Group Play Therapy: An Overview

Grup Oyun Terapisi: Genel Bir Bakış

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ABSTRACT

This review aims to present a national and international perspective on group play therapy. Play therapy is a dynamic in which the child creates his/her unique world, expresses his/her feelings and thoughts through play and experiences growth in a safe environment. Group play therapy involves the play therapy experience of more than one child. Group play therapy allows creating a social microcosm for children, promoting social learning, supporting emotional development and increasing peer interaction. This review discusses the advantages of group play therapy, the implementation process, the role of the therapist and its effects on child mental health. In recent years, there has been an increase in group play therapy practice and research in the international arena. On the other hand, studies on group play therapy in Türkiye are limited and mostly focus on play-based psychological counselling groups and psychoeducational intervention programmes. Another aim of the review is to reveal the positive effects of group play therapy on child mental health and to make suggestions for future research. In this direction, national and international studies on group play therapy were analyzed.

Keywords: Play, play therapy, group play therapy

ÖZ

Bu derlemede grup oyun terapisi üzerine ulusal ve uluslararası bir bakış açısı sunmak amaçlanmıştır. Oyun terapisi, çocuğun özgün dünyasını yarattığı, duygu ve düşüncelerini oyun yoluyla dışa vurduğu ve güvenli bir ortamda büyümeyi deneyimlediği bir dinamiktir. Grup oyun terapisi ise birden fazla çocuğun oyun terapisi deneyimini içerir. Grup oyun terapisi, çocuklar için sosyal bir mikrokozmos yaratmaya, sosyal öğrenmeyi teşvik etmeye, duygusal gelişimi desteklemeye ve akran etkileşimini artırmaya olanak tanır. Bu derleme grup oyun terapisinin avantajlarını, uygulama sürecini, terapistin rolünü ve çocuk ruh sağlığı üzerindeki etkilerini ele almaktadır. Son yıllarda uluslararası alanda grup oyun terapisi uygulama ve araştırmalarında artış olduğu görülmektedir. Öte yandan Türkiye'de grup oyun terapisi ile ilgili yapılan çalışmalar sınırlıdır ve daha çok oyun temelli psikolojik danışma grupları ve psikoeğitim müdahale programlarına odaklanılmaktadır. Derlemenin bir diğer amacı, grup oyun terapisinin çocuk ruh sağlığı üzerindeki olumlu etkilerini ortaya koymak ve ileride yapılacak araştırmalara öneriler getirmektedir. Bu doğrultuda ulusal ve uluslararası düzlemde grup oyun terapisi ile ilgili yapılan araştırmalar incelenmiştir.

Anahtar sözcükler: Oyun, oyun terapisi, grup oyun terapisi

Introduction

Therapy practices for children differ from those for adults mainly due to developmental differences (Kiye and Yalçın 2021). A key distinction is that children utilize play as a means to express their feelings, needs, and challenges (Homeyer and Sweeney 2001, Axline 2022). Landreth and Bratton (1999) highlighted that play functions similarly for children as verbal expression does for adults. They noted that relying solely on verbal communication can create a restrictive environment, as children may struggle to fully comprehend it. In contrast, play serves as an essential tool that enables children to express and confront their emotions, develop coping strategies, explore relationships, assert their desires, and enhance their self-awareness (Landreth and Bratton 1999).

According to Schaefer (1993), play encompasses four essential powers: communicative power, teaching power, emotional release power, and the power of building rapport. Communicative power refers to the capacity to express both conscious and unconscious feelings and thoughts more effectively through play. Teaching power emphasizes that children engage in learning more attentively and effectively when play is incorporated into the educational process. Emotional release power facilitates the processing and expression of emotions by allowing children to reenact stressful events in a safe environment. The power of building rapport is rooted in children's natural inclination to connect with therapists who engage in fun and playful interactions. From this

perspective, play is crucial for the psychological, biological, and social development of children (Avan et al. 2021).

