

Effects of Play Therapy and Self-Disclosure Skill Training in the Management of Social Anxiety of Primary School Children in Ibadan, Nigeria

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ABSTRACT

This study examines the effects of play therapy and self-disclosure training in the management of social anxiety of primary school pupils in Ibadan, Nigeria. It also examines the moderating effects of gender and parenting style on social anxiety. The study adopts pretest-posttest, control group experimental design with a 3x2x3 factorial matrix. Stratified random sampling technique was used to select 142 participants from three public primary schools in Ibadan North Local Governments Area in Ibadan. The participants were randomly assigned to treatment and control groups. Participants in the two treatment groups were exposed to eight weeks of play therapy and self-disclosure training. Two instruments used were: Social Interaction Anxiety Scale and Parenting Style Inventor. Four hypotheses were tested at 0.05 level of significance. Data were analysed using Analysis of Covariance and MCA. The results show among others that there is a significant main effect of treatment Play Therapy (PT) and Self-Disclosure Skill Training (SDST) on social anxiety. Play therapy was more effective in managing social anxiety than self-disclosure training. Based on the results of the study, it is concluded that play therapy and self-disclosure training group were effective in managing social anxiety of socially anxious primary school children. Therefore, school counselling psychologists should adopt the two interventions to manage social anxiety among children.

Keywords: *Play therapy, Self-disclosure training, Social anxiety, Gender, Parenting style, School, Ibadan.*

INTRODUCTION

There is an obvious impact of social anxiety on the developmental well-being of socially anxious primary school children. Studies have revealed that high socially anxious children express poor interpersonal relationship skills and perform abysmally in negotiating relationship as a result of them having poor self-confidence and learned helplessness. These have some implications on their quality of life. Children naturally appreciate associating and negotiating relationship with their peers. This behavioural

disposition impacts positively on the quality of lives of children when attained. However, it impacts on children negatively when they find it difficult to associate with their peers probably, due to the problem of social anxiety. Socially anxious children lack the competence to develop good intra and interpersonal relationships with self and others. They easily become sad, emotionally disturbed, socially aggrieved and agitated for prolonged periods of time. Also, they could express poor academic achievement in school. This development could have some implications not only on their well-being but also on significant others and society. Thus, it could be said that social, emotional and behavioural health is an important part of a child's well-being, and learning. According to French (2007), Piaget believed that all children pass through a series of developmental stages before they construct the ability to perceive reason and understand in mature rational terms. For example Piaget claims that the essential nature of human beings is their power to construct knowledge through adaptation to the environment. Thus, through assimilation and accommodation the child is in a continual process of cognitive self-correction. The goal of this activity is a better sense of equilibrium which is fundamental to learning. This type of learning occurs in everyday contexts when children engage in activities which matters to them (Rich and Drummond, 2007).

However, studies, by Legoff and Sherman (2006); Danger (2005) and Josefi (2004) show the effective use of play therapy in children with different social anxiety diagnoses. Using pre-test, post-test comparison design to evaluate eleven patients in an experimental group and 10 in the control group, Legoff and Sherman (2006); Danger (2005) and Josefi (2004) show a benefit in improving both receptive and expressive language skills in children with social anxiety. Also, it is reported that self-disclosure which entails making the self-known to others, fosters interpersonal trust (Ensari and Miller, 2002), dampens anxiety following trauma, enhances the quality of social relationships (Collins and Miller, 1994), and often improves negotiation outcomes (Fisher, Ury and Patton, 1991). However, despite these benefits, self-disclosure is also inherently risky. In view of this development, most people feel uncomfortable to reveal themselves to others without first trading the protection of privacy for enhanced scrutiny and potential criticism (Fisher, Ury and Patton, 1991).

