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PLAY THERAPY AS A TOOL FOR CORRECTING EMOTIONAL DISORDERS IN CHILDREN: THEORY, PRACTICE, AND A CASE STUDY

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play therapy
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Summary

Play therapy is an effective psychotherapeutic tool for children, supporting their emotional and social development. During the therapeutic process, the psychologist accompanies the child in play, enabling the expression of thoughts and feelings that might otherwise remain unspoken. Play creates a safe space for developing social skills, regulating emotions, and building a therapeutic relationship, while also serving preventive and intervention functions in cases of emotional and behavioral difficulties.

The aim of this paper is to analyze play therapy as an effective method of supporting children's mental health. The study is based on a review of recent scientific literature available in the PubMed, Medline, and Heal-Link databases, including publications in English.

The results of the analysis indicate that play therapy is particularly effective for preschool and early school-aged children, especially those experiencing stress, grief, domestic violence, and neurodevelopmental disorders. This method promotes the development of social competencies, supports emotional and behavioral regulation, and contributes to the reduction of negative emotional states. Empirical studies confirm its positive impact on children's overall psychosocial functioning.

In conclusion, play therapy is a well-established and effective form of psychological support for children. It enables the safe processing of difficult experiences within a symbolic space and supports emotional and social development, contributing to improved mental health and overall functioning.

Introduction

Play constitutes one of the fundamental pillars of childhood—not only as a spontaneous form of activity, but also as a primary mechanism supporting a child's psychological, emotional, and social development. It is a dynamic, flexible, and highly individualized process that enables children to express themselves, explore the world, and build relationships with others. Play is also crucial to the formation of identity, emotional regulation, and the development of cognitive and communication skills [1].

Unlike adults, children rarely possess sufficiently developed linguistic abilities to directly describe their internal experiences, fears, or existential concerns. Therefore, play becomes their natural language—a symbolic form of communication through which they can safely express fears, desires, needs, and reflect their relationships with the surrounding environment [2, 3]. Through role-playing, interactions with symbolic objects, and the construction of their own narratives, children communicate not only their current emotional state but also unconscious conflicts and developmental difficulties. Play is also essential for the harmonious development of the child. It fosters imagination, creativity, and the capacity for mentalization, while simultaneously supporting the acquisition of fundamental social competencies. The literature emphasizes that its significance for psychological development may be as fundamental as emotional closeness to the mother [4].

The aim of this article is to present the potential of play therapy—particularly the non-directive approach—as an effective method of psychological support for children experiencing emotional difficulties. The paper includes both a review of the current literature and an analysis of a clinical case illustrating the practical application of the discussed principles in therapeutic work with a child experiencing grief and separation anxiety.

Concepts of play therapy

Play has played a central role in the theories of numerous child development researchers, including Jean Piaget, Anna Freud, Melanie Klein, Donald Winnicott, and Virginia Axline, as extensively described in the play therapy literature [5, 6]. Piaget viewed play as an essential component of intellectual development and distinguished three types of play: practice play, symbolic play, and social play, each corresponding to a particular stage of the child's cognitive development. He emphasized that only with the development of abstract thinking are children able to engage in more complex and structured forms of play [5].

Freud and Klein conceptualized play as a pathway to unconscious content. Freud compared children's play to dreams in adult psychoanalysis, emphasizing its origins in the mother–child relationship, which enables the child to differentiate the self from others and fantasy from reality [as cited in 6, 7]. Klein, in turn, regarded spontaneous play as the equivalent of free association, providing access to the child's unconscious processes [as cited in 6]. Winnicott emphasized the role of play in the processes of individuation and separation from the mother, highlighting the importance of transitional objects and transitional space as environments that enable the exploration of the inner world. He considered play to be of central therapeutic significance and viewed the mother–child relationship as the foundation of emotional development. Within this relationship, play serves as the child's primary means of expression, similarly to how speech functions in adults [5–10].

In contrast to the psychoanalytic approach, Axline [as cited in 6] viewed play not as a tool for analysis, but as a form of healing in itself. She argued that non-directive play provides children with a space for independent expression and inner transformation. Axline also proposed eight fundamental principles of play therapy: (1) establishing a relationship based on trust; (2) accepting the child as they are; (3) allowing the child freedom of emo-

tional expression; (4) encouraging the child to make decisions and assume responsibility for them; (5) reflecting the child's emotions by the therapist; (6) following the child's lead during play; (7) avoiding acceleration of the therapeutic process; and (8) setting therapeutic boundaries in order to maintain contact with reality and foster a sense of responsibility [6, 11]. The implementation of these principles—particularly during the initial sessions—facilitates the creation of a safe therapeutic environment, which is essential for the child's engagement in the therapeutic process.

