

Play Therapy In Collectivist Cultures; A Thematic Synthesis of Parents' Perceptions

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Abstract

Play-based therapies are known to be effective at improving family dynamics and decreasing problematic behaviours in children from culturally diverse backgrounds. However, most research on play therapy has been quantitative and conducted with families from cultures that can be classed as 'individualist'. To date, few studies have explored how parents from collectivist cultures perceive play and its use in therapeutic settings and no attempts made to collate available research. This study aimed to synthesise collectivist parents' perceptions of play, in the context of therapy, through a systematic review of qualitative studies and qualitative synthesis. A systematic search of PsychInfo, Scopus, Embase & Medline was conducted and eleven papers identified as relevant. Qualitative and peer reviewed studies focusing on parents' perceptions of play in context of therapy were included. Data were extracted and synthesised, and seven themes were generated. Results suggest that parents desired intimacy and obedience from their children and saw play as useful for skill building. Cultural norms affected their outlook on parenting and discipline, but did not stop them from accessing help for their children. They perceived play-based therapies to be effective at improving parental empathy, family intimacy and their children's problematic behaviours. Collectivist parents in the West found discrepancies between play therapy principles and aspects of their culture, which were mitigated by therapist adaptability and cultural humility. Future research should consider the perspectives of fathers alongside mothers from collectivist backgrounds, conduct research in diverse settings, and explore play therapists' views of working within collectivist cultures.

Keywords: play therapy, parent perspectives, collectivist, culturally diverse

Declaration

This thesis contains no material which has been accepted for the award of any other degree of diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made.

I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

Rubab Raza

October 2021

Acknowledgements

This thesis is both a love letter and a eulogy for my father, who passionately believed in the potential of every child he met. Abu, I miss you. Thank you for defying all cultural norms to give your little girl the chance to play. The flame you lit continues to shine in all those who knew and loved you.

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CHAPTER 1: Introduction

1.1 Background

Australia's demographics are changing fast, with increasing levels of cultural diversity (Sawrikar & Katz, 2008). According to data from the Australian Bureau of Statistics (ABS, 2016), the Australian population is becoming increasingly varied in terms of country of birth, languages spoken, and religious affiliation. Culture, defined as the values and norms held by members of a given group (Hofstede et al., 2010), affects many aspects of health and well-being. Thus, there is an urgent need to consider culturally appropriate and effective mental health strategies to improve services within these communities (Gopalkrishnan, 2018). Cultural perceptions of health and illness are known to impact peoples' help-seeking, access to support services, and treatment satisfaction (Komaric et al., 2012; Office of the Surgeon General, U.S., 2001). Additionally, cultural background also affects parenting practices, including affection displays, views on corporal punishment, encouragement of family obligations over individual goals, and parents' predispositions to seek psychological support for their children (Ho et al., 2008).

Research in the last few decades has shown that play therapy is a culturally responsive mental health intervention for children (Lin & Bratton, 2015; Schottelkorb et al., 2012; Wick et al., 2018). While the mode of play may differ between cultures, it is still the primary means of communication for children worldwide (Sweeney & Skurja, 2001). Play therapy has shown efficacy in various complex family situations in Western (Bratton et al., 2005) and culturally diverse populations (Lin & Bratton, 2015). However, since parents are the gatekeepers of health access for their children, understanding how parents experience play-based interventions is essential to consider whether play therapy will ultimately be taken up by families (Casey et al., 2020). To date, the bulk of the literature concerning play therapy has been

quantitative studies considering efficacy, and there is a lack of consolidation of research concerning how parents from diverse cultures *perceive* play in therapeutic contexts. This qualitative synthesis aimed to address this gap in the literature by collating data from qualitative studies conducted with parents from cultures that can be classified as collectivist, with the view to answering the following research question: how do parents from collectivist backgrounds perceive and experience children's play in therapeutic contexts?

