



Research Paper

## The Effectiveness of Theraplay in Enhancing Attachment between Mother and Child with Language Disorders

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**ABSTRACT:** Children with language disorders face challenges in understanding or producing vocabulary, sentences, and conversations. These language disorders make it difficult for children to convey and receive information, thereby hindering their ability to establish social interactions, particularly with their mothers, who are their primary caregivers. Mothers often struggle to understand what their children are trying to communicate and find it challenging to give directions, which frequently leads to frustration and anger towards the child. Consequently, children with language disorders tend to withdraw from interactions, preferring to play alone without paying attention to their surroundings. This behavior makes it difficult for mothers to provide stimulation, resulting in stagnant language development for the child. The child's withdrawal behavior is rooted in a sense of insecurity and less attachment due to the negative responses they receive from their mother during interactions because of their language limitations. To address this issue, a theraplay intervention program is implemented to enhance attachment, enabling the child to feel more comfortable interacting with their mother despite their communication limitations. Theraplay involves play activities tailored to the dimensions of structure, engagement, nurture, and challenge. The results of the intervention show an improvement in attachment between the child and the mother, leading to more positive interactions. The child feels secure and emotionally close to the mother, and the mother can provide directions or stimulation adapted to the child's language disorder.

**KEYWORDS:** Children, Language Disorder, Theraplay

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### I. INTRODUCTION

Language disorders are difficulties in acquiring or using language due to impairments in understanding or producing vocabulary, sentences, and conversations. According to the DSM V, language disorders are diagnosed based on criteria indicating difficulties in acquiring and using language, characterized by limited vocabulary and sentence structure, impacting communication, academic performance, and social interactions (APA, 2013). The prevalence of children experiencing language disorders is 7% worldwide (NIDCD, 2014). Several surveys indicate that approximately 5-10% of schoolchildren have language disorders (Kemdikbud, 2023). This highlights that language disorders are a significant concern in child development.

Children with language disorders experience delays in reaching language development milestones year after year. Typically, by the age of 5, children can construct sentences with more complex structures and can accurately respond to simple statements, progressing to more complex responses by age 10. Language disorders can hinder a child's cognitive development, affecting their ability to understand and process information, and resulting in lower academic achievement (Papalia & Martorell, 2021). Children with language disorders often face challenges in social interactions, which can impact their relationships with peers and adults (Santrock, 2019).

The main issue for children with language disorders is that their family relationships are disrupted due to their limited ability to interact. Communication barriers caused by language development disorders can lead to frustration, misunderstandings, and difficulties in meeting the child's needs, thereby affecting the quality of the parent-child relationship, especially between the mother and the child as the primary caregiver (Paul &

Norbury, 2011). Children with language disorders often struggle to express themselves and communicate with their parents, particularly their mothers. As a result, mothers may feel frustrated because they find it hard to understand their child's needs and may respond more emotionally, including by scolding the child (Lisa et al., 2019). Research indicates that children with language disorders tend to have less attachment due to difficulties in forming good interactions with their parents (Assous et al., 2018). Attachment is crucial for building a sense of security in children when interacting with their parents (Erickson, cited in Santrock, 2019). Attachment refers to the intimate emotional bond formed through the process of building emotional interactions between the child and the attachment figure (Bowlby, 1988; Schaffer, 2004), resulting in a mutually contributive relationship (Rees, 2007). The lesser attachment experienced by children with language disorders makes them withdraw, maintain distance, and be less responsive when interacting with their parents (Assous et al., 2018). This makes it difficult for mothers to provide stimulation, thereby affecting the child's language development, which does not improve.

Theraplay is a treatment based on attachment theory aimed at fostering healthier interactions between parents and children (Munns, 2000). In theraplay, there are no consequences for the child's behavior; instead, the focus is on improving the parent-child relationship through four dimensions: structure, engagement, nurture, and challenge. Through theraplay, mothers are expected to become more sensitive in responding to their child's feelings and needs, and to increase the child's trust in their parents, enabling mothers to better understand their child's needs (Booth & Jernberg, 2009). There is an increase in attention and a decrease in social withdrawal in children with language disorders after receiving theraplay interventions (Money et al., 2020). Improvements in development are also accompanied by progress in the child's skills in understanding and receiving information (Money et al., 2020).

