

Supporting the child in developing a strong sense of Self involves enhancing sensory modalities, increasing body awareness, and providing mastery experiences. This approach enables the child to experience power and control, allowing them to make statements about themselves and own the projections that emerge from their drawings and stories.

To strengthen the Self, in addition to sensory and bodily experiences, it is necessary to involve different aspects. Specifically, a clearer definition of the Self is needed, encouraging the child to express themselves through various techniques, such as drawings, collages, clay, puppets, music, metaphors, and dreams—any method that helps them focus on themselves. Through this process, they learn and integrate awareness of who they are and who they are not. Honoring the child's thoughts, opinions, ideas, and suggestions is a crucial aspect of strengthening the Self.

Many children fear making even the most minor choices, fearing they might make a mistake. Providing the child with numerous opportunities to make choices is another way to strengthen their inner resilience. Equally important are mastery experiences, often hindered by overprotective parents who do "too much" for the child, thus preventing the necessary struggle, or by rigid parents who do not allow exploration and experimentation. There is a fine line between struggle and frustration, making sensitivity to this balance essential.

Another crucial aspect is awareness of projections. Many Play Therapy techniques are projective in nature. When a child creates a sand scene, draws a picture, or tells a story, they do so by drawing from their individuality and experiences. Often, these expressions metaphorically represent their life, making statements about themselves and their life process. Self-awareness and boundary recognition become intensified. Boundaries and limits are another aspect to integrate. Limits should be clear and appropriate to the child's developmental level, allowing them to explore, experience, and test their boundaries. In therapy sessions, limits and boundaries are well-defined; sessions start and end on time. Respecting these boundaries, children—once they begin to trust the therapist—engage in a power struggle, which is a form of contact interaction where the child, through play, experiences a sense of control. This is an important act of self-assertion.

The final two fundamental aspects of Self-strengthening are playfulness and imagination. Imaginative play is an integral

part of child development. Often, these natural resources are stifled in children who have experienced trauma. Providing ample opportunities for imaginative play is a necessary component of child therapy. Therefore, it is important for the therapist to know how to play with the child.

All these aspects are necessary for the child to approach and understand their aggressive energy, which refers to the energy required for action and a sense of power. To help children express their deep emotions, various creative, expressive, and projective techniques are used. Beyond emotional expression, another goal of this therapeutic process is self-nurturing: helping children accept and actively nurture themselves, taking care of their well-being. Equally important is educating parents about the therapeutic process.

A significant element in Oaklander's work was emphasizing the therapist's characteristics and the type of relationship they must build with the child, rather than solely focusing on therapeutic techniques. The therapist must be spontaneous, fully present in the therapeutic relationship, using all their senses and perceptions. It is essential to accept the child without judgment, exactly as they are. The therapist must also possess knowledge of appropriate child development and have the ability to engage in fun, humor, play, and creativity.

Mortola, in his various works analyzing Oaklander's writings and participating in her training sessions, has theorized a structured theoretical model organized into a coherent series of play stimuli divided into four main phases. The work, fundamentally projective in nature, allows the child, through play and artistic creation, to interact with aspects of the world and themselves in a controlled manner, co-creating a play space with the therapist—a "border region" where the child and all their structures meet the world in its complexity. The proposed method, through deep sensory engagement and environmental contact mediated by the therapeutic relationship, facilitates the child's learning and deeper self-awareness. Therefore, Mortola defines the paradox of Play Therapy, where play becomes real and has a significant impact on the child's life.

CONCLUSION AND RESEARCH PROPOSAL

A systematic analysis of the literature highlights the need for Action-Research studies and tools that can progressively validate Play Therapy as a therapeutic methodology. Although empirically proven effective, there is currently no scientific evidence in Italy confirming its efficacy.

In the context of Gestalt Play Therapy, this gap is particularly evident. While studies present innovative aspects, they lack the systematicity and replicability needed to demonstrate the effectiveness of treatments based on the Gestalt Play Therapy model.

Thus, we propose drafting a shared research protocol to identify the effectiveness elements of Gestalt Play Therapy and confirm its validity. A specific checklist for Gestalt Play Therapy is being developed to evaluate therapy effects according to its model and reference parameters, providing clinicians with a guideline to ensure treatment validity.

The proposed protocol consists of multiple phases. Upon entry, parents will receive self-administered questionnaires to collect data on their child's physiological personal history, adaptation in shared environments, and parental observations of their child's psychological health and behavioral progress.

Various validated assessment tests and scales emerge from literature reviews. Notably, My Child's Play (MCP) is a caregiver self-report questionnaire for children aged 3-9, designed to assess play abilities. Additionally, the Child Behavior Checklist (CBCL) is a behavioral assessment tool for children aged 6-18, used to evaluate emotional and behavioral issues.

After quantitative data collection, a specific checklist will be used during Gestalt Play Therapy sessions to systematically monitor the child's progress over a six-month period, collecting qualitative data to certify and validate the effectiveness of GPT. Statistical analysis of the collected data will aim to validate the checklist through a pilot study with children treated by certified therapists. By systematically completing the checklist, therapists can document improvements, ensuring continuous evaluation and supporting the certification of Gestalt Play Therapy's efficacy.

CONFLICT OF INTEREST

The authors declare they have no conflict of interest.

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