

Comparison of the Effectiveness of Gestalt-Based Play Therapy and Parent-Centered Play Therapy on Academic Self-Efficacy among Female Students in the Second Cycle of Elementary School

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ABSTRACT

The present study aimed to compare the effectiveness of Gestalt-based play therapy and parent-centered play therapy on academic self-efficacy among female students in the second cycle of elementary school. The research method was quasi-experimental, using a pretest–posttest design with a control group and a two-month follow-up. The statistical population included female students in the second cycle of elementary school, aged 9 to 11 years, who were studying in public elementary schools in District 8 of Tehran during the 2024–2025 academic year. A total of 45 students were selected for two experimental groups and one control group, with 15 participants in each group, using convenience sampling, and responded to the Academic Self-Efficacy Questionnaire developed by Morgan and Jinks (1998). The results of repeated-measures analysis of variance and the Bonferroni post hoc test showed that Gestalt-based play therapy and parent-centered play therapy effectively improved academic self-efficacy among female students in the second cycle of elementary school ($p \leq .001$). Gestalt-based play therapy showed a greater effect on increasing academic self-efficacy. Based on the findings, both approaches play valuable roles in supporting children's psychological and academic development and have distinct strengths that can provide interventions tailored to specific therapeutic goals.

Keywords: *Gestalt-based play therapy, parent-centered play therapy, academic self-efficacy.*

1. Introduction

Academic self-efficacy is considered one of the most important psychological determinants of students' academic achievement, educational adjustment, and psychological well-being. It refers to individuals' beliefs regarding their capability to successfully perform academic tasks, overcome educational challenges, and achieve desired academic outcomes. Students with high academic self-efficacy generally demonstrate greater persistence, motivation, resilience, and academic engagement, whereas students with low academic self-efficacy often experience academic anxiety, helplessness, procrastination, and poor educational performance (Fatimah et al., 2024; Khine & Nielsen, 2022). In recent years, researchers have increasingly emphasized the critical role of self-efficacy in educational environments because children's perceptions of their academic competence influence not only their academic functioning but also their emotional and social adaptation (Abood et al., 2020; Gebauer et al., 2020). Academic self-efficacy has therefore become a central construct in educational psychology and child development research.

Research findings indicate that academic self-efficacy is closely associated with numerous positive educational outcomes. Students with higher self-efficacy exhibit stronger academic engagement, more adaptive coping styles, improved classroom participation, and greater persistence in challenging learning situations (Fatimah et al., 2024; Gutierrez & Tomas, 2019). Moreover, academic self-efficacy functions as a protective factor against several psychological and behavioral difficulties that interfere with academic functioning. For example, generalized self-efficacy has been shown to buffer the negative effects of academic anxiety and stressful educational conditions on students' learning experiences (Green, 2022). Similarly, academic self-efficacy mediates the relationship between problematic behaviors such as smartphone addiction and academic procrastination, indicating its important regulatory role in educational adjustment (Li et al., 2020). These findings highlight that strengthening self-efficacy during childhood may contribute substantially to healthier developmental and educational trajectories.

Despite its importance, many elementary school children experience low academic self-efficacy due to emotional, familial, social, and educational stressors. Developmental transitions during late childhood often expose students to increased academic expectations, peer comparison,

emotional challenges, and pressure related to achievement and performance. Such conditions may reduce children's confidence in their abilities and negatively affect their motivation and educational participation (Qu et al., 2024). Emotional and behavioral difficulties during childhood and adolescence have also been linked to poorer academic functioning and reduced educational adjustment (Peterle et al., 2022). Children who experience emotional distress, anxiety, behavioral dysregulation, or interpersonal difficulties may develop maladaptive beliefs about their competence and become less engaged in academic tasks.

Family dynamics and parent-child interactions also play a substantial role in shaping children's academic self-efficacy. Studies have shown that parental involvement, emotional support, and healthy parent-child communication significantly influence students' academic motivation and performance (Bahl et al., 2024). Conversely, negative family environments, parental stress, conflict, and inconsistent parenting practices may weaken children's emotional security and reduce their confidence in academic settings. Children's perceptions of support and acceptance within the family system are strongly related to the development of adaptive self-beliefs and emotional regulation capacities (Gebauer et al., 2020). Therefore, interventions targeting both children and parents may be particularly effective in promoting academic self-efficacy and psychological adjustment.