Furthermore, Children require parental love, care, warmth and serious attention to adjust adequately, in their environment. Thus, in Nigeria, parental practices embrace all the parenting styles with emphasis on obedience and compliance with parental instructions (Akinsola, 2011). Also, DeWit, Chandler-Coutts and Offord (2005) suggest that gender was a moderator of the effects of childhood family adversity thought to increase the risk of SAD. Although it is not altogether apparent how gender interacts in all situations to give identifiable risks in the development of SAD, initial proposals suggest several psychosocial explanations such as gender socialization. However, the evaluation children have of themselves

can have a huge impact on their psychological well-being and their actions, thus leading to disorders like social anxiety (Shaffer, Kipp, Wood and Willoughby, 2010). In a school setting, the stress, frustration and trauma of being socially anxious amidst other individuals could be devastating and detrimental to the psychological-wellbeing of children expressing social anxiety. Socially anxious children often are unable to function adequately with peers and significant others. In view of this, they are at risk for several forms of concurrent and subsequent maladjustment such as poor social relationship at childhood. Thus, the impact of social anxiety on the developmental life span of children is quite terrifying and wholesomely painful as the experience of social anxiety among children appears to be highly handicapping and creates maladjustment in most aspects of their life such as social, intellectual, personality, language development and academic achievement. Therefore, the negative effect of social anxiety on mental development and academic performance of children in school cannot be over-emphasized. On this basis therefore, this study examined the effects of play therapy and self-disclosure skill training in the management of social anxiety of primary school children in Ibadan, Nigeria.

This study is anchored on Bowlby's Attachment Theory. This is based on the premise that early childhood is a period when a child develops a goal oriented partnership with a primary attachment figure (Bowlby, 1968/1982), it is also a time when, the child is introduced to relationships outside the family through involvement in pre-school and child care activities. Research here has often addressed social competence, which could be expected to be influenced by attachment status, in the context of preschool activities. For example, toddlers with secure attachment histories were found on entering preschool to adapt better to functioning as part of a group of peers (as rated by their teachers) than did children with insecure attachment histories. Similarly, preschool children assessed as securely attached as infants were found to have a more open quality of communication with parents, and more harmonious relationships with peers. In this study the following hypotheses will be tested at 0.05 level of significance:

1. There is no significant main effect of Play Therapy and Self –Disclosure Skill Training on social anxiety scores of primary school children.
2. There is no significant main effect of parenting styles on social anxiety scores of primary school children.
3. There is no significant main effect of gender on social anxiety scores of primary school children.
4. There is no significant interaction effect of treatment, parenting styles and gender on social anxiety scores of primary school children.

METHOD

This study adopted a pre-test, post-test, control group quasi experimental design with 3x2x3 factorial matrix. The design is made of three rows representing the two

treatment techniques, play therapy and self-disclosure skill and the Control Group (non-treatment group). There is also a column denoting social anxiety between male and female participants. While the last three columns denote parenting styles. The participants for this study were one hundred and forty two primary six pupils on the verge of transiting to secondary school who are experiencing the challenges of social isolation among peers and significant others in Ibadan, Oyo State Nigeria. Participants comprises male and female pupils selected through stratified random sampling technique from three schools in Ibadan North Local Government Area of Oyo State. Primary six pupils are believed to be between 9-11 years old and this forms a very critical developmental stage for teenagers and this is the age when issues of friendship is given serious attention to by teenagers.

Thus, their ability to overcome the challenges of social anxiety resulting from possible neglect or isolation by others could go a long way to making them more socially functional and productive individual in the society. This stage is the time most children transit to secondary school and their ability to overcome their social anxiety challenges would make them adjusts positively to the demands of secondary school education. The following instruments were used in the study. Social Anxiety was measured using the Social Interaction Anxiety Scale (SIAS) (Mattick and Clarke, 1998). The Social Interaction Anxiety Scale contains 20 items. The Social Interaction Anxiety Scale SIAS assesses anxiety in social situations. Respondents are asked to rate each statement on a 5-point scale as it applies to them. Scores on both measures range from 0 to 80, with higher scores indicating higher levels of social anxiety. Cronbach alphas ranged from .88 to .93 for the SIAS. Test-retest correlations for the scale exceeded .90 at intervals of up to 13 weeks. However, 10 items were adopted modified and revalidated for this study to suit the developmental state of the children. These items adapted the 5 point likert rating scale of strongly disagreed = 1 and strongly agreed = 5. The pilot study result produced an internal consistency coefficient reliability of 0.76. cronbach alpha.