Types and functions of play

Play in childhood takes many forms, the most commonly distinguished being constructive play (e.g., Lego blocks, puzzles), activities developing fine motor skills (e.g., interactive toys with sound and light), imitative play, pretend play (particularly common among preschool – and school-aged children), physical and movement-based play (e.g., sports and physical activities), exploratory play, and rule-based play (e.g., team games) [12]. A key aspect of healthy play development is providing children with the freedom to choose materials—such as sand, clay, dolls, or puzzles—and creating conditions that encourage experimentation and self-expression. Within the framework of the so-called "play contract," children are able to explore difficult, risky, or "forbidden" themes within a safe environment, without exposure to real-life consequences.

Play fulfills a number of important functions supporting both child development and the therapeutic process. Its adaptive function enables the reduction of anxiety, frustration, and emotional tension, allowing children to safely release and process difficult experiences [12]. At the same time, play serves a cognitive function by fostering imagination, concentration, and reflection on both the inner and external world [13]. Through its communicative function, children are able to express emotions, needs, and conflicts that may be too complex or threatening to verbalize directly [5, 6, 8–10]. Play also supports social development by teaching cooperation, adherence to rules, and the recognition of and appropriate response to the emotions of others [13, 14]. Its projective dimension enables children to symbolically transform unconscious emotions and integrate internal conflicts through the creation of narrative scenarios in which toys function as symbolic equivalents of words [11, 15, 17]. Within the non-directive approach, the integrative function of play is particularly important, as it allows children—within an atmosphere of freedom and acceptance—to differentiate the ego from desires, develop self-regulation abilities, build a sense of identity, and symbolically reconstruct relationships with others [6, 17].

Effective therapeutic intervention requires accurate emotional assessment and a properly prepared therapeutic environment. It is recommended that the playroom include toys representing various categories: realistic, aggressive, creative, and symbolic-role-play materials [18]. Such a therapeutic space facilitates emotional exploration and the symbolic expression of internal conflicts, which constitute the foundation of effective therapeutic work. Play therapy based on these principles has well-documented effectiveness in reducing psychosocial symptoms and supporting optimal child development.

Models of play therapy

Play therapy encompasses a variety of approaches, among which the present article adopts the model proposed by Ryan and Edge [16], consistent with the principles of non-directive play therapy derived from Axline's concept [as cited in 6] and widely described in contemporary literature [11]. This approach assumes that the child possesses an inherent potential and capacity for self-regulation; therefore, the child determines the direction and content of the sessions, while the therapist attentively follows the child's initiative.

Free, unstructured play initiated by the child provides access to the child's inner experiences, as it enables the spontaneous expression of emotions, the exploration of relationships, and the enactment of roles [6, 11, 19]. Through play, children can safely project fears, fantasies, or feelings of guilt onto symbolic objects, thereby creating psychological distance from difficult emotions [11]. Affective, narrative, cognitive, and developmental components form the basis of play themes, which should be identified and assessed in order to monitor changes occurring throughout the therapeutic process [16]. The child-centered approach, developed by Rogers and Axline, emphasizes supporting the child's individual pace of development and self-discovery [as cited in 6]. Other models, such as cognitive-behavioral play therapy and group play therapy, also utilize play as a therapeutic medium, although they differ in the degree of therapeutic structure and the level of therapist involvement [19].

According to the established definition, play therapy is based on a structured interpersonal approach in which trained therapists use the therapeutic potential of play to help children prevent or overcome psychosocial difficulties and achieve optimal development. It serves both as a form of child psychotherapy and as a diagnostic tool [19].

Methodology of play assessment

Assessing the quality of a child's play activity requires the use of reliable diagnostic tools. One of the most commonly applied instruments in play therapy is the ChIPPA (Child-Initiated Pretend Play Assessment) [20], a tool developed for preschool and early school-aged children. It enables the assessment of the level of symbolization and identification of play themes closely related to emotional, social, and cognitive development. In the context of psychosocial development, Erikson's classification is also useful, as it describes the stages of trust, autonomy, and initiative during the early years of life (Table 1).