In contemporary child psychotherapy, play therapy has emerged as one of the most effective and developmentally appropriate interventions for addressing children's emotional, behavioral, and psychological difficulties. Because children often lack the cognitive and verbal capacities necessary for direct emotional expression, play provides a natural medium through which they can communicate experiences, emotions, fears, and conflicts. Play therapy enables children to symbolically process internal experiences, improve emotional regulation, develop social skills, and strengthen coping capacities (Wonders & Affee, 2024). Through structured and therapeutic play activities, children gain opportunities to express emotions, increase self-awareness, improve interpersonal functioning, and experience mastery and competence.

Among the different approaches to play therapy, Gestalt-based play therapy has received increasing attention because of its emphasis on emotional awareness, self-expression, personal responsibility, and integration of fragmented emotional experiences. Gestalt therapy conceptualizes psychological difficulties as disruptions in awareness,

emotional contact, and authentic self-expression. In children, Gestalt-based interventions aim to enhance awareness of emotions, bodily sensations, interpersonal relationships, and internal experiences through experiential and creative activities (Cannavò & Davi, 2025; Cohen, 2024). This therapeutic approach encourages children to express unresolved emotions, increase present-moment awareness, and strengthen self-support mechanisms. Gestalt play therapy utilizes techniques such as role-playing, fantasy work, emotional expression exercises, drawing, storytelling, and body-oriented activities to facilitate psychological growth and emotional integration.

The effectiveness of Gestalt-based play therapy has been supported in several recent studies. Research comparing cognitive-behavioral play therapy and Gestalt play therapy among aggressive elementary school boys demonstrated that Gestalt play therapy significantly improved impulsivity control, cognitive flexibility, and maladaptive behaviors (Tavakoli et al., 2024). Furthermore, Gestalt-oriented therapeutic approaches have been shown to improve emotional awareness, interpersonal functioning, and psychological resilience by enhancing children's ability to identify and process emotions (Cannavò & Davi, 2025). Since academic self-efficacy is strongly influenced by emotional regulation, self-awareness, and perceived competence, it is theoretically plausible that Gestalt-based play therapy may contribute positively to children's academic confidence and educational functioning.

Another important therapeutic approach in child psychology is parent-centered or child-parent relationship play therapy. This intervention model emphasizes strengthening the therapeutic quality of the parent-child relationship and improving parental responsiveness, emotional attunement, and supportive communication. In this approach, parents are trained to conduct therapeutic play sessions with their children under professional guidance. Parent-centered play therapy aims to enhance children's emotional security and self-esteem by fostering empathic, accepting, and supportive interactions within the family environment (Wonders & Affee, 2024). The intervention also helps parents develop more adaptive responses to children's emotions and behaviors, thereby improving the overall quality of family interactions.

Evidence indicates that parent-centered play therapy produces significant psychological benefits for both children and parents. Research has demonstrated that child-parent relationship therapy-based play interventions reduce parental stress, increase parental acceptance, and improve

children's behavioral functioning (Gunaydin & Zincir, 2024). Similarly, studies involving mothers of children with disabilities have shown that child-parent relationship therapy enhances emotion regulation and reduces stress among parents (Hosseini & Ashori, 2024). These findings suggest that interventions targeting parent-child relationships may positively influence children's emotional adjustment, self-confidence, and adaptive functioning. Because academic self-efficacy develops partly through supportive interpersonal experiences and positive feedback from significant others, parent-centered play therapy may provide an effective context for strengthening children's academic confidence.

The importance of emotional regulation and adaptive coping in educational functioning has also been emphasized in recent psychological literature. Emotional dysregulation, anxiety, and maladaptive coping patterns are associated with reduced academic performance, lower educational engagement, and increased procrastination among students (Li et al., 2024; Rahayu et al., 2024). Interventions that improve children's emotional awareness, self-regulation, and coping abilities may therefore indirectly enhance academic self-efficacy and educational adjustment. Play therapy approaches are particularly suitable for elementary school children because they integrate emotional learning with developmentally appropriate experiential activities.

Recent evidence has further highlighted the role of therapeutic play interventions in improving children's emotional and behavioral functioning. For example, attachment-based play therapy and cognitive-behavioral therapy have been shown to significantly improve emotional regulation and quality of life among children with separation anxiety disorder (Shamsabadi et al., 2024). These findings support the broader assumption that play-based therapeutic interventions can influence multiple domains of child functioning, including emotional adjustment, social competence, and self-perception. Because academic self-efficacy is strongly intertwined with emotional and cognitive functioning, therapeutic interventions that strengthen emotional resilience may also facilitate academic adaptation and confidence.