Parenting Style Inventory PSI II (Darling and Steinberg, 1993) was used to measure parenting style. The PSI II includes three subscales, Responsiveness Subscale (Authoritative Parenting Style) (5 items), $\alpha = .74$, Autonomy Granting Subscale (Permissive Parenting Style) (5 items), Demandingness Subscale (Authoritarian Parenting Style) (5 items) $\alpha = .75$). All the items in each subscale were adopted and revalidated for this study. The instrument has a five-point likert type response format ranging from strongly disagree = 1 to strongly agree = 5. The pilot study produced an internal consistency coefficient reliability of 0.72 cronbach alpha. Permission to carry out this research was obtained from the school authorities used for the study. Preliminary visits were made to the three primary schools. The purpose of the visits was to enable the researcher get acquainted with the schools, the participants and to get the class teachers informed of the purpose of the research work. The questionnaires were administered with the assistance of the teachers

and school counsellors. It was explained to the pupils that the questionnaires were not tests, and as such, there were no right or wrong answers. Therefore, they were asked to respond to the items as honestly as possible. The instructions to be followed when responding to the items were explained to the pupils. The study was designed to be completed within a school term so as to avoid time lag effects on the study. Thus, the researcher conducted one therapeutic session each week for the two experimental groups for a period of 8 weeks at 30 minutes each considering the attention span of children. The participants and the researcher agreed on a suitable day of the week when the therapeutic sessions would hold. The Control group was kept busy with their daily routine school work. They were also subjected to pre-treatment and post treatment sessions. After 8 weeks of treatments same research instruments were administered to all the groups to determine their post-test scores as to ascertain the effect of the treatment package. Thereafter, the session was terminated. The researcher made use of two trained research assistants who were teachers in the schools used for the study. They assisted in conducting the treatment programme for the eight weeks period.

Summary of the treatment packages

Experimental Group One: Play Therapy Technique

The eight sessions covered the following:

Session One: General orientation and administration of instrument to obtain pre-test scores.

Session Two: Children to demonstrate negative emotions

Session Three: Children to demonstrate positive emotions

Session Four: Children to demonstrate act of friendship

Session Five: Children to demonstrate act of Self-determination to succeed in making friends

Session Six: Children to demonstrate act of politeness

Session Seven: Children to demonstrate Self-Confidence

Session Eight: Revision of all activities in the previous session and administration of instrument for post treatment measures.

Experimental Group Two: Self-Disclosure Skill Training

Session One: General orientation and administration of instrument to obtain pre-test scores.

Session Two: Effect of shyness

Session Three: Teaching on how to overcome shyness

Session Four: Discussion on fear of making friends

Session Five: Discussion on Loneliness

Session Six: Training Clients on how to communicate with others

Session Seven: Training Clients on how to make friends with other children

Session eight: Revision of all activities in the previous session and administration of instrument for post treatment measures.

Data obtained in this study was analyzed using Analysis of Covariance (ANCOVA) and Test of mean difference (t-test). Pretests mean scores will serve as covariates. While the Analysis of Covariance (ANCOVA) will be used to compare the differential effectiveness of the independent variables (play therapy and self-disclosure skill). Gender and parenting styles were used as moderating variables.

RESULTS AND DISCUSSION

The psychological treatment coded as Play Therapy (A1), Self-Disclosure Skill (A2) and the Control Group (A3) will constitute the row of the treatment design. While the columns represent level of gender (male and female) and parenting styles (Authoritative, Authoritarian and Permissive). The male participants are represented by B1, C1, and D1 while female will be represented by B2, C2, D2 (table 1). The results presented on Table 2 shows that there was significant main effect of treatments; Play Therapy (PT) and Self-Disclosure Skill Training (SDST) on social anxiety of children. Premised on this, the null hypothesis that there is no significant main effect of treatments PT and SDST on the social anxiety scores of primary school children is rejected. It is therefore concluded that there was significant main effect of treatments PT and SDST on the social anxiety of the primary school children. To further provide information on the social anxiety scores among the three groups (Play Therapy, Self-Disclosure Skill Training, and Control) the multiple classification analysis (MCA) is computed and the result is shown on table 3.