## II. PURPOSE AND METHODS

This study employs the single subject experimental design method. The single-subject research experimental design is conducted on one or a few individuals to determine the effect of an intervention by measuring the conditions before and after the intervention (Christensen et al., 2011). The single case design uses an ABA design by comparing individual behavior in the baseline (A) phase and behavior in the intervention (B) phase, followed by a return to the initial condition (A) to assess the success of the intervention (Myers & Hansen, 2006). The participant in this study is a 10-year-old girl diagnosed with language disorder and experiencing withdrawal issues in social interactions, particularly with her mother. The intervention procedure involves Theraplay in three stages. In the baseline stage (A), measurements are taken using the initial Marschak Interaction Method (MIM) to understand the interaction between the mother and the child before the intervention. The results of the initial MIM serve as the basis for measuring subsequent behavioral changes. In the intervention stage (B), activities aimed at enhancing interaction and attachment between the mother and child are provided, followed by a re-measurement using the final MIM to observe changes in interaction during the intervention period. Subsequently, the baseline stage (A) is repeated 2 weeks after the final MIM measurement. The researcher measures the progress of the attachment between the child and mother to ascertain whether the observed changes are indeed a result of the provided treatment.

## III. RESULT & DISCUSSIONS

Overall Evaluation Results				
Dimensions	Initial MIM	Treatment		Final MIM
		Session I	Session II	
<i>Structure</i>	Mothers often do not provide a sense of security when giving directions. This is because when a mother asks the child to do something, she tends to use long and fast sentences, making it difficult for the child to understand what is being conveyed.	The mother attempts to provide a sense of security when giving instructions to the child by using communication that the child can more easily understand. The therapist helps the mother choose simple sentences and accompany them with nonverbal cues so that the child can easily receive the information being given.	The mother is providing a sense of security. When giving instructions, she adjusts her words to be simple, although occasionally she may still struggle to simplify her language. Overall, the child is able to follow the mother's instructions.	The mother is able to provide a sense of security in interacting with her child. When giving instructions, she uses simple language, speaks slowly, and accompanies her words with body movements, enabling the child to understand what the mother is communicating.
<i>Engagement</i>	The mother and child lack emotional interaction during enjoyable	A mother tries to build an emotional bond with her child by being patient and offering	The mother and child can laugh joyfully together during enjoyable activities.	The mother and child have developed a closer emotional bond. They can

Overall Evaluation Results				
Dimensions	Initial MIM	Treatment		Final MIM
		Session I	Session II	
	activities.	help when the child faces difficulties in doing something. The child begins to enjoy fun activities with the mother, showing more cheerful laughter compared to the previous sessions at the initial MIM	The mother is also sensitive to the child's needs and assists the child when they encounter difficulties.	enjoy activities together with full joy and laughter. The mother is also more attuned to the child's feelings and needs during the activities.
<i>Nurture</i>	The child seems indifferent and does not feel a sense of loss when the mother is not around.	The mother provides affectionate touches and tries to be gentle so that the child feels comfortable when the mother holds their hand. Initially, the child may resist the touch, but gradually accepts it and enjoys activities with the mother, laughing along.	The mother tends to give affectionate touches, and the child appears comfortable and happy with the touches provided by the mother. Occasionally, the child also reciprocates by giving touches to the mother.	The mother is able to respond empathetically to the child's attachment needs and provides warmth to the child through affectionate touches. The child feels comfortable and happy when with the mother, so much so that they feel a sense of loss when the mother leaves them in the midst of enjoyable activities.
<i>Challenge</i>	The mother tends to give instructions without emotional encouragement and lacks appreciation when the child follows instructions.	The mother tries to provide a sense of security by encouraging the child's efforts to complete an activity using their own abilities. Initially, the child may have doubts, but with the encouragement provided by the mother, the child becomes more enthusiastic and successfully follows the instructions given.	The mother provides encouragement and boosts the child's confidence in their abilities. When the child successfully completes the task, the mother, following the therapist's guidance, praises the child with a smile.	The mother is able to provide instructions calmly and encourages the child without making them feel pressured. She convinces the child to persevere in tackling difficult tasks and the child becomes more confident after receiving support from the mother. Every time the child successfully follows the instructions, the mother appreciates the child's effort, making the child feel happy.