Although considerable research has examined academic self-efficacy and the effectiveness of various play therapy approaches, limited studies have directly compared the effectiveness of Gestalt-based play therapy and parent-centered play therapy on academic self-efficacy among elementary school students. Most previous studies have focused either on emotional and behavioral outcomes or on

older student populations such as adolescents and university students (Abood et al., 2020; Gutierrez & Tomas, 2019). Moreover, relatively few investigations have specifically addressed female elementary school students during late childhood, despite the developmental importance of this stage for identity formation, emotional development, and educational adjustment. Comparative studies examining different therapeutic approaches are essential because they help clarify which intervention components may be more effective for enhancing children's academic and psychological functioning.

Considering the growing prevalence of emotional and academic difficulties among children, the increasing recognition of academic self-efficacy as a key determinant of educational success, and the therapeutic potential of play-based interventions, further research in this area appears necessary. Additionally, identifying effective psychological interventions for improving academic self-efficacy during childhood may contribute to better educational outcomes, emotional adjustment, and long-term developmental well-being. Therefore, the present study aimed to compare the effectiveness of Gestalt-based play therapy and parent-centered play therapy on academic self-efficacy among female students in the second cycle of elementary school.

2. Methods and Materials

2.1. Study Design and Participants

In terms of methodology, the present study was quasi-experimental and used a pretest–posttest design with a control group and a two-month follow-up. The statistical population included female students in the second cycle of elementary school, aged 9 to 11 years, who were studying in public elementary schools in District 8 of Tehran during the 2024–2025 academic year. Given that, in quasi-experimental studies, a minimum of 15 participants per group is considered sufficient (Delavar, 2014), the sample size was determined to be 45 participants, comprising two experimental groups and one control group. To determine the sample, the researchers first referred to the Department of Education of District 8 of Tehran, and two schools were randomly selected from the complete list of elementary schools. Then, among 430 students aged 9 to 11 years, including fourth-, fifth-, and sixth-grade elementary students, the Academic Self-Efficacy Questionnaire was administered, and 45 students who obtained the cutoff score in all three assessments and volunteered to participate in the study were selected as the final sample. The inclusion

criteria for children were being aged 9 to 11 years, obtaining the required score on the Academic Self-Efficacy Questionnaire, namely lower than 60, and the willingness of one of the child's parents to participate in the study after signing written informed consent. The exclusion criteria included absence from more than two sessions, having a psychiatric disorder based on a psychiatrist's diagnosis, use of psychiatric medications, and receiving concurrent psychological services, with the latter two criteria being based on parental reports or student use.

2.2. Measures

Jinks and Morgan Academic Self-Efficacy Questionnaire (1999): The Morgan and Jinks Academic Self-Efficacy Questionnaire was developed by Jinks and Morgan (1999) and consists of 30 items and three subscales: talent, context, and effort. The initial form of the Academic Self-Efficacy Questionnaire consisted of 92 items. To examine its content validity, the scale developers asked three groups, including university professors, teachers, and students, to evaluate the items, after which inappropriate and ambiguous items were removed or replaced. To examine the factorial validity of the scale, they used factor analysis and extracted three factors: talent, effort, and context. Finally, the number of items was reduced to 30. All items are designed using a Likert scale with four response options, including strongly disagree, somewhat disagree, somewhat agree, and strongly agree, scored as 1, 2, 3, and 4, respectively. The maximum score is 120, and a higher score on this scale indicates higher academic self-efficacy. Morgan and Jinks reported the reliability of the administered test using Cronbach's alpha for the total scale and for the talent, context, and effort subscales as .82, .78, .70, and .66, respectively. Karimzadeh and Mohseni (2006) administered this questionnaire to second-grade high school students in their study and obtained reliability coefficients of .76 for the total test, .76 for the talent factor, .65 for the effort factor, and .66 for the context factor. In the present study, Cronbach's alpha for this instrument was calculated as .81.