From the MCA (table 3), it is evident that the PT group had the lowest adjusted posttest mean score followed by SDST group with adjusted post-test mean score while the control group had the highest adjusted mean score. These values are obtained by summing the grand mean to the respective adjusted deviations. The direction of the increasing effect of the interactions on the social anxiety are control > SD > PT. Table 3 indicates that the independent variables jointly accounted for as much as 62.8 per cent of the variance in the social anxiety among the participants while the remaining 37.2 per cent is due to pre-test measures or other unexpected sampling errors.

Hypothesis two states that there will be no significant main effect of parenting styles on social anxiety scores of primary school children. The results of the analysis as presented on tables 2 and 3 indicate that there was no significant main effect of parenting styles on the social anxiety post-test scores of participants, hence the hypothesis is hereby accepted. This affirms that there is no significant main effect of parenting styles on the social anxiety scores of primary school children. This shows that whether or not a pupil belongs to a responsiveness, autonomy or demandingness, parenting style does not affect their anxiety scores. Hypothesis three states that there will be no significant main effect of gender on social anxiety scores of the primary school children. The result of the analysis as presented on table 2 indicates

that there was significant main effect of gender on the social anxiety post-test scores of male and female participants exposed to treatments (PT and SDST) and the control group. Thus, the null hypothesis is rejected. It is therefore concluded that there is significant main effect of gender on the social anxiety scores of primary school children. The result indicates that female pupils have higher social anxiety at the post test scores than male pupils. To further provide information on the social anxiety among the two levels (male and female) the MCA was computed and the result presented on table 3. From there, it is evident that male pupils had low adjusted post-test mean score while the female pupils had high adjusted mean score. These values were obtained by summing the grand mean to the respective adjusted deviations (Male and female). The direction of the increasing effect of the interactions on the social anxiety are male social anxiety < female social anxiety.

Table 2 reveals that there was no significant interaction effect of treatments, gender and parenting styles on the social anxiety scores of primary school children. The null hypothesis that there is no significant interaction effect of treatments, parenting styles and gender on social anxiety scores of participants is therefore accepted. Hypothesis one states that there is no significant main effect of treatments PT and SDTS on social Anxiety scores of primary school children in the experimental groups and the control. The result of the study revealed that the two treatments PT and SDTS were effective on the two experimental groups. The two treatments had significant therapeutic impact on participants, but not on the control group, since there was no treatment on them. This implies that play therapy and self-disclosure skill training were effective in the reduction and management of social anxiety of primary school children. This indicates that a child's social anxiety can be reduced if the appropriate treatment techniques are used. Thus, the hypothesis was rejected; as it was found out that both PT and SDTS had significant impact in the management of socially anxious primary school children.

In addition, play-way method had been found to enhance learning outcomes among children. This might be the reason why Play Therapy was more effective in reducing social anxiety. The fact that participants in PT and SDST treatment groups performed better in the post-test scores than those in the control attributes to the effectiveness of the treatment programmes. The inability of the control group to overcome their social anxiety challenges is due to the fact that they were not exposed to any form of treatments. The findings proved that if children are expose to psychological measures that could help themselves manage their social anxiety, they could be more focused in developing positive interpersonal relationship among their peers, be confident, relaxed, coordinated and motivated in negotiating relationship with others. The results of the findings also revealed that socially anxious pupils in play therapy group performed better than their counterparts in self-disclosure group. This can be explained in terms of the effectiveness of each of the training programmes in managing social anxiety among primary school pupils. This could be attributed to

the manner of the utilization of diverse techniques such as homework, revision, discussion and question used in the delivery of each training programme. This further confirms the fact that social, emotional and behavioural health is an important part of a child's well-being, and learning. According to French (2007), Piaget believes that all children pass through a series of developmental stages before they construct the ability to perceive reason and understand in mature rational terms. For example understanding how to apply skills required overcoming social anxiety in their relationship with self and environment.