Based on the obtained results, there is an observed increase in attachment in each dimension based on the Theraplay activities conducted, by comparing the initial baseline MIM results (A), treatment, final MIM (B), and end baseline (A). In this regard, a comparison between the initial baseline MIM (A) and treatment via the final MIM (B) was conducted first to observe changes in attachment interaction between the mother and child after the intervention. In the structural dimension, the initial MIM showed that the mother still lacked a sense of security in giving directions to the child using long and fast sentences. However, during the treatment, the mother began to improve her communication by using simpler language and speaking more slowly, enabling the child to understand better. After the final MIM, the mother was able to give directions effectively, using simple language and body movements to assist the child's understanding. Moving on to the engagement dimension, the initial MIM between the mother and child indicated a lack of emotional closeness. During the treatment, the mother attempted to bond with the child, willingly assisting her, leading to moments of shared laughter and joy during activities. After the final MIM, the mother and child exhibited improved emotional closeness, enjoying activities together with happiness. Similarly, in the nurture dimension, the initial MIM indicated that the child felt insecure and uncomfortable. During the treatment, the mother started to provide affectionate touches, and the child slowly began to accept and enjoy the mother's touch. During the final MIM measurement, the child appeared comfortable and happy with the mother's touch, demonstrating a sense of security and attachment. Lastly, in the challenge dimension, the initial MIM showed that the mother lacked emotional encouragement and appreciation towards the child. During the treatment, the mother began to provide encouragement and support, boosting the child's confidence. In the final MIM, the mother was able to provide guidance and encouragement calmly, reassuring the child to persevere and showing appreciation, thereby enhancing the child's confidence.

The results of the final baseline (A) conducted two weeks after the intervention revealed developmental progress in the interaction involving attachment between the mother and child. Although the mother couldn't engage in various activities as during the intervention, they were still able to maintain attachment by engaging in some enjoyable daily activities. The mother spent time playing with affectionate touches and storytelling, despite

the child's communication limitations. The mother noticed significant improvements in the child, who became friendlier and more obedient. Additionally, the mother noted a decrease in the child's phone usage, attributing it to the increased quality time spent together, indicating the positive impact of improving the mother-child relationship on the child's development. Based on these results, it's evident that Theraplay intervention is effective in enhancing attachment between mothers and children with language disorders.

#### **IV. CONCLUSION**

The theraplay intervention program proves to be quite effective in improving the attachment between the mother and the child with language disorders. This intervention offers various enjoyable activities that can be done by the mother and child together. The mother understands the child's limitations and adjusts her way of speaking to be simpler to accommodate the child's ability to understand the information conveyed. This makes the child feel more understood and comfortable with the mother. Additionally, the mother becomes more sensitive to the child's needs. When the child encounters difficulties in doing something, the mother can provide emotional encouragement to boost the child's spirits. The improved relationship between the mother and child, along with the activities done together, indirectly reduces the frequency of the child's phone usage. However, there are both strengths and weaknesses in providing this intervention. The strengths of the intervention include the increased attachment between the mother and child, making the child feel more accepted by the mother. This intervention also helps the mother understand how to give instructions to the child tailored to the child's communication limitations. Furthermore, the quality time spent with the mother indirectly reduces the child's phone usage frequency. However, the downside of this intervention is that if the mother has a lot of energy-consuming tasks, she tends to feel tired when she arrives home. This may cause the mother to spend less time playing with the child.

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