Given the crucial role of play in a child's development, play therapy is widely acknowledged as one of the most commonly employed methods in psychological counseling for children. It can be implemented through various theoretical approaches and occurs in two primary forms: individual and group play therapy. In this context, group play therapy is not viewed merely as a theoretical approach or technique; rather, it is recognized as a functional intervention (Sertelin-Mercan 2022). However, despite its importance, the national literature presents a limited number of studies on group play therapy, both in terms of quantity and scope. There is a pressing need for further research to broaden its application in Turkey and assess its effectiveness. This review aims to offer a comprehensive perspective on group play therapy by analyzing both national and international studies, introducing the concept within this framework, and discussing recent findings. It is anticipated that this review will serve as a valuable resource for child mental health professionals engaged in play therapy and will promote additional practice and research in the realm of group play therapy.

Definition and Theoretical Approaches

Group play therapy is best understood by first examining play therapy itself. According to the International Association for Play Therapy (2023), play therapy is defined as "the systematic use of a theoretical model to create an interpersonal process in which trained play therapists harness the therapeutic powers of play to assist clients in preventing or resolving psychosocial challenges and achieving optimal growth and development." Similarly, Landreth (2012) describes play therapy as a dynamic relationship between the therapist and the child that cultivates a safe and supportive environment through the provision of play materials. In this context, the child is afforded the opportunity to express and explore themselves through play, which acts as a natural means of communication, fostering optimal growth and development.

The definitions illustrate that the relational aspect of play is essential in play therapy, in addition to using play as a means of expression. Sweeney et al. (2014) noted that this relational dimension may be the most healing element of play therapy. Consequently, rather than adhering to a rigid and structured approach, it is preferable to focus on observations that reveal the child's personality through the therapeutic relationship and play (Kiye and Yalçın 2021). According to Ginott (1961), in group play therapy, each child can participate in activities independently, without the influence of the other group members. Unlike other forms of group therapy, no specific group goals are established, nor is group harmony a priority. Children gain the confidence to act freely by observing their peers in the group (Landreth 2012). Thus, the child remains at the center of the therapy on an individual basis.

Play therapy approaches are generally divided into two main categories: directive approaches, where the therapist takes the lead, and non-directive approaches, where the therapist empowers the child to take responsibility and rely on their capacity for self-management (Axline, 2022). In addition to these two categories, VanFleet et al. (2010) also highlight family-play therapies. When examining group play therapies within these categories, Child-Centered Group Play Therapy (CCGT) is classified as a non-directive approach, while Cognitive-Behavioral Group Play Therapy, Jungian Group Play Therapy, and Adlerian Group Play Therapy fall under directive approaches. Conversely, Filial Group Play Therapy and Theraplay Group Play Therapy are designated as family-play therapies. Each of these theories encompasses specific group play therapy techniques rooted in their foundational philosophies. Although a variety of group play therapy techniques exist, the theoretical orientation of the therapist will significantly influence the techniques employed throughout the group process. Sweeney (201, p. 236) emphasizes that group play therapists should contemplate certain questions prior to implementing techniques:

1. Is the technique appropriate for the child's developmental stage? This consideration is grounded in the understanding that a child's developmental capacity is a vital therapeutic factor.

2. What theoretical framework underpins the technique being utilized? This inquiry is based on the principle that techniques should be rooted in established theory.

3. What is the intended therapeutic purpose of implementing a specific technique? This question arises from the belief that having a clear objective is both clinically and ethically significant.

From this perspective, the diverse theories and techniques in group play therapy can be regarded as functional for the group when implemented according to the previously established standards. In essence, while group play therapy may adopt varying approaches, its core principle encompasses a dynamic and creative process

that integrates elements of both group therapy and play therapy. Consequently, the play therapist leading a group play therapy session must possess a comprehensive understanding of both group therapy and play therapy (Sweeney et al., 2014). Unlike individual play therapy, the therapist must have a profound grasp of group dynamics and the capability to assess the therapeutic atmosphere within the group. Indeed, Sweeney (2017) cautions that an experienced play therapist who is not well-versed in group dynamics may inadvertently cause as much harm as a group therapist who lacks adequate training in play therapy. Given these considerations, group play therapy can be characterized as a dynamic interpersonal relationship among several children and a therapist skilled in both play therapy and group therapy processes (Sweeney et al., 2014). This relationship involves cultivating an expressive and reflective play environment, fostering safe connections that enable children to express and explore their emotions. This is achieved through meaningful play and non-verbal expression, which naturally serve as modes of communication for children.