2.3. Interventions

Gestalt-Based Play Therapy Protocol: The Gestalt-based play therapy protocol, based on Violet Oaklander's Gestalt play therapy approach (1977, as cited in Abdollahi, 2023), was implemented in ten sessions. In the first session, the focus was on establishing rapport among the children and between the children and the therapist through mutual

introduction, identifying similarities, and exchanging symbolic gifts such as drawings or postcards; children introduced themselves joyfully, used a distinctive gesture, imitated others' gestures, and identified peers with whom they shared similarities. The second session aimed to facilitate emotional expression, social skills practice, and awareness of bodily reactions through emotion cards and exaggeration exercises; children were shown 12 emotion stickers, recalled memories associated with each emotion, participated in joyful group activities promoting recognition and friendship formation, and were encouraged to notice and enact bodily reactions during stressful experiences. The third session focused on anger release and social skills training through activities such as "let your anger out" and "make me laugh"; children drew a disliked person on a balloon and spoke to that person either angrily or calmly, and then participated in group activities in which each group attempted to make a member of the other group laugh. The fourth session aimed to strengthen empathy, intimacy, and friendship skills through the emotion dice game and group drawing; each child spoke about or narrated a story related to the emotion shown on the dice, and all members of the experimental group collaboratively created a drawing on an A3 sheet and discussed what they had drawn. The fifth session targeted the projection of thoughts and emotions, anger regulation, and emotional control through the "crowning the king and queen" game and the emotion balloon activity; the child placed a decorated crown on their head and talked about their wishes, then inflated a balloon and suddenly released it, and afterward inflated it again and gradually released the air. The sixth session focused on recognizing different emotions, constructing emotional layers, and developing social and friendship skills through the onion-peeling metaphor, an emotion-layer craft activity, and a musical chair game; the therapist peeled an onion and showed its layers to the children, explained emotional layers, and asked children to make a paper fan or ladder and write their feelings on each layer based on a memory, while children were also divided into three groups of five and, contrary to the usual musical chair game, were required to accommodate one another on the chairs as much as possible when the music stopped. The seventh session encouraged children to externalize introjected material through the empty-chair technique and the emotion-sculpture game; the child sat on one chair and expressed resentment toward someone, then sat on the other chair and played the role of that person, while in the second activity children used colored jelly candies and toothpicks to create sculptures

based on the therapist's questions. The eighth session aimed to understand children's fantasies and attend to emotional expression through the magic wand technique and emotional tone-of-voice game; the child held a decorated wand and expressed what they wished would happen in their life, and then selected one of the 12 emotion cards and read a written sentence using the emotional tone indicated by the card. The ninth session focused on teaching prosocial behaviors, improving social skills, and externalizing internal pressures and disturbances through role-playing, pantomime, and drawing a bad dream; children enacted assigned or desired roles, then were asked to draw the frightening part of a dream, memory, or fantasy and eliminate it in any way they preferred, such as tearing, crumpling, scribbling on, throwing away, or puncturing the paper. The tenth session aimed to reinforce empathy and friendship skills through preferred activities, administration of the posttest together with the control group, and giving rewards to both groups for their cooperation; most children preferred to play the Zip-Zap game and the musical chair activity.

Parent-Centered Play Therapy Protocol: The parent-centered play therapy protocol based on Landreth's model (2006, as cited in Azizi et al., 2020) was implemented in ten sessions. The first session focused on introducing group members and the therapist, explaining the group process and rules, providing a brief explanation of the parent-child therapeutic relationship, presenting the goals and essential concepts of the intervention, and teaching reflective responding, with parents assigned to practice reflective responses at home. The second session prepared parents, particularly mothers, to conduct play sessions at home by reviewing reflective responding, introducing the basic principles of play sessions, explaining the importance of structure in play sessions, selecting toys, choosing an appropriate time and place for play sessions with the child, and demonstrating basic play skills through role-playing; the homework involved preparing a list of toys and selecting a suitable location. The third session introduced the rules of "dos and don'ts" in play sessions through explanation, role-playing, and providing parents with a play-session process list and supplementary guidelines; parents were assigned to conduct play according to the rules. The fourth session trained parents in the A-C-T limit-setting method by reviewing parental reports from play sessions, analyzing recorded video sessions, teaching the three-step A-C-T limit-setting skill, and practicing limit-setting through role-play; the homework included setting limits, completing the A-C-T practice worksheet, and conducting a play session. The