1.2 Terminology

1.2.1 *Individualism/Collectivism*

Individualism and collectivism are one of four dimensions of culture that Hofstede (1980) developed in a seminal study involving a multinational organisation with employees from over 40 different countries. Hofstede's concept of individualism and collectivism distinguishes between cultures in which individual identity is paramount and those that are oriented towards the welfare of the group (Hofstede et al., 2010). In individualist cultures, group ties are held loosely and people are expected to look after themselves, whereas in collectivist cultures, people are highly integrated into their groups and tribes, which in turn offer them protection. (Hofstede et al., 2010).

The notion that cultures can be classified as individualist or collectivist has been challenged on the basis that they may be orthogonal rather than opposing constructs since many cultures are proposed to have both dimensions in concert (Coon & Kimmelmeier, 2001). However, it is generally accepted that non-Western, traditional societies will, at a population level, be more collectivist than Western, industrialised societies (Triandis, 2004). Additionally, research shows that individualism is high in the United States, Britain and Australia, while collectivism tends to correlate with many societies in Africa, Asia and Latin America (Hui & Triandis, 1986; Hofstede, 1980).

While Hofstede's original study focused on differences between nations, later studies

have shown that cultural differences are present between groups living in the same country; for example, research has shown collectivism to be a useful lens through which to view certain cultures like African-American (Coon & Kimmelmeier, 2001), Australian Aboriginals (Lohoar et al., 2014), and Hispanic (Molina, 2020). In addition, individuals classified in research as culturally and linguistically diverse (CALD), BAME (Black and Asia Minor Ethnicity), BAEM (Black and Asia Ethnic Minority), and minority ethnic groups are also typically from family-oriented collectivist societies (Jambunathan et al., 2000; Coon & Kimmelmeier, 2001).

Even though the Individualist/Collectivist categorisation of societies could be seen as a simplistic one, it has utility and predictive value for a range of psychological variables, including stigmas around mental illness, self-concept, motivation, affect, cognition, cognitive processing style, attribution, emotion regulation, and social support provisions (Papadopoulos et al., 2002, 2012; Kitayama & Uskul, 2011; Matsumoto et al., 2008; Oyserman et al., 2002 and Oyserman & Lee, 2008). Thus, understanding the individualistic or collectivistic orientation of cultural groups is of heuristic utility for mental health providers working with individuals from cultures different from their own (Sawrikar and Katz, 2008).

1.2.2 Caucasian, Western and First Nation

For the purposes of this study, the term 'Western' was used in regards to societies such as those in Europe, Australia or the United States, which could trace their ancestry from European countries, as differentiated from Eastern or Oriental populations. Terms like 'Caucasian' and 'White', were reserved as racial and ethnic identifiers, used in this study to differentiate between majority and minority people groups living in Western countries. Lastly, the term 'First Nation' or 'Indigenous' was used for people with long-term family origins to a place, e.g. Australian Aboriginals (Bhopal, 2004). Since ethnicity and health research serves

the scientific purpose of clarifying causes of diseases in light of cultural factors, and the practical purpose of examining the appropriateness of services and policies (Bhopal & Donaldson, 1998), their use was considered appropriate in this study.

1.3 Play Therapy: Background And Previous Literature

Axline (1948) was the first to propose the idea of a child reaching their full potential through therapy involving play. She saw play as the child's natural means of expressions and trusted their capacity to problem solve their issues through play. Influenced by Carl Rogers, the father of non-directive and client-centred psychotherapy, Axline applied similar principles to develop a novel therapeutic approach for working alongside children, which later became known as non-directive play therapy (Axline, 1948). This mode of therapy emphasised the following eight principles for practitioners to adhere to: developing a warm and friendly relationship with the child, accepting the child as they are, giving the child permission to express their feelings, recognising their feelings and reflecting them back to help the child understand their emotions, deeply respecting the child's ability to problem-solve and choose, following the child's lead, not rushing the child, and placing limited rules on the child in the play-space (Axline, 1948; 1969). Building on Axline's ideas, Moustakas (1973) and Landreth (2002) developed a mental health intervention known as Child-Centered Play Therapy (CCPT). Landreth (2012) described CCPT as a non-directive mental health intervention for children in which play could be used to help them flourish. Over the years, two play therapy philosophies developed: one which was non-directive, child-focused and unstructured, and the other which was directive, structured and focused (Gil, 1994). Directive approaches (e.g. Psychoanalytic play therapy) are those in which the therapist guides and interprets play interactions. In contrast, non-directive approaches (e.g. CCPT and Jungian play therapy) include those in which the therapist lets the child lead the direction of the therapeutic process (Rasmussen & Cunningham, 1995).