Piaget claims that the essential nature of human beings was their power to construct knowledge through adaptation to the environment. Thus, through assimilation and accommodation the child is in a continual process of cognitive self-correction. The goal of this activity is a better sense of equilibrium which is fundamental to learning. This type of learning occurs in everyday contexts when children engage in activities which matter to them (Rich and Drummond, 2007). Furthermore, the findings of this study is in consonance with the studies of Legoff and Sherman, (2006); Danger (2005) and Josefi (2004) which state that Play Therapy tends to offer a direct route to engage children on their terms in their world, giving them a chance to, play through what adults talk through using pre-test, post-test comparison design to evaluate 11 patients in an experimental group and 10 in the control group, Legoff and Sherman (2006) show a benefit in improving both receptive and expressive language skills in children with social anxiety.

Hypothesis two states that there is no significant main effect of parenting styles on the social anxiety scores of primary school children. The results obtained showed that parenting styles has no moderating effect on the social anxiety scores of the participants. The null hypothesis was accepted. The reason for this development could be mirrored from the point of view that parenting style is a psychological construct representing standard strategies that parents use in their child rearing. Many parents create their own style from a combination of factors, and these may evolve over time as children develop their own personalities and move through life's stages. Parenting style is affected by both the parents' and children's temperaments, and is largely based on the influence of one's own parents and culture.

Nigerian culture expect parents either poor or rich, accepting or neglecting, to express love, care and warmth to their children and make their family environment the first point of socialization. In support, it is reported that in Nigeria, parental practices embrace all the parenting styles with emphasis on obedience and compliance with parental instructions (Akinsola, 2011). Hypothesis three states that there is no significant main effect of gender on the social anxiety scores of primary school children. The results obtained show that gender had significant main effect on the social anxiety scores of primary school children. This hypothesis was rejected. From the results obtained, tables 2 and 3 show the significant main

effect of gender on the social anxiety post-test scores of male and female participants exposed to treatment groups (PT and SDTS). Table 3 showed that the male participants had low adjusted post-test mean score while female participants had high adjusted post test mean score. This implies that gender influenced the ability of the participants to benefit from the treatment programme. This result could be premised on the possible reason that due to the efficacy of the treatment programme, socially anxious male and female pupils were able to mirror deep down into their person, evaluate their foremost social conduct, appraise their strength and weakness and then resolve to overcome their challenges by being confident in their ability and capability to succeed in negotiating relationship with peers and significant others in the society.

This development is in line with DeWit, *et al.* (2005) report of the fact that gender was a moderator of the effects of childhood family adversity thought to increase the risk of SAD. Although it is not altogether apparent how gender interacts in all situations to give identifiable risks in the development of SAD, initial proposals suggest several psychosocial explanations such as gender socialization. Hypothesis four states that there is no significant interaction effect of treatment (PT and SDST), gender and parenting styles on the social anxiety scores of primary school children.

The results on tables 2 and 3 show that the null hypothesis was confirmed. This implies that been male or female does not affect or coming from low medium or high parenting styled family do not affect the efficacy of the treatment on the participants. The possible reason could be that since socially anxious children share same or similar experiences in school, at home or the society at large, they could behave and respond to issues and challenges in similar manner. And considering the fact that either they are boys or girls, from rejecting or accepting home, due to consistent negative experience from members of the society, they express same feeling of sense of worthlessness, anger, dismay, confusion and hopelessness. Thus, they tend to behave in similar manner. In support of this assertion is Shaffer, Kipp, Wood and Willoughby (2010) report of the fact that the evaluation children have of themselves can have a huge impact on their psychological well-being and their actions, thus leading to disorders like social anxiety.