fifth session reviewed limit-setting skills through parental reports, analysis of recorded play-session videos, and role-play practice, with parents assigned to conduct play and complete the play-session skills checklist. The sixth session taught the skill of giving choices by reviewing parents' reports and videos, preparing a poster of the dos and don'ts of play sessions, and training parents to offer choices; parents were asked to conduct play, complete the forms, and use the newly learned skills. The seventh session focused on self-esteem-building responses and reflective responding through review of parental reports and videos, support and encouragement of parents in using the skills, and direct training in self-esteem-enhancing responses and reflective responding; parents practiced self-esteem responses, conducted play, and completed the dos-and-don'ts form. The eighth session taught encouragement versus praise and related role-playing after reviewing parents' reports and recorded videos; parents were assigned to conduct play, complete the forms, and use the new skills at home. The ninth session focused on advanced limit setting and related role-playing through reviewing parents' reports and videos, supporting and encouraging parents in using the skills, and teaching advanced limit-setting procedures; the homework included conducting play, completing the forms, and generalizing limit setting beyond the play session. The tenth

session reviewed the core principles of the parent-child therapeutic relationship and all skills learned during the intervention through discussion of parents' play-session reports and recorded videos, with emphasis on consolidating the acquired therapeutic play skills.

2.4. Data analysis

Data were analyzed using repeated-measures analysis of variance and the Bonferroni post hoc test in SPSS version 28.

3. Findings and Results

As shown in Table and Figure 1, among the students participating in the study, 15 students (33.30%) were assigned to the control group, 15 students (33.30%) to the Gestalt-based play therapy group, and 15 students (33.30%) to the parent-centered play therapy group. Among the participating students, 14 students (31.10%) were 9 years old, 16 students (35.60%) were 10 years old, and 15 students (33.30%) were 11 years old. In terms of educational grade, 17 students (37.80%) were studying in the fourth grade of elementary school, 18 students (40.00%) in the fifth grade, and 10 students (22.20%) in the sixth grade.

Table 1

Descriptive Information of the Research Variables Across Three Measurement Occasions by Group

Variable	Group	Pretest M	Posttest M	Follow-up M	Pretest SD	Posttest SD	Follow-up SD
Academic self-efficacy	Control	53.40	53.66	54.00	1.80	1.75	2.00
Academic self-efficacy	Gestalt-based play therapy	52.86	63.86	60.60	1.40	1.84	1.72
Academic self-efficacy	Parent-centered play therapy	53.26	70.20	66.73	1.27	3.00	3.39
Talent	Control	23.13	23.20	23.20	0.99	1.08	1.08
Talent	Gestalt-based play therapy	22.93	27.46	26.06	0.96	1.55	1.03
Talent	Parent-centered play therapy	23.00	29.86	28.40	1.00	1.35	1.45
Effort	Control	7.33	7.00	7.33	1.23	1.06	1.11
Effort	Gestalt-based play therapy	7.20	9.40	9.13	1.14	1.63	1.35
Effort	Parent-centered play therapy	7.53	10.80	10.73	1.24	1.14	1.03
Context	Control	23.13	23.53	23.53	1.08	1.84	1.84
Context	Gestalt-based play therapy	22.93	26.93	25.46	1.66	1.53	0.63
Context	Parent-centered play therapy	22.93	29.60	27.46	1.66	0.82	1.45

The normality assumption was examined using the Shapiro-Wilk test for academic self-efficacy scores across the three groups and three measurement occasions. The results showed that the distribution of academic self-efficacy scores did not significantly deviate from normality in the control group at pretest ($W = .900, p = .095$), posttest ($W = .916, p = .169$), and follow-up ($W = .926, p = .234$). Similarly, the assumption of normality was confirmed in the

Gestalt-based play therapy group at pretest ($W = .915, p = .156$), posttest ($W = .916, p = .169$), and follow-up ($W = .928, p = .253$). In the parent-centered play therapy group, the Shapiro-Wilk test was also nonsignificant at pretest ($W = .903, p = .104$), posttest ($W = .957, p = .632$), and follow-up ($W = .945, p = .445$). Therefore, because all significance values were greater than .05, the normality assumption was

met for academic self-efficacy in all groups and across all stages of measurement.