In summary, group play therapy, which builds upon the foundations of individual play therapy, embodies the convergence of group dynamics and play therapy. This section delineates the theoretical frameworks of group play therapy, essential considerations for implementing the technique, and the training that practitioners should pursue. It is crucial to emphasize that therapists must be proficient in both play therapy and group dynamics, while remaining cognizant of the theoretical approaches and techniques they employ. Moreover, although there is a wide array of theoretical frameworks and techniques available, it is equally important for therapists to focus on fostering a multidimensional therapeutic interaction and a dynamic group process through play.

Advantages

Group play therapy offers several advantages over individual play therapy. Ginott (1961) highlights key factors that justify its use. The involvement of multiple children, especially in the initial stages, supports the development of a therapeutic relationship and fosters spontaneity. Spontaneity enables children to express themselves more openly in interactions and play, ultimately promoting trust in the therapist (Sweeney 2017). For children new to the therapeutic process, the therapist and playroom may initially evoke anxiety; however, the presence of peers helps create a sense of comfort and security (Sertelin-Mercan 2022). Additionally, the group environment promotes engagement and participation by reducing tension.

Ginott (1961) emphasizes that group play therapy offers interpersonal interactions beyond those available in individual play therapy. The group setting enables children to interact naturally with peers and adults, fostering the development of appropriate social behaviors and skills (Reddy 2012). Beyond interaction with the therapist, children engage with their peers, facilitating identification as a key therapeutic process. Children may identify not only with the therapist but also with other group members, gaining insight and learning new behaviors. Johnson (1988) notes that group members enhance peer interaction through identification, making social engagement more accessible. For instance, a socially withdrawn child may become more active and self-confident by observing and identifying with more expressive peers. In this sense, the group environment offers social learning opportunities, allowing children to develop coping strategies, problem-solving skills, and alternative methods of self-expression (Sweeney et al. 2014).

Group play therapy also serves as a journey of self-discovery. Within this process, children gain insight into themselves, others, and their surroundings (Homeyer and Sweeney 2001). By responding to one another's emotional and behavioral expressions, children engage in mutual stimulation of thoughts and emotions, which fosters deeper understanding (McGuire 2000, Sweeney et al. 2014). Play and expressive therapy groups, therefore, provide unique opportunities for catharsis. Johnson (1988) suggests that therapists do not need to actively facilitate catharsis or insight development, as children naturally evaluate their behaviors based on peer feedback. Similarly, Axline (2022) emphasizes that while group settings foster insight, responsibility for change ultimately lies with the child.

In group therapies, members' behaviors often reflect their interactions in the external world. The play therapy group functions as a social microcosm, as it is grounded in real-life dynamics (Sweeney et al. 2014). The presence of multiple children bridges the therapeutic experience with real-life social interactions. While the therapeutic setting offers unconditional acceptance, boundaries must be established based on reality. Landreth and Bratton (1999) highlight that therapeutic boundaries facilitate the transfer of group experiences into real-world relationships. Sweeney et al. (2014) also highlight that boundary-setting and reality testing occur not only between the therapist and children but also among the group members. Through this process, children become aware of their behavioral patterns, recognize their impact on others, and develop conflict-resolution

skills without direct adult intervention (Reddy 2012). Furthermore, the group setting offers therapists valuable insights into children's relational dynamics outside of the therapy room (Sweeney and Engblom-Deglmann 2017).

A significant aspect of group play therapy is the realization that others share similar experiences. Recognizing these commonalities fosters a sense of belonging and group cohesion (Johnson 1988, Aronson 2016). Moreover, children in group therapy are not only recipients of support but also providers of help. This dual role is particularly transformative for children with low self-esteem or those who have experienced trauma. Discovering their ability to support others can be one of the most meaningful therapeutic outcomes (Berg et al. 2006).

Group play therapy offers a broader range of sublimation activities than individual play therapy (Ginott 1961). In one-on-one sessions, children may engage in repetitive play due to limited creativity or a sense of security. In contrast, group play therapy introduces diverse materials and activities through peer interaction, encouraging present-moment engagement and reducing repetitive patterns (Ginott 1961, Sweeney and Engblom-Deglmann 2017). Additionally, while individual therapy allows for direct acceptance from the therapist, group therapy provides an environment where children observe how the therapist responds to others, giving them the confidence to express themselves freely (Axline 2022).