In 1964, Guerney combined CCPT principles with parent and caregiver education on using play therapeutically and developed a new approach called filial therapy (Guerney, 1964). He thought it valuable to train parents, who were the children's primary attachment figures, to conduct non-directive play therapy sessions. In this way, the strengths of individual child therapy and family therapy could be combined to provide a highly effective intervention for at-risk families (Johnson, 1995; Bratton et al., 2005). Over its 100-year history, play therapy has evolved to include a host of treatment modalities and philosophical schools of thought. Despite technical and philosophical differences, all modalities embrace the therapeutic properties of play and use it to help prevent or resolve children's psychosocial difficulties and enhance their wellbeing (APT, 2001).

Research considering the efficacy of multiple types of play therapy has found it to significantly improve child outcomes in Western populations. A meta-analysis of 93 play therapy studies from 1953 to 2000 (Bratton et al., 2005) showed that play therapy helped with a range of externalising and internalising behaviours in children. In relation to parents, play interventions with Caucasian populations have consistently found that play therapy effectively increased parental acceptance and empathy (Kale & Landreth, 1999; Costas & Landreth, 1999; Bratton & Landreth, 1995). These studies covered a range of parents and families and included parents of children with learning difficulties (Kale & Landreth, 1999), single parents (Bratton & Landreth, 1995), non-offending parents of sexually abused children (Costas & Landreth, 1999), incarcerated fathers (Landreth & Lobaugh, 1998) and parents of chronically ill children (Tew et al., 2002).

1.4 Play Therapy and Cultural Background

It is well known that culture shapes mental health understandings and help-seeking behaviours (Bhugra, 1989; Wolff et al., 1996). However, to understand the interplay between

play therapy and culture, it is also important to understand how collectivist norms and practices can shape parental attitudes to children's mental health. For example, in many collectivist cultures, psychological therapy is uncommon, especially with children, which impacts both access to services, child engagement, and parent's input as partners in the process (Porterfield & Akinsulure-Smith, 2007). Parenting programs designed for families with individualist values will likely encourage parents to teach their children self-reliance and emotional independence. Such programs may not suit collectivist families due to differing ideas on what is considered best for the child (Kotchick & Forehand, 2002). In relation to play therapy specifically, therapists thus need to keep in mind parental attitudes to therapy and their openness to play therapy principles (Vandermaas-Peeler, 2002).

Most interventions aiming to improve parent-child bonds or which use play for mental health purposes, including CCPT, are based on studies conducted on Western, middle-class, educated groups (Levinson, 1998) and consequently tend to be informed by 'individualist' values in relation to best practice parenting and parent-child interactions (Greenfield & Cocking, 1994). Often, parenting characteristics that vary culturally are viewed poorly or as deficits needing to be improved (McCollum et al., 2000). However, given increasing understandings of the impact of culture on a huge array of human behaviour, health and cognition, any such efforts need to be cautious since it could be counterproductive to attempt to change parenting characteristics in diverse groups without first understanding why these differences occur in the first place (McCollum et al., 2000).