Table 1. **Stages of psychosocial development according to E.H. Erikson**

Developmental stage	Description
Trust vs. mistrust (0–10 months)	Refers to the development of attachment within close relationships, which forms the foundation of personality and social relationships.
Autonomy / independence vs. shame and doubt (18 months–3 years)	Refers to the development of the child's sense of self as a separate individual.
Initiative vs. guilt (3–5 years)	Concerns the development of morality or conscience in relation to oneself, other people, and cultural norms.

Table 2 presents a series of examples based on the structure developed by Ryan and Edge [16]. A single segment of play may simultaneously contain multiple thematic layers; however, the examples are classified according to the most relevant subtheme. To protect participants' identities, pseudonyms were used.

Table 2. **Illustrations of play themes**

Main theme	Subtheme	Example from play
Trust	Care	Maria takes care of a dog, feeds it, takes it for walks, and pets it at the veterinarian's office while it receives a vaccination. The puppy drinks milk from its mother, sleeps beside her and the father dog.
	Protection	Eugeniusz works on fencing in the animals: "I'm building a large enclosure with an electric fence so they won't run away and get hit by a car."
	Comfort	Katia hugs a rag doll, rocks and feeds it like a baby, then sings it a lullaby.
	Rescue	A cow slips and falls from a hill. Ivan throws a rooster into the air, and the rooster catches the cow and safely places it on the ground.
	Structuring	Ola initiates a hide-and-seek game, asking others to close their eyes while she hides stones among the toys. The game is repeated joyfully and with laughter.
	Providing necessary resources	Piotr places the animals around a feeding trough: "So each one can reach it and get enough food."
Mistrust	Pain related to deception	Igor places animals behind a truck and then reverses over them.
	Trap and exclusion	Sasha lures one doll into a trap—it cannot escape, find a place in the vehicle, or obtain something to drink.
	Deprivation	Leszek presents a family in which the mother drinks all the cola, leaving nothing for the children.
	Death / Chaos	A doll family argues over beds—the beds break, and the parents and children begin fighting each other.
Autonomy	Mastery	Sergiusz builds a fence. When he notices one element does not fit, he dismantles the structure and tries again until he succeeds: "That's it… yes, it worked!"
Shame	Helplessness	Wiktor struggles to place a horse on the carpet, appears discouraged, partially covers his face, and asks for help.
	Lack of self-confidence	Marek says: "Oh God, I ruin everything," and avoids taking risks: "I'd like to untie this doll and tie it again, but I can't do it."
	Seeking approval	Piotr constantly asks the psychologist for permission and praise: "Does this fit here? Where should I put the cows? Do you like my rocket?"

table continued on the next page

Initiative	Moral development	Jan makes the rooster drive a truck: "He doesn't have a driver's license, so if the police come, he'll run away." He then changes the story: "Actually, he does have a license."
	Helping	When a farmer doll crashes a truck, Jurek calls an ambulance for the injured cow, takes it to the hospital, and introduces a new character to help repair the wheels.
	Expression of feelings	Vova says while using a key: "When I grow up, I want to help my dad fix things with his tools."
Guilt	Wrongdoing	During play, dolls organize a party, and thieves steal drinks, food, and money.

ChIPPA enables the identification of dominant play themes through the analysis of symbolic actions that may contain multiple layers of meaning. The application of this classification helps identify the child's emotional needs and supports the selection of an appropriate therapeutic model. The assessment is administered individually on a single occasion following completion of a demographic form. ChIPPA is a standardized instrument that measures the quality of initiating and engaging in thematic play through role enactment within a specified time frame [20]. The materials are gender-neutral and age-appropriate, including both classic symbolic toys and unstructured objects [21]. Unstructured objects are materials without a clearly defined function or prescribed method of use (e.g., blocks, sticks, fabrics, boxes) that may be freely interpreted and transformed by the child during play. Their open-ended nature promotes spontaneous expression and enables children to assign them individual meanings consistent with their current experiences and emotional needs.

Such a selection of materials allows for a smooth transition from conventional to symbolic play, increasing the likelihood of object substitution and the creation of complex narratives. Consequently, unstructured objects constitute a particularly valuable diagnostic tool, as they enable the assessment of the level of symbolization, cognitive flexibility, and the capacity to represent internal experiences.