Table 2

Results of Repeated-Measures Analysis of Variance for the Main and Interaction Effects of Academic Self-Efficacy

Variable	Source of Variation	SS	df	MS	F	p	Effect Size
Academic self-efficacy	Group effect	2131.511	2	1065.756	86.963	< .001	.811
Academic self-efficacy	Time effect	2185.733	1.275	1714.101	1228.744	< .001	.967
Academic self-efficacy	Time × Group interaction	1174.889	2.550	460.687	330.241	< .001	.940

Table 2 presents the results of the repeated-measures analysis of variance for the academic self-efficacy variable. The table shows that the main effect of time was significant ($p < .001$). In addition, the main effect of group was also significant ($p < .001$). The interaction effect of time and group was significant as well ($p < .001$). The time effect indicates that there was a significant difference among the pretest, posttest, and follow-up stages. For academic self-efficacy, the effect size for the main effect of group indicates that 81% of the changes in academic self-efficacy were

attributable to group membership. Moreover, the effect size for time indicates that 96% of the changes in academic self-efficacy were attributable to changes across time. Furthermore, the effect size for the interaction of time and group indicates that 94% of the variance in academic self-efficacy was explained by temporal changes in at least one of the group levels.

To examine pairwise differences in academic self-efficacy across the three assessment stages, the Bonferroni post hoc test was used, and the results are presented below.

Table 3

Results of the Bonferroni Test on the Adjusted Means of Academic Self-Efficacy Across Assessment Stages

Variable	Reference Stage	Comparison Stage	Mean Difference	SE	p
Academic self-efficacy	Pretest	Posttest	-9.400	0.211	< .001
Academic self-efficacy	Pretest	Follow-up	-7.267	0.250	< .001
Academic self-efficacy	Posttest	Pretest	9.400	0.211	< .001
Academic self-efficacy	Posttest	Follow-up	2.133	0.108	< .001
Academic self-efficacy	Follow-up	Pretest	7.267	0.250	< .001
Academic self-efficacy	Follow-up	Posttest	-2.133	0.108	< .001

As shown in Table 3, for academic self-efficacy, the difference between the pretest and posttest was significant ($p < .001$). Based on the mean differences, scores increased from pretest to posttest. There was also a significant difference between the posttest and follow-up means ($p = .001$), and the scores slightly decreased. However, for

greater accuracy and confidence in the results, because the Bonferroni test calculates the combined means of the three groups, the graph of the main effects of group and time should be considered. Figure 1 geometrically displays the main effects of group and time.

Table 4

Results of the Bonferroni Test on the Adjusted Means of Academic Self-Efficacy Across Research Groups

Group	Comparison Group	Mean Difference	SE	p
Control	Gestalt-based play therapy	-5.422	0.726	< .001
Control	Parent-centered play therapy	-9.711	0.726	< .001
Gestalt-based play therapy	Control	5.422	0.726	< .001
Gestalt-based play therapy	Parent-centered play therapy	-4.289	0.726	< .001
Parent-centered play therapy	Control	9.711	0.726	< .001
Parent-centered play therapy	Gestalt-based play therapy	4.289	0.726	< .001

The contents of the above table indicate that both Gestalt-based play therapy and parent-centered play therapy produced a significant difference in academic self-efficacy compared with the control group ($p \leq .05$). Furthermore, according to the above table, parent-centered play therapy had a greater effect on students' academic self-efficacy than Gestalt-based play therapy. The magnitude of this difference was 4.289, meaning that the parent-centered play therapy group showed a 4.289-point greater increase in students' academic self-efficacy than the Gestalt-based play therapy group.

4. Discussion

The present study aimed to compare the effectiveness of Gestalt-based play therapy and parent-centered play therapy on academic self-efficacy among female students in the second cycle of elementary school. The findings demonstrated that both intervention approaches significantly improved students' academic self-efficacy compared with the control group. The results of repeated-measures analysis of variance showed significant effects for time, group membership, and the interaction between time and group, indicating that the observed changes in academic self-efficacy were attributable to the therapeutic interventions and were maintained during the follow-up phase. Furthermore, the findings indicated that parent-centered play therapy produced greater improvements in academic self-efficacy than Gestalt-based play therapy. These findings suggest that therapeutic play interventions can effectively enhance children's perceptions of academic competence and educational capability.

The findings regarding the effectiveness of both interventions on academic self-efficacy are consistent with previous literature emphasizing the importance of emotional and relational factors in academic functioning (Fatimah et al., 2024; Gebauer et al., 2020). Academic self-efficacy is not solely determined by cognitive ability or academic performance; rather, it develops through emotional experiences, interpersonal interactions, and children's perceptions of support, competence, and mastery. Play therapy interventions provide children with emotionally safe environments in which they can explore emotions, express internal conflicts, and experience successful interpersonal interactions. Consequently, these interventions may strengthen children's beliefs in their own capabilities and improve their confidence in academic contexts.