Thus, categories such as the individualistic or collectivistic orientation of a family's cultural group are known to be therapeutically relevant characteristic that service providers need to be cognisant of (Sawrikar & Katz, 2008). Such categories elucidate the underlying values informing a particular group's behaviours and attitudes (Sawrikar & Katz, 2008; Hof-

stede et al., 2010). For example, Hofstede et al. (2010) posited that collectivist societies usually value family obligations over individual freedoms (Triandis, 1990; Hofstede, 1980). Moreover, in these societies, the care of children may be the responsibility of a broader group of relatives instead of a nuclear family unit (Berry, 1980; Triandis, 1990). Since such societies are hierarchical with respect to age, children who repeatedly voice opinions different to the norm are often considered disrespectful and lacking in virtue (Sawrikar & Katz, 2008). Importantly for help-seeking, a culture of shame and stigma is often associated with disclosing family-related issues to outsiders, as it goes against a typically collectivistic norm of protecting family honour (Bhui et al., 2007; Featherstone & Broadhurst, 2003).

Research suggests that play therapy is effective in relation to a range of outcomes for parents and children from cultures with collectivist values - perhaps even more efficacious than for majority Western populations. For example, a meta-analysis of 52 studies involving CCPT conducted by Lin and Bratton (2015) found that children from non-Caucasian families living in the West had substantially greater improvements from filial therapy than Caucasian children with individualist backgrounds. A landmark study by Schottelkorb et al. (2012) examined the effectiveness of CCPT with refugee children showing trauma symptoms. Even with minimal parent involvement, results showed that CCPT was as effective as trauma-focused cognitive behaviour therapy in helping refugee children cope. Another study by Wick et al. (2018) looked at the effectiveness of an intensive child-centred play therapy (iCCPT) program in a remote Aboriginal Australian community with children who had experienced adversity. According to both parent and teacher ratings, the children exhibited fewer problem behaviours after the program ended. Researchers concluded that iCCPT, when used alongside psycho-education for parents and teachers, was a culturally appropriate therapy for remote and vulnerable populations. Recently, research conducted in non-western countries has shown play therapy to be effective in reducing stress and anxiety in both children and parents

during a period of hospitalisation in Pakistan (Hirani, 2013; Rasheed et al., 2021) and improving interpersonal behaviour, self-confidence and self-acceptance among the children of new Chinese immigrants in Taiwan (Su & Tsai, 2016). These findings give more credence to play therapy as a culturally responsive intervention for families worldwide.

1.5 Aims

Despite quantitative data showing the efficacy of play therapy in collectivistic communities, phenomenological research on its accessibility and acceptability in these communities has been minimal. Accessibility, defined in this paper as the ability to both initially access and continue using services (Levesque et al., 2013), is essential in determining whether play-based therapies are suited to collectivist families. For accurate assessments of accessibility and suitability, it is essential to understand what parents from collectivist cultures think about play and how they experience play-based interventions. This study aimed to synthesise findings from qualitative studies which explore collectivist parents' perceptions of play in therapeutic contexts. A thematic synthesis approach was used, as qualitative paradigms are well suited to capture individual's experiences of concepts (Garside, 2013).

CHAPTER 2: Methods

2.1 Protocol Registration

This study was first registered with the International Prospective Register of Systematic Reviews (PROSPERO) on Jun 25, 2021 (ID: CRD42021253153)

2.2 Inclusion Criteria

Peer-reviewed studies were included if they were: 1. published in English; 2. focused on parents' perceptions of play used in context of therapy through parents' own words and the researchers' reports; 3. used qualitative or mixed-method methodologies (where the qualitative component could be disaggregated) and; 4. included families from collectivist cultures.

2.2.1 Intervention

All studies considering parents' views on play in therapeutic contexts, as well as those conducting interventions such as CCPT (including modified versions), Filial Therapy, Child-Parent Relationship Training (CPRT), Therapeutic Play Intervention (TPI) in hospital settings, preschool play programs and board-games were included. Case studies that only included researcher perceptions or ethnographic data were not included, but those including parent's views were.

2.2.2 Populations

Only families from collectivist backgrounds were included. Studies conducted in English-speaking Western nations that did not record participants' ethnicity were not included, but studies conducted in non-western countries that did not specify ethnicity were since it was assumed that they would have culturally diverse participants.