The ChIPPA instrument measures and evaluates three primary aspects of children's pretend play: the complexity of play actions (Percentage of Elaborate Play Actions, PEPA), the number of object substitutions (Number of Object Substitutions, NOS), and the number of imitated actions (Number of Imitated Actions, NIA) (Table 3). Each indicator is analyzed across three subcategories: conventional-imaginative, referring to the use of traditional toys; symbolic, referring to the use of unstructured materials; and combined, representing the sum of the previous two categories. In addition, the instrument includes a clinical observation form in which specific play behaviors observed during the session are recorded. This allows for the assessment of the child's level of symbolic development and the evaluation of therapeutic progress. Consequently, ChIPPA is applicable both in clinical diagnosis and scientific research.

Table 3. **Components of the ChIPPA assessment**

Abbreviation	Description
PEPA Conventional-Symbolic	Degree of complexity of pretend play using traditional imaginative toys.
PEPA Symbolic	Degree of complexity of pretend play using unstructured objects.
PEPA Combined	Total number of elaborate actions in symbolic play and play involving unstructured materials.
NOS Conventional-Symbolic	Number of instances of object substitution using traditional symbolic toys.
NOS Symbolic	Number of instances in which real objects are replaced by other unstructured elements.
NOS Combined	Total number of object substitutions in symbolic play and play involving unstructured materials.
NIA Conventional-Symbolic	Number of imitative actions using traditional thematic toys.
NIA Symbolic	Number of imitative actions using unstructured materials.
NIA Combined	Total number of imitative actions performed using both symbolic and unstructured objects.

Abbreviations: PEPA (Percentage of Elaborate Play Actions), NOS (Number of Object Substitutions), NIA (Number of Imitated Actions).

Research on play therapy

Play therapy has gained recognition as an effective form of psychological intervention for children experiencing a variety of emotional and behavioral difficulties. A study conducted by Danger and Garry Landreth [22] demonstrated improvements in language skills among children with speech disorders, as well as—although to varying degrees—a reduction in anxiety. Other studies confirmed the positive impact of play therapy on teacher–student relationships and on reducing stress levels among both children and educators [23].

This form of therapy has also proven beneficial for children with chronic illnesses, including type 1 diabetes, contributing to improvements in emotional functioning and adherence to medical recommendations [24]. In a group of 372 preschool children, an increase in socio-emotional competencies, such as communication and problem-solving skills, was observed [25]. In turn, among children with ADHD, a reduction in oppositional and disobedient behaviors was noted following this form of intervention [26, 27], while Adlerian group play therapy reduced disruptive behaviors and school-related difficulties [25, 28]. Parents of children following liver transplantation also reported benefits associated with play therapy, indicating that the children coped better with hospitalization-related stress and were more capable of expressing fear and anxiety [29]. In the context of surgical procedures, reductions in both preoperative and postoperative stress were confirmed, although no significant changes in pain perception were observed [30]. Similar effects were reported for interventions involving hospital clowns, which reduced anxiety levels in both children and their caregivers [31].

In family situations such as divorce, play therapy contributed to improved communication and mutual understanding between children and adults [32]. Axline's qualitative study, discussed in Landreth's work [6, 11], confirmed the effectiveness of play therapy in addressing emotional and behavioral difficulties. Two meta-analyses demonstrated substantial effects of play therapy, reporting average effect sizes of 0.66 across 42 studies [33] and 0.80 across 93 studies [34]. Effectiveness was greater when parents were actively involved in the therapeutic process, and the most favorable outcomes were observed after approximately 30–40 sessions. Play therapy proved effective regardless of the child's age or gender, positively influencing both internalizing and externalizing symptoms.

Goals of play therapy

The primary goal of play therapy—particularly within the non-directive approach—is to support the child's natural psychological development by creating a safe environment in which the child can freely express emotions, process difficult experiences, and symbolically explore reality [16–18]. In this context, play becomes a natural means of communication, allowing children to release tension, express unconscious conflicts, and integrate experiences that exceed their verbal capacities [17, 18]. This therapeutic approach aims to reduce anxiety and stress—especially in situations involving loss, separation, or environmental change—as well as to develop emotional self-regulation, problem-solving abilities, and social and communication competencies [15, 18]. It also supports the restoration of trust in relationships, particularly in cases where attachment to caregivers has been disrupted [17].