In conclusion, group play therapy fosters children's social and emotional development through key therapeutic factors such as peer interaction, spontaneity, identification, and universality. The group setting enhances social skills, emotional awareness, and the capacity to manage relationships outside of therapy. Additionally, the structured yet dynamic environment helps children recognize their shared experiences and achieve meaningful therapeutic gains. By integrating the principles of group dynamics with play therapy, group play therapy offers a powerful approach to supporting children's psychological well-being.

Preparation Process

In the preparation process of group play therapy, issues such as member selection, group size, session duration and frequency, and group playroom should be addressed. During the member selection process for group play therapy, the therapist should assess each potential group member's social awareness and willingness to adapt and maintain interactions for peer acceptance. Otherwise, the group play therapy approach will be less effective (Ray 2011). For this reason, Ray (2011) mentions that having an individual session with the child to determine and decide on the suitability of the therapist for the group will facilitate the process. However, alternative assessment methods such as parent and teacher reports are also preferred in problem-focused approaches (Landreth and Sweeney 1999, Sweeney 2017). Ray (2011) listed the topics to be considered at the clinical decision-making stage as follows: Age, aggression, attachment, sexual abuse, and social/relational issues. The fact that the child is not ready for the group experience or that the current problem is not suitable for group intervention is also among the issues that should be reviewed (Sweeney 2017). As with all therapy approaches, methods, and interventions, the expectation that group play therapy will be functional for every child is not realistic. Sweeney and Homeyer (1999) mentioned that some children may be more suitable for individual play therapy and may not benefit from group play therapy. Children who have been sexually abused, overly aggressive children, siblings who exhibit intense competition, sociopathic children (with a tendency to harm or take revenge), or children with extremely low self-perception can be considered in this group (Ginott 1961, Sweeney and Homeyer 1999, Axline 2022). Children of this nature may exhibit aggressive or sexual behaviors towards other children, especially in the early stages of therapy; on the other hand, they may expect or need the therapist's full attention due to their traumatic experiences (Axline 2022). It is predicted that this situation will significantly affect group dynamics.

Another issue to be considered when choosing group members is age and gender. Depending on the developmental status of children, the age range should not exceed 12 years. Being close in age will make it easier for them to communicate with their peers (Sweeney 2017). Developmental and psychological age, as well as chronological age, is an important consideration when selecting members (Sweeney et al. 2014). Even if the chronological ages are the same, developmental differences among children may hinder group cohesion, potentially leading to tension and anxiety within the group (Aronson 2011). Aichinger (2017) suggests that children of similar developmental ages concentrate on the same developmental tasks in the group, making the scenarios enacted equally significant for all members. The physical maturity of the child is another point to be considered (Sweeney and Homeyer 1999). Additionally, to facilitate the microcosm in group play therapy, a heterogeneous group may be preferred, unless a gender-specific issue is being addressed (Sertelin-Mercan 2022). This is also important for establishing balance in the group. It has also been observed that gender-

homogeneous groups of boys or girls process conflicts more deeply and effectively (Brem 2008). Similarly, Ray (2011) mentioned that children are more often around the opposite sex and that their communication styles vary according to gender. Girls, especially as they age, tend to prefer verbal expression, while boys are more likely to use actions rather than verbal communication. Therefore, homogeneous groups are more likely to promote communication, understanding, and acceptance among group members than heterogeneous groups (Ray 2011). On the other hand, sometimes an existing problem can lead to the formation of a homogeneous group. Söylemez's (2021) cognitive behavioral group game therapy-based research on addiction to violent digital game addiction is an example of this situation. All ten people in this research group consisted of male students. In other words, it can be said that gender-based member selection may vary depending on the structure of the group, its purpose, the current problem, and the developmental status of the children and requires a clinical decision.

Another important and controversial issue in group play therapy is the size of the group. According to Sweeney (2017), the number of members in the group should be directly proportional to the age of the children. However, the most appropriate group composition for maximum benefit is two children (Ray 2011, Sweeney 2017). In addition, Sertelin-Mercan (2022) stated that the general opinion on group size includes 3 to 6 children and that the therapist will manage the group dynamics more easily with fewer children. According to Ginott (1961), the therapist should limit the number of group members to a maximum of five to ensure efficiency in the group. Sweeney et al. (2014) stated that the group size may vary depending on the skills and competence of the therapist. Therefore, although there is no clear consensus, it can be said that the number of members may vary depending on factors such as age, the current issue, and the therapist's competence, with efficiency increasing as the number of people in the group decreases.