2.2.3 Individualism/Collectivism determination

Nations were assessed for individualism and collectivism based on their rank on Hofstede's Individualism Index (IDV), a ranking system developed by Hofstede to measure, compare and analyse the individualism and collectivism aspects of culture (Hofstede et al.,

2010). According to this ranking, higher IDV cultures tend to be more individualist, have weaker connections between individuals, tend to care for only immediate family members, and are not afraid to share ideas that go against the majority opinions. Meanwhile, lower IDV scores denote countries in which most people are born into strong group ties and extended families, with loyalty to the group being of prime priority (Hofstede et al., 2010).

Prior studies have also used the individualist/collectivist paradigm and applied it to different ethnic populations in the U.S. to examine group differences in the same country (Freeberg & Stein, 1996; Gaines et al., 1997; Rhee et al., 1996). These studies show that even though populations such as African-Americans, Asian-Americans, Hispanic and Latino communities are born and raised in the West, they display higher collectivism than their Caucasian counterparts. Hence, these cultural groups were included in our analysis at the full-text screening stage.

2.2.4 Outcomes

Qualitative data on parents' perceptions and experiences of play in the context of therapy were included. This data was in the form of semi-structured interviews, open-ended interviews, post-intervention recall interviews and focus group transcripts.

2.3 Database Searches

The CINAHL, Embase, PsycINFO, PubMed, and Scopus databases were searched from inception to June 2021. Search strategies were developed in consultation with an expert research librarian. Initial investigations found that using the terms "qualitative" and "phenomenological" limited the search results significantly. To ensure all studies with qualitative data were captured, the keywords "Child-Centered play therapy", "Play therapy", "Filial therapy", "sand tray", "child-parent relationship training", "sandplay", "therapy", "intervention" were used. The search strings, dates and results for each database are shown in Table 1 below.