Primary school children who are socially anxious have low self-esteem, low self-confidence and fear of initiating interactions among their peers or relating actively with their teachers. They become psychologically disabled by the fear of other people's reactions and expectations that they avoid situations in which they fear evaluation might occur. Thus, if socially anxious children do not know how to manage this problem; they often become frustrated and traumatized as a result of not been able to function adequately with peers. This could create maladjustment in most aspect of their life such as social, intellectual, personality, language development and academic achievements. However, if socially anxious children are exposed to therapeutic interventions such as play therapy and training on how to self-disclose,

the child's self esteem, self confidence in applying his social skills would be greatly improved upon. Furthermore, when socially anxious children learn to interact with others through therapeutic play and self disclosing, most aspect of their lives such as social, intellectual, personality, language development and academic achievement would be greatly enriched.

CONCLUSION AND RECOMMENDATIONS

Play Therapy and Self-Disclosure Skill Training were effective in the reduction of the social anxiety among primary school children. Thus the proper implementation of therapeutic play (non-directive and directive play) among children in primary schools would help in reducing social anxiety and if the technique of self-disclosure skill training is effectively applied on this group of children, a positive result could be attained. The findings of this study have proven that PT and SDTS could be used to effectively manage socially anxious children and socially anxious individual irrespective of age or gender. Thus, play therapy and self-disclosure skill training could be adopted together or separately to help individuals with social anxiety boost their social competence and social interaction skills. Government should improve on the present play facilities in public educational sector, employ well informed educational and developmental counselling psychologist into public educational sectors with facilities available for use at their disposal. This measure would ensure a thriving and healthy society, where individuals can interact positively and impact on national growth.

Table 1: A 3x2X3 Factorial Matrix Design for the management of social anxiety among primary school children

Treatments	Gender						Total
	Male			Female			
	Authoritative (Responsiveness)	Permissive (Autonomy)	Authoritarian (Demandingness)	Authoritative (Responsiveness)	Permissive (Autonomy)	Authoritarian (Demandingness)	
Play Therapy	Male=13	Male=5	Male= 10	Female=7	Female=5	Female=7	47
Self-Disclosure Skill	Male=6	Male=6	Male=13	Female=8	Female=4	Female=12	49
A3 Control Group	Male=4	Male=9	Male=9	Female=3	Female=5	Female=16	46
Total	3	20	32	18	14	35	142

Source: Experimental design, 2013

Table 2: Summary of 3x2x3 Analysis of Covariance (ANCOVA) of Pre-post Tests Main and Interaction Effects of Social Anxiety scores of primary school children on Treatment Groups, Parenting styles and Gender

	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Corrected Model	9784.964	18	543.609	14.135	.000	.674
Intercept	103.332	1	103.332	2.687	.104	.021
PRESCORE	1613.406	1	1613.406	41.953	.000	.254
TRTGRP	6227.900	2	3113.950	80.971	.000	.568
PARSTYLE	68.305	2	34.153	.888	.414	.014
GENDER	211.305	1	211.305	5.495	.021	.043
TRTGRP * PARSTYLE	23.551	4	5.888	.153	.961	.005

TRTGRP * GENDER	409.404	2	204.702	5.323	.006	.080
PARSTYLE * GENDER	150.691	2	75.345	1.959	.145	.031
TRTGRP * PARSTYLE						
* GENDER	116.959	4	29.240	.760	.553	.024
Error	4730.275	123	38.458			
Total	97560.000	142				
Corrected Total	14515.239	141				

a. R Squared = .674 (Adjusted R Squared = .626) **Source:** Experimental design, 2013

Table 3: Multiple Classification Analysis (MCA) showing the direction of the difference in the analysis of Social Anxiety scores of Primary School Students

Variable + Category	N	Unadjusted variation	Eta	Adjusted for independent + covariates deviation	Beta
Grand Mean = 24.18					
Treatment Groups:					
Play Therapy	47	-6.50		-5.33	
Self-Disclosure Skill Training	49	-3.33		-4.89	
Control	46	10.19		10.65	
			.73		.71
Parenting Styles:					
Authoritative Low	41	-3.50		-.191	
Autonomy Medium	34	2.08		1.13	
Authoritarian High	67	1.09		-.46	
			.06		.22
Gender:					
Male	75	-1.49		-1.20	
Female	67	1.67		1.34	
			.16		.13
Multiple R-squared					.628
Multiple R					.793
Grand Mean = 24.18					

Source: Experimental design, 2013

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