In group play therapy, the duration and frequency of the session may vary depending on the age range of the children. The therapist should determine the duration of the session by assessing the children's biological and psychological ages, as well as their attention span and ability to focus (Sertelin-Mercan 2022). Even if there is no optimal limit to the duration of group sessions, the general tendency is for groups of 20 to 60 minutes. Longer sessions can become monotonous and unproductive, especially for children with shorter attention spans. Considering that session duration may vary based on age, it has been recommended to shorten the duration for younger children (Sweeney and Engblom-Deglmann 2017). Regarding the frequency of group sessions, DeLucia-Waack (2006) stated that although multiple sessions can be held per week, one session per week is more common due to the challenges in planning. However, the frequency of sessions can also vary depending on the objectives of the group, the clinical setting, or the intensity of the current issue; it has even been suggested that short-term intensive group processes, with 2 to 5 sessions per week, can be highly effective (Sweeney et al. 2014).

One of the key aspects of the preparation process is the group playroom. A room with an appropriate size and capacity to accommodate more than one child should be chosen. The room should be neither too big nor too small. A large room may prevent children from interacting with each other and the therapist; a small room may restrict their range of movement and cause them to feel anger and frustration (Berg et al. 2006). Group play therapy is often noisier than individual play therapy, leading to increased disturbances; therefore, the playroom should be located in an area that minimizes these disruptions (Sweeney et al. 2014).

Play materials may vary depending on the theoretical approach and objectives; however, they generally consist of the materials used in individual play therapy. Sweeney and Homeyer (1999) mentioned that it is not appropriate to buy as many play materials as the number of children and that this prevents children from sharing and conflict resolution opportunities. Furthermore, recognizing that children utilize toys to communicate their inner worlds to the therapist and that the playgroup may serve as a microcosm, it is essential to ensure the availability of play materials that accurately represent real-life experiences (Landreth 1987, Kiye and Yalçın 2021).

In conclusion, it is a critical step that the preparation process, in addition to the group play therapy itself, is well structured. In this regard, the therapist must adopt a versatile and flexible approach to member selection, group size, session duration and frequency, and the group playroom. This preparation process enables the therapist to adapt to the needs of the children and allows the group dynamics to develop constructively. In general terms, when examining the preparation process of group play therapy, it becomes evident that balance is crucial for maintaining healthy group dynamics (Sweeney and Homeyer 1999). Consequently, it is expected that each component of the group preparation process be addressed in a balanced manner, by the prevailing issue, theoretical framework, and developmental stage.

Role of the Therapist

The group play therapist plays a pivotal role in the effective functioning of the group and the development of group dynamics. While being an expert, the therapist's role as an authority figure in the group should remain in the background. They should ensure that transparency, participation, spontaneity, and empathy—qualities expected by group members—are clearly expressed (Sweeney et al. 2014). The therapist's role may vary depending on the theoretical approach adopted; however, similar to individual play therapy, they are responsible for creating a therapeutic atmosphere, offering unconditional acceptance and respect, and fostering an environment of trust. Additionally, the therapist's role as a facilitator and encourager is fundamental (Sweeney 2017). Although the group play therapist plays a critical role, their direct interaction and participation are more limited than in individual play therapy (Ray 2011).

Since multiple children are present in the group playroom, it is unlikely that the therapist will be able to recognize every emotion. However, the therapist is still expected to maintain attentiveness to each child individually while ensuring balanced reactions so that no child feels neglected (Sweene 2017, Axline 2022). Additionally, when responding to children, the therapist should use their names and ensure that each child feels directly addressed, as in the example: "Nazlı, you are playing with the baby" (Sweeney et al. 2017). However, in group play therapy, competitive children may vie for the therapist's attention by displaying toys or seeking close contact for most of the session. In such cases, the therapist must provide an equitable therapeutic response to each child in the group. Otherwise, it is important to recognize that the existing negative self-perceptions of introverted children may be reinforced (Sweeney 2011).