From a theoretical perspective, the goals of play therapy also include supporting socialization processes and creative development, deepening the child's self-awareness, facilitating the understanding and expression of emotions and internal conflicts, and fostering the ability to regulate impulses and differentiate between needs and conscious decisions [6, 14].

Description of the method

The effectiveness of play therapy depends not only on the theoretical model and the therapist's competencies, but also on the quality of the therapeutic environment. The therapy room should be organized, predictable, free from distracting stimuli, and ideologically neutral. Such an environment facilitates relationship-building, supports the child's autonomy, and enables the free expression of emotions [35].

Symbolic play requires a certain level of cognitive maturity. Not every child spontaneously initiates imaginative play; therefore, the ability to independently create and sustain play is a prerequisite for participation in non-directive play therapy [7, 36]. The therapy room should contain both realistic and unstructured toys placed at the child's eye level—such an organization of space supports independent choice-making and fosters a sense of safety.

Play therapy requires the child's informed assent. The therapist should explain the principles of therapy in a manner appropriate to the child's developmental level and allow

the child to withdraw at any time. This approach strengthens the child's sense of agency, particularly among children who have experienced violence or trauma. Sessions typically begin with a diagnostic and adaptation phase aimed at identifying the child's preferences and establishing a therapeutic relationship. It is important to avoid excessive interpretation and instead focus on acceptance and attentive presence.

The presence of a parent during the initial sessions may support the adaptation process and facilitate separation. It is also essential to discuss the therapeutic framework, including the schedule, the therapist's role, boundaries, and safety rules. Therapy may take either a non-directive or a slightly structured form. Regardless of the format, the therapist should function as a companion rather than an evaluator.

The duration of therapy depends on the individual needs of the child [2–4, 37–39]. Particular importance is attached to the child's readiness for change, the pace at which change occurs, and the child's manner of emotional expression. Play therapy supports the healing process while fostering a sense of safety, identity, and personal agency.

Course of an exemplary play therapy process

The case of seven-year-old A.K. illustrates the application of non-directive play therapy in a child presenting with separation anxiety and grief-related symptoms following the sudden death of her grandmother, to whom she had been strongly attached. After the loss, the girl avoided independent activities, demonstrated regressive behaviors, and showed excessive attachment to her mother. The mother reported emotional exhaustion and difficulties in managing the child's behavior.

During the initial therapeutic sessions (sessions 1–3), A.K. avoided eye contact and did not initiate play activities. She explored the toys cautiously, limiting her choices primarily to animal figurines and soft dolls. The girl repeatedly enacted scenes in which a larger doll represented the mother and a smaller doll represented the child. One recurring scenario involved the child begging the mother not to leave the house, while the mother nevertheless had to go "to the store" or "to work." This symbolic pattern provided an initial insight into the girl's separation anxiety and her difficulty accepting the temporary absence of her mother.

During the fourth session, the girl used a doll representing her grandmother for the first time. She placed the doll in bed, covered it with a scarf, and whispered: "Grandma is very tired and does not want to talk to anyone anymore." During the play sequence, the mother doll was unable to explain to the child why the grandmother would not get up. The child doll sat beside her and cried. Toward the end of the play, a theme of "saving grandma" emerged through the administration of syrup and "a kiss that works like magic." This symbolic attempt to bring the grandmother back to life clearly reflected denial mechanisms and the child's need to regain control over the experience of loss.

During the sixth session, A.K. focused on animal figurines, particularly a small rabbit and a large wolf. The rabbit was persecuted, hidden under a blanket, and threatened by the wolf, who wanted to eat it. Elements of symbolic violence, absent in previous sessions, became

clearly visible in the play. When the therapist asked why the wolf was so angry, the girl responded: "Because nobody wanted him." The symbolic displacement of fear and anger onto animal figures enabled the safe expression of ambivalent emotions—anger toward the mother associated with separation, as well as grief following the loss of the grandmother.

By the twelfth session, the girl brought her own toy—a fairy figurine—which she described as "the one who knows that everything will somehow work out." New themes emerged during play: the fairy took care of the rabbit, while the wolf was identified as "Daddy," who "sometimes shouts but is getting better." The girl assumed the role of director of the play, introduced dialogues, and independently resolved conflicts between characters. This shift in narrative reflected a growing sense of control and agency, as well as greater emotional distance from earlier experiences. The appearance of a protective character—the fairy—could be interpreted as the internalization of a regulatory function and the beginning of the integration of the loss experience.