The improvement in academic self-efficacy observed in the Gestalt-based play therapy group can be explained through several psychological mechanisms associated with Gestalt therapeutic principles. Gestalt therapy emphasizes awareness, emotional expression, present-centered experience, and integration of fragmented aspects of the self (Cannavò & Davì, 2025; Cohen, 2024). Many children with low academic self-efficacy experience internalized fear of failure, emotional inhibition, anxiety, and negative self-perceptions that interfere with their educational participation and motivation. Through experiential techniques such as emotional expression exercises, role-playing, projection activities, body awareness, and symbolic play, Gestalt-based play therapy enables children to identify and process unresolved emotions and maladaptive self-beliefs. As children become more capable of recognizing and expressing emotions, they may develop greater emotional regulation, psychological flexibility, and confidence in their abilities.

The findings of the present study are also aligned with the results reported by (Tavakoli et al., 2024), who found that Gestalt play therapy improved impulsivity control and cognitive flexibility among aggressive elementary school students. Cognitive flexibility and emotional self-awareness are closely associated with adaptive academic functioning because students who are capable of regulating emotions and adapting to academic challenges are more likely to perceive themselves as competent learners. Moreover, Gestalt therapy's focus on experiential awareness may reduce children's academic anxiety and increase their willingness to engage in challenging educational tasks. This interpretation is consistent with the findings reported by (Green, 2022), who emphasized that self-efficacy functions as a protective factor against academic anxiety and stress.

Another explanation for the effectiveness of Gestalt-based play therapy relates to the symbolic and creative nature of therapeutic play activities. During play therapy sessions, children were encouraged to externalize fears, frustrations, and emotional conflicts through drawing, fantasy activities, emotional storytelling, and symbolic interactions. These activities may have increased children's sense of mastery and autonomy by allowing them to actively solve problems and express emotions in acceptable ways. Previous studies have shown that perceived autonomy and psychological competence significantly contribute to academic engagement and educational success (Gutierrez & Tomas, 2019). Therefore, Gestalt-based play therapy may have improved academic self-efficacy by strengthening

children's emotional competence, self-awareness, and sense of agency.

The findings concerning the effectiveness of parent-centered play therapy are also theoretically and empirically meaningful. Parent-centered play therapy is based on strengthening the emotional quality of parent-child interactions and increasing parental responsiveness, empathy, and acceptance. Children's academic self-efficacy develops partly through social reinforcement and supportive interpersonal experiences, particularly within the family context (Gebauer et al., 2020). When parents provide emotional validation, encouragement, acceptance, and consistent support, children are more likely to develop positive self-perceptions and confidence in their abilities. The therapeutic process in parent-centered play therapy enables parents to become more emotionally attuned to their children's needs and to interact with them in supportive and nonjudgmental ways.

The greater effectiveness of parent-centered play therapy compared with Gestalt-based play therapy may be explained by the continuity and ecological nature of parental involvement. Unlike therapist-centered interventions that occur primarily within clinical sessions, parent-centered interventions extend therapeutic processes into the child's daily home environment. Parents who learn therapeutic play skills continue to reinforce children's emotional security, self-esteem, and adaptive coping outside therapy sessions, thereby creating more stable and generalized psychological improvements. This interpretation is supported by the findings of (Gunaydin & Zincir, 2024), who demonstrated that child-parent relationship therapy-based play interventions reduced parental stress and improved children's behavioral functioning. Similarly, (Hosseini & Ashori, 2024) reported that child-parent relationship therapy improved emotional regulation and reduced stress among mothers of deaf children.

Parental involvement may influence academic self-efficacy through several pathways. First, emotionally supportive parent-child interactions increase children's sense of security and belonging, which contributes to confidence in academic settings. Second, parents trained in therapeutic communication become more capable of providing constructive feedback and emotional validation rather than criticism or pressure. Third, the enhancement of family communication may reduce children's emotional distress and anxiety, which are known barriers to academic engagement and self-efficacy. Research has shown that parental involvement significantly moderates academic

functioning and educational performance among students (Bahl et al., 2024). Therefore, interventions that directly improve parent-child relationships may have particularly strong effects on children's educational beliefs and academic confidence.