In a group setting, the therapist must be prepared and capable of preventing or managing crises that may arise (Sweeney 2017). Activities in which children challenge one another, necessitating boundary-setting, are likely to increase in group play therapy (Axline 2022). Furthermore, the group environment tends to be more dynamic and noisy due to factors such as children arguing over the same toy, conflicts emerging for various reasons, or engaging in action-based games. In such situations, the therapist should emphasize appropriate behaviors and employ proactive language when communicating group rules (Reddy 2012). For instance, rather than saying, "Do not leave your seat or area," the therapist should use short, behavior-specific instructions such as "Wait your turn" or "Be polite." Additionally, Reddy (2012) outlines the key principles for delivering effective responses as follows:

1. Pause for a few seconds after addressing the child by name.

2. If feasible, gently eliminate potential distractions.

3. Encourage the child to make eye contact using a warm, friendly, engaging tone and facial expression: "Nisa, now you need to look into my eyes."

4. Provide a clear, one- or two-step directive while emphasizing the word "now." For example, instead of asking, "Zeynep, can you please help me distribute the papers?" give a direct instruction: "Zeynep, now help me distribute the papers."

5. Offer specific praise when the child follows instructions: "Burak, I appreciate how neatly you cleaned up the crayons."

6. If the child does not comply initially, wait 15 seconds before repeating the instruction. This waiting period is crucial for promoting compliance and minimizing frustration, as immediate repetition may lead to resistance.

7. Remain physically present after giving repeated instructions. Staying within the child's space, monitoring their actions, and offering positive reinforcement nearby are essential for ensuring engagement and cooperation.

Axline (2022) emphasizes that effectively managing group dynamics requires a comprehensive set of knowledge and skills on the part of the therapist. These skills include the ability to provide accurate, appropriate, and equitably distributed responses, maintain patience, regulate their level of control and guidance, establish clear boundaries, and enforce them with consistency (Sweeney et al. 2014, Sweeney 2017). Compared to individual play therapy, therapists may experience greater anxiety regarding boundary-setting, which can hinder their ability to respond promptly. To mitigate this challenge, seeking consultation and brainstorming potential scenarios can be an effective and proactive strategy (Ray 2011). Furthermore, therapists should be prepared to anticipate boundary-related challenges and demonstrate firmness in limit-setting. However, given the dynamic nature of the group, there may be a tendency to enforce overly strict

boundaries to maintain control. In such instances, the therapist must demonstrate patience and provide children with the opportunity to manage social interactions on their own (Sweeney 2011).

Another critical aspect therapists must consider in group play therapy is their relationship with parents. Parents have often exhausted all possible solutions for their child's challenges before turning to therapy, making this decision a source of stress. At this stage, the therapist's awareness and empathy are crucial in facilitating the therapeutic process (Sweeney 2011). Additionally, Sweeney (2011) highlights the significance of the initial meeting between the therapist and parents before commencing group play therapy. This meeting aims to educate parents about the therapy process, outlining its purpose and benefits. Moreover, parental involvement is crucial for sustaining their support throughout the therapy. Ensuring their engagement can provide practical advantages, such as maintaining attendance and minimizing the risk of early termination (Homeyer and Sweeney 2001).

In conclusion, the role of the group play therapist is essential in guiding the therapeutic process and fostering group dynamics. The therapist provides effective leadership by addressing the needs of all children in the group in a balanced manner, creating a safe environment, and establishing necessary boundaries. Since group play therapy demands more interaction and dynamic management than individual therapy, it is crucial for the therapist to consistently employ empathy, patience, and careful observation skills. The therapist's professional knowledge and expertise are vital in preventing potential crises within the group, optimizing the therapeutic process for the children, and clarifying the role of parents in the therapeutic journey.

Studies on Group Play Therapy and Its Effects on Child Mental Health

There is a significant body of research on the social, developmental, and psychological effects of group play therapy on children. Studies indicate that group play therapy is effective in reducing aggressive behaviors in children diagnosed with attention deficit hyperactivity disorder (ADHD) (Teimourian et al. 2020), enhancing creativity and anger control (Jarareh et al. 2016), improving expressive and receptive language skills (Danger and Landreth 2005), and supporting adaptation and peer relationships (Su and Tsai 2016). Directive group play therapy conducted over eight sessions with children exhibiting attention deficit symptoms and low social-emotional skills has fostered progress in their social-emotional competencies (Pamuk 2022).