Table 1

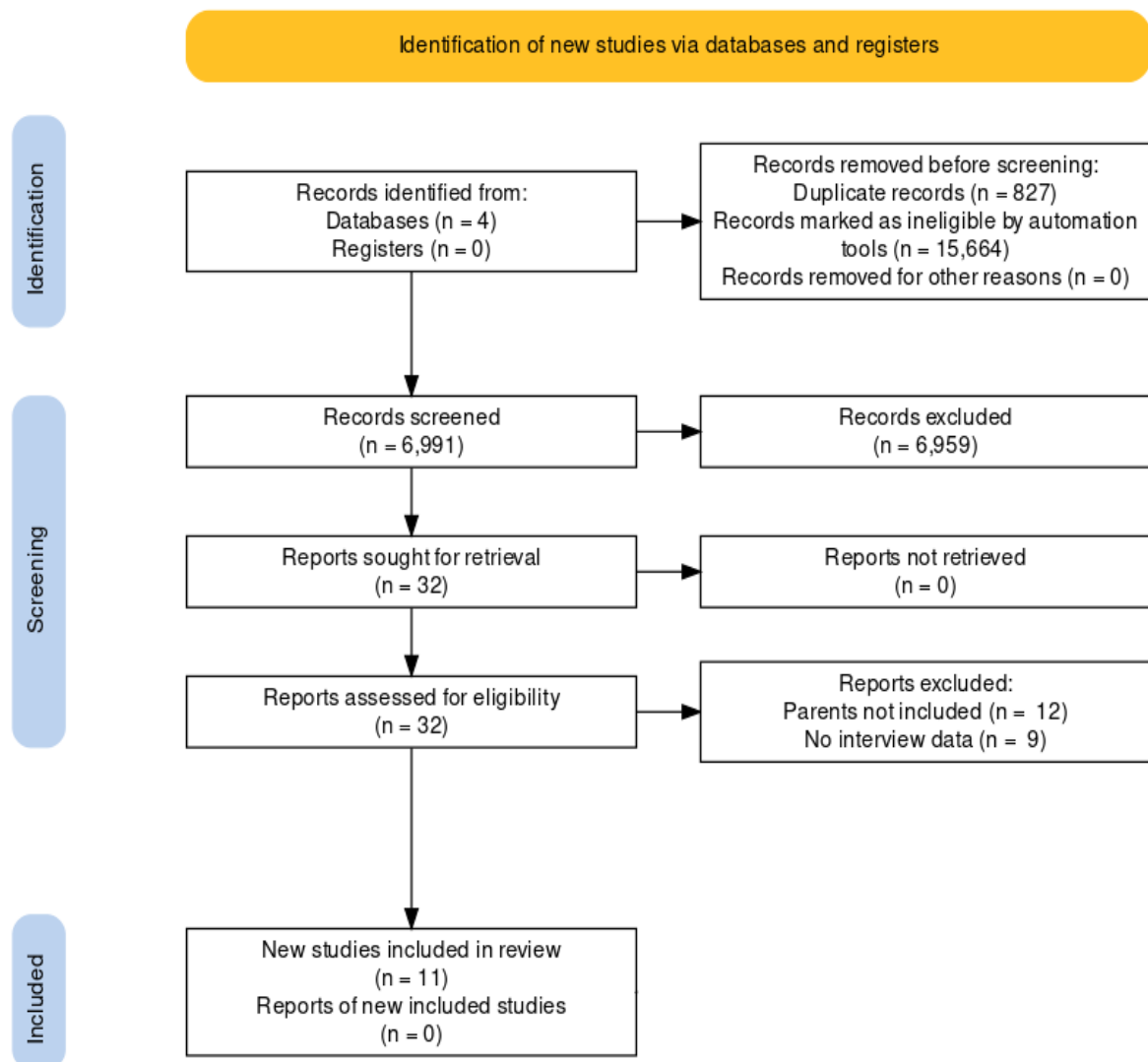
Search Strategy and Results

Database	Search String	Date of search	Results
PsychInfo	(Play therapy).sh. or ((play or filial) adj3 (therap* or intervention* or session*)):ti,ab. or child centered play therapy.ti,ab. or child parent relationship training.ti,ab. or Sandtray.ti,ab. or Sandplay.ti,ab.	02/06/21	7876
Embase	'play therapy'/de OR ((play OR filial) NEAR/3 (therap* OR intervention* OR session*)):ti,ab OR 'child-centered play therapy':ti,ab OR 'child centred play therapy':ti,ab OR 'child parent relationship training':ti,ab OR 'sandtray':ti,ab OR 'sandplay':ti,ab	02/06/21	6085
Scopus	((play OR filial) W/3 (therap* OR intervention* OR session*)) OR "Child-centered play therapy" OR "child centred play therapy" OR "child parent relationship training" OR "sandtray" OR "sandplay" limit to: psychology, social sciences, health professions, arts/humanities & English language only	020621	4675
Medline	(Play therapy).sh. or ((play or filial) adj3 (therap* or intervention* or session*)):ti,ab. or child centered play therapy.ti,ab. or child parent relationship training.ti,ab. or Sandtray.ti,ab. or Sandplay.ti,ab.	02/06/21	4846

Reference checks of all included studies were done, but no additional studies were identified through this process.

2.4 Study Selection

References were imported from the databases onto Covidence systematic review software (Version 2667, 2001) after which duplicates were removed. The primary author screened the title and abstracts to exclude articles not meeting the inclusion criteria. In case of doubt, papers were moved on to the full-text review stage. Next, full texts were retrieved, assessed for eligibility, and finalised by both authors. At the full-text stage, studies were excluded primarily because they did not have qualitative data from parents from collectivist cultures. After duplicates were removed, 6991 studies were reviewed in light of the inclusion criteria for title and abstract. Thirty-two studies were included for full-text review, with eleven meeting inclusion criteria, as shown in Figure 1 on the next page.