The maintenance of treatment effects during the follow-up phase suggests that both interventions produced relatively stable psychological changes rather than temporary behavioral improvements. This finding is important because academic self-efficacy is often resistant to change when interventions address only surface-level behaviors without targeting underlying emotional processes. In the present study, both therapeutic approaches focused on emotional experiences, self-expression, and interpersonal relationships, which may explain the persistence of treatment gains over time. Although there was a slight reduction in scores between posttest and follow-up, academic self-efficacy remained substantially higher than baseline levels, indicating that the interventions had lasting positive effects.

The findings of the present study are also consistent with broader educational psychology literature emphasizing the relationship between emotional adjustment and academic functioning. Previous research has shown that emotional and behavioral difficulties are associated with poorer educational outcomes and reduced psychological adjustment among children and adolescents (Peterle et al., 2022; Qu et al., 2024). Similarly, anxiety, procrastination, and maladaptive coping patterns negatively influence students' academic performance and self-efficacy beliefs (Li et al., 2024; Rahayu et al., 2024). Because play therapy interventions improve emotional regulation, coping abilities, and interpersonal functioning, they may indirectly contribute to more positive educational attitudes and greater academic confidence.

The findings can also be interpreted within Bandura's social cognitive framework of self-efficacy. According to this perspective, self-efficacy develops through mastery experiences, verbal persuasion, emotional regulation, and observational learning. Both Gestalt-based and parent-centered play therapy provide opportunities for children to experience mastery, emotional support, and successful interpersonal interactions. Through therapeutic play activities, children gain experiences of competence and control, while parental support and therapist encouragement strengthen positive self-beliefs. Consequently, children become more likely to perceive themselves as capable of successfully managing academic tasks and challenges.

Another important implication of the findings is the recognition that psychological interventions targeting emotional functioning may also improve educational outcomes. Traditionally, academic problems in children are often addressed through cognitive or instructional interventions alone. However, the findings of the present study indicate that emotional experiences and relational dynamics substantially influence academic self-efficacy. Therefore, integrating psychological and emotional interventions into educational systems may provide a more comprehensive approach to promoting children's academic adjustment and well-being.

5. Conclusion

The present findings highlight the developmental importance of late childhood as a critical period for intervention. During the elementary school years, children increasingly compare themselves with peers, become more sensitive to evaluation and achievement, and develop relatively stable beliefs regarding their academic abilities. Negative educational experiences during this stage may contribute to persistent low self-efficacy and reduced motivation in later academic years. Early psychological interventions that strengthen self-confidence, emotional resilience, and supportive relationships may therefore prevent future educational and psychological difficulties.

Despite the promising findings, the results should be interpreted with caution. The study was conducted among female elementary school students within a limited geographical region, which may restrict the generalizability of the findings to other populations, age groups, and cultural contexts. Furthermore, self-report measures may have been influenced by response biases and social desirability effects. The absence of longer-term follow-up assessments also limits conclusions regarding the long-term stability of treatment effects. One limitation of the present study was the relatively small sample size, which may reduce the generalizability of the findings to broader student populations. In addition, the study included only female students from public elementary schools in one district of Tehran, limiting the applicability of the findings to boys, private school students, or children from different socioeconomic and cultural backgrounds. Another limitation was the use of self-report measures, which may be affected by subjective interpretation and response bias. Furthermore, the follow-up period was limited to two months, making it

difficult to determine the long-term durability of the intervention effects.

Future research is recommended to examine the effectiveness of Gestalt-based play therapy and parent-centered play therapy in larger and more diverse populations, including male students and children from different educational and cultural contexts. Researchers may also investigate the long-term effectiveness of these interventions through extended follow-up assessments. Comparative studies involving other therapeutic approaches, such as cognitive-behavioral play therapy or attachment-based interventions, may provide additional insight into the mechanisms underlying improvements in academic self-efficacy. Future studies could also examine mediating variables such as emotional regulation, parent-child attachment, academic motivation, and social competence.

The findings of the present study have important practical implications for psychologists, school counselors, educators, and parents. Schools may benefit from integrating play-based psychological interventions into student support services to improve both emotional adjustment and academic functioning. Training programs for parents that focus on supportive communication, emotional responsiveness, and therapeutic play interactions may strengthen children's self-confidence and educational motivation. Mental health professionals working with elementary school children should also consider the role of emotional experiences and family relationships in academic self-efficacy and educational adjustment.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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