Theraplay Group play therapy, which was conducted for twelve weeks with Syrian children who had experienced traumatic events such as war, parental loss, or migration, was found to be effective in reducing their stress levels and increasing their subjective happiness levels (İşcan-Kuzucu 2021). In a study examining the effect of the eight-session Group Theraplay application on children's social cooperation, social skills, and problem behaviors in a classroom setting with a preschool age group, it was concluded that the Group Theraplay application had a positive effect on children's social cooperation, social skills, and problem behaviors (Sancak 2019). As a result of attachment-based group intervention with 30 Syrian immigrant children aged 8-14 and their parents in Turkey, it was observed that there was a significant improvement in children's post-traumatic stress, other common mental health symptoms, and attachment difficulties assessed by their parents (Eruyar and Vostanis 2020). In a study in which seven sessions of group play therapy were conducted with 2nd and 3rd-grade primary school students, it was found that children who received group play therapy had a significant decrease in shyness levels compared to children who did not receive group play therapy (Yıldız 2015). It can be said that this result is in line with the findings that group play therapy improves self-confidence by strengthening social interaction. In another study conducted in Turkey, structured online group play therapy sessions were conducted with 21 children aged 8-9 years with Type 1 Diabetes. As a result of the study, it was determined that there was a significant increase in children's metabolic control, mental adjustment, and quality of life (Temel-Mert 2021). In a study conducted abroad, the effect of eight-week child-centered group play therapy on kindergarten children who lacked social-emotional assets was examined, and children who received group therapy showed an increase in their social-emotional assets, empathy, and social competence levels compared to those who did not receive group therapy (Cheng 2015). In light of the research findings, it was stated that child-centered group play therapy might be an intervention that facilitates and supports children to explore their social and emotional assets in a safe environment with their peers and through play (Cheng 2015). In other words, it can be said that group play therapy has a significant impact on children's social development by providing the opportunity for peer interaction in a safe environment.

Mallahi (2019) conducted a study with 11-15-year-old girls who worked as child laborers and were sexually abused to examine the effect of Gestalt group play therapy on aggression and social skills and found that children's aggression levels decreased and social skills improved. Based on this, it can be said that the safe

environment offered by group play therapy will help children change their perception of the outside world, healthily experience emotional expression, and develop effective social relationships. Similarly, a study investigating the impact of Gestalt group play therapy on improving behavioral problems in preschool children found that the post-test behavioral problem scores of children in the experimental group were lower than those in the control group (Kafaki et al. 2014). Gestalt group play therapy can also be effective in improving behavioral problems. In a recent study, the effectiveness of child-centered group play therapy, narrative therapy, and combined group (combination of child-centered group play therapy and narrative therapy) on separation anxiety symptoms and social-emotional behaviors in preschool children was examined (Zarra-Nezhad et al. 2023). All interventions were found to be positively effective in improving children's social-emotional competencies and reducing their emotional problems; however, child-centered group play therapy and combined group interventions were found to be more effective than the group in which only narrative group therapy was applied (Zarra-Nezhad et al. 2023).

There are also studies in which play therapy is integrated into group therapy sessions. Teke (2019) conducted a study investigating the effect of group therapy integrated with play therapy on the social anxiety levels of fourth-grade primary school students. As a result of this study, it was found that children had less difficulty in communicating and that children who had problems such as hoarseness, body contraction, and trembling of hands due to anxiety expressed their feelings more easily, made eye contact, and were calmer. Another study conducted with fourth-grade students showed that a psychoeducation group based on cognitive behavioral game therapy was effective in reducing violent digital game addiction and aggression levels in children (Söylemez 2021).

In conclusion, it can be said that there are many studies on the effectiveness of group play therapy in many subjects. Research indicates that group play therapy leads to significant improvements in children's social, developmental, and psychological domains. Group play therapy improves children's social skills, emotional expression skills, and empathy skills, while also reducing behavioral problems such as attention deficit, aggression, anxiety, and shyness. It also has positive effects on children who have had traumatic experiences and helps them to establish and maintain healthier social relationships. It can be said that group play therapy is an effective intervention tool in the healing process of children.

Discussion

For children, play serves as a powerful mechanism through which they can create and navigate their worlds while also expressing their emotions and thoughts. Play therapy establishes a dynamic and therapeutic relationship between the therapist and the child, focused on understanding the child's internal landscape, providing companionship, and promoting healthy growth and development. When this relationship exists solely between the therapist and a single child, it is referred to as individual play therapy. In contrast, when the therapeutic relationship involves multiple children, it is termed group play therapy.