During the final part of the session, the girl asked the therapist: "Does Mommy really always come back for me?" This question reflected the gradual processing of her separation anxiety and a growing openness to verbal communication that had previously been impossible. The therapist responded in accordance with reality while simultaneously reflecting the child's feelings associated with uncertainty and her need for stability and predictability in relationships.

Play therapy enabled A.K. to process grief, express fear and anger in a safe symbolic form, and rebuild her sense of security. Her case highlights the importance of a stable therapeutic relationship, a safe therapeutic environment, and the therapist's flexible attunement to the child as key conditions for effective therapy.

Discussion

The analysis of A.K.'s case and the literature review confirm the effectiveness of non-directive play therapy in children experiencing separation anxiety and grief. Consistent with Axline's approach, as described in Landreth's work [6], it is the freedom of emotional expression and the child's ability to direct the course of the session that facilitate healing transformation within a safe symbolic space. In A.K.'s case, the symbolic reenactment of difficult experiences—such as loss and separation—enabled the gradual progression through the stages of grief. The displacement of emotions onto symbolic figures (e.g., the wolf, rabbit, and fairy) facilitated the experience and expression of emotions without direct confrontation, in accordance with the theories of Klein [as cited in 6] and Winnicott [9]. A stable therapeutic relationship promoted deeper emotional expression and the transition toward more complex symbolic forms of play, which is consistent with the assumptions of the person-centered approach [16] and non-directive play therapy [6, 11]. Empirical studies and meta-analyses [19, 25–27, 33–35] indicate that play therapy effectively supports emotional and social development while reducing problematic behaviors. Its effectiveness increases with parental involvement, as demonstrated by the studies of Danger and Landreth [22] as well as by observations from A.K.'s case.

Future research should further explore the role of gender and family context, including the influence of the child's and therapist's gender on the therapeutic process, as well as differences in the selection of play materials and thematic content. Comparative studies examining different therapeutic approaches, including non-directive and cognitive-behavioral play therapy, across various disorders (e.g., anxiety disorders, ODD, ADHD, and trauma-related difficulties) are also warranted. Incorporating the perspectives of children participating in therapy would provide additional valuable insight.

Finally, the application of the ChIPPA instrument may support the assessment of the quality of symbolic play and the monitoring of children's progress throughout the therapeutic process.

Final remarks

Non-directive play therapy, grounded in humanistic and developmental principles, constitutes an effective and ethically coherent form of psychological support for children experiencing complex emotions, trauma, and psychological crises. The case of seven-year-old A.K. demonstrates how spontaneous play may enable a child to safely express emotions, organize difficult experiences, and integrate them in a constructive manner.

Play fulfills adaptive, communicative, and therapeutic functions through which children are able to explore the world, relationships, and their own emotional experiences. A properly prepared therapeutic environment, combined with the attentive and nonjudgmental presence of the therapist, creates conditions that foster trust and, consequently, facilitate the healing transformation of internal conflicts. The described intervention confirms the importance of respecting the individual pace of the therapeutic process and the child's autonomy. At the same time, it highlights the necessity of considering the family context, which may significantly influence the course and effectiveness of therapy.

Conclusions

Play therapy is a developmentally appropriate approach that yields positive therapeutic outcomes in children. By creating a safe therapeutic environment, children can communicate through fantasy, imagination, and symbolism, which enables them to differentiate external reality from their inner emotional experiences. Within appropriately designed therapeutic interventions, the therapist may connect the child's fantasy world with reality in a manner consistent with the child's developmental level, thereby supporting the healing process and providing corrective experiences with the potential to produce lasting changes in emotional and social functioning.

Currently, play therapy constitutes an important therapeutic alternative in work with children experiencing psychological and emotional difficulties, and its principles and clinical value are widely recognized and implemented by specialists in the field, regardless of the extent of its application within a particular country or institution. However, the effective implementation of play therapy requires several essential conditions, including compre-

hensive theoretical knowledge on the part of the therapist, accurate diagnostic skills, and sensitivity to the needs of both the child and the child's environment. At the same time, play therapy remains a dynamically developing field of scientific research and clinical practice, offering a valuable tool for supporting children's emotional and social development.

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