The primary distinction between group play therapy and individual play therapy lies in the network of relationships within the playroom, which offers a range of benefits. Reddy (2012) highlights that group play interventions present a dynamic opportunity for children to cultivate essential life skills. Group dynamics facilitate social learning, enhance problem-solving abilities, promote emotional sharing, encourage creativity, support authenticity and spontaneity, and, most importantly, allow children to experience catharsis in a secure and nurturing environment. Reddy (2012) describes this experience as a "social training laboratory," where children can explore both familiar and new behaviors, recognize emotions and actions in themselves and their peers, and comprehend the impact of their expressions on their surroundings and others.

Group play therapy functions as an intervention method that can be integrated within various theoretical frameworks. As a result, elements such as the therapist's role, the toys in the playroom, the structure, duration, frequency of sessions, and the size of the group may differ based on the theoretical approach and the group's specific purpose. Notably, studies conducted in Turkey predominantly adhere to the frameworks of play-based counseling groups or psychoeducational intervention programs, typically utilizing structured and short-term methodologies. Nevertheless, the principles of child-centered group play therapy (CGPT) are widely referenced in research, likely reflecting its status as the more preferred model in Turkey (Türe and Barut 2020). Furthermore, Dickinson (2021) highlighted that group play therapy can reach a larger number of children and is more cost-effective than individual therapy services. While this enhances the attractiveness of group play therapy, the time-consuming nature of group planning remains a significant challenge that hampers its widespread adoption compared to individual therapy (Ray 2011). Another obstacle to the broader use of group play therapy is the difficulty in securing suitable spaces and materials for multiple children. In this context,

studies that do not necessitate specialized materials or elaborate environments, such as low-cost Group Theraplay applications that can be implemented in classroom settings, may be particularly encouraged (Sancak 2019). Additionally, a review of the literature has revealed the presence of online group play therapy applications in various studies (Temel-Mert 2021). Online group play therapy is recognized as a feasible option capable of overcoming time and spatial constraints for practitioners. Such approaches offer the potential for greater accessibility, especially for disadvantaged children who may face physical access challenges due to illness or disability.

An examination of research on group play therapy reveals that studies conducted in Turkey predominantly focus on children aged 8 and older. In contrast, international studies typically encompass a wider age range, from 4 to 14 years. This discrepancy is likely due to the tendency for research in Turkey to be carried out in school settings, which facilitates easier access to school-aged children for data collection. However, findings related to preschool-aged children, often reliant on parental reports, should be interpreted cautiously given the potential for bias (Sancak 2019).

Another significant distinction between Turkish and international studies is the size of the therapy groups; Turkish settings tend to feature larger group sizes compared to the smaller groups commonly employed abroad. Given the current limitations of the national literature, future research in Turkey could benefit from a focus on younger age groups (8 years and below), the use of smaller groups, and more unstructured therapeutic approaches. Additionally, the literature indicates that the average number of therapy sessions ranges from 8 to 10, suggesting that longer-term studies could provide valuable insights into the effectiveness of group play therapy. Furthermore, additional research investigating the efficacy of group play therapy through various theoretical frameworks would enhance the literature significantly.

Conclusion

This review analyzes the current literature on group play therapy to offer a comprehensive viewpoint and underscore the distinctions between Turkish practices and international research. In Turkey, group play therapy is predominantly utilized with school-age children, whereas international studies have broadened to encompass a wider age range. Additionally, it has been observed that group play therapy in Turkey often involves larger groups and shorter session durations. Given these observations, it is recommended that future research focus on smaller group sizes, adopt unstructured methods, and extend session durations. Furthermore, investigations into the effectiveness of group play therapies based on various theoretical frameworks would be advantageous.

Considering its potential to reach more children, its cost-effectiveness, and proven efficacy, group play therapy should be further developed, especially in school environments. This therapeutic approach can serve as a valuable tool in preventive and protective child mental health initiatives. Moreover, innovative methods such as online group play therapy can help connect with more disadvantaged populations. These studies will significantly contribute to enhancing our understanding of the efficacy of group play therapy in Turkey and will help address existing gaps in the literature. It is essential to promote scientific diversity in future research and encourage practitioners to implement this therapeutic intervention.

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