Figure 1.*PRISMA Flow Chart Showing Screening Process.*

2.5 Data Extraction

The primary author extracted the following information from included studies: sample characteristics and sampling procedure, data collection methods and analysis approach, the aims of the study and types of questions asked, theoretical frameworks guiding the development of questions or interpretation of findings, and the author's main conclusions. The complete 'results' or 'findings' sections comprised data for this review and were entered verbatim into a Microsoft Word file by the primary researcher. This included quotes from participants and text written by the authors, such as descriptions of participants' responses and context for responses. Themes under which the authors described the data were noted but were not used in the analysis.

2.6 Data Synthesis

A thematic synthesis approach to qualitative evidence was performed, as outlined by Thomas and Harden (2008). The approach integrates the findings of primary qualitative studies by identifying the recurrent or most important themes via a staged analytical process. Stage one and two involved line-by-line coding of the studies and development of these codes into related concepts or 'descriptive' themes; Stage three included the development of 'analytical' themes which went beyond the content of the original studies (Campbell et al., 2003; Thomas & Harden, 2008)

2.6.1 Initial stage

Aspects in data fragments that related to parents experiences of play therapy, any norms they espoused, whether play was part of family life, and what they considered valuable were identified. Interesting or unanticipated data was also extracted. Each fragment was labelled under at least one category, and some codes were used more often than others in the iterative process of coding. To minimise biases in interpretations, the labels used to describe coded data were based on participants' words rather than on categorisations by the primary

authors. After content saturation was achieved during the process of reading data, coding was paused.

2.6.2 *Second and third stage*

Free codes were subsequently combined into descriptive themes. After looking for similarities and differences between the descriptive themes and their codes, analytical themes were developed. For example, one analytical theme developed was 'a parent's role is to teach and discipline', which included descriptive themes regarding 'enjoying directive play' and 'discipline is highly valued'. Both researchers discussed the meaning of each theme, and compared and contrasted them with the other themes. Disagreement or uncertainties were discussed, and interpretations were determined.

2.7 Cross-study Coverage & Quality Analysis

The coverage of a theme was analysed by looking at the fragments categorised under each domain. The papers and the themes were cross-tabulated to get an overview of how often each study mentioned the themes. Three categories were used: 'Extensively mentioned', 'Briefly mentioned' and 'Not explored', as seen in Table 2.

Table 2*Coverage of Analytical Themes in Primary Studies.*

Themes	No. of studies	Aranha et al. (2020)	Casey et al. (2020)	Duch et al. (2019)	Golos & Freiman, (2021)	Hedet al. (2015)	Lim & Ogawa (2014)	McCollum et al. (2000)	Pinchover & Shulman, (2016)	Socaraset al. (2015)	Solis et al. (2004)	Sterman et al. (2020)
Relational intimacy	7	-	**	-	*	-	-	*	*	*	*	*
Parent's role	7	-	-	*	-	-	*	*	*	*	*	*
Outdoor play	4	-	*	-	*	-	-	-	-	*	-	*
Skill building	10	*	*	*	*	*	*	*	*	-	*	*
Culture norms	9	**	*	*	**	-	*	*	**	*	*	-
Parent growth	7	**	-	*	*	*	*	-	-	*	*	-
Parent needs	6	-	*	**	**	*	*	**	**	*	*	-

Note. Extensively mentioned = *, Briefly mentioned = **, Not explored = -.

Critical Appraisal Skills Programme (CASP) U.K. (n.d.) was used to test quality (Table 3). CASP is considered an effective method to demonstrate the reliability and validity of findings in qualitative literature (Singh, 2013).

2.8 Reflexivity

The primary researcher was born overseas in a non-English speaking country that would be considered collectivist before migrating to Australia. Since past experiences can shape individuals' interpretation, the researcher paid attention to her attitudes and experiences

of belonging to a collectivist society. In addition, the researcher espouses a favourable opinion of play as a mother of two young children. To assist with reflexivity in the research process, the researcher reflected on her connection with the South Asian and Muslim communities to be aware of any excessive influence of this connection on interpreting the data. To this end, the researcher used a reflexive journal to record her own parenting experiences and using play at home, which helped with bracketing: a method that allows the researcher to reflect and be cognisant of their biases to see the data without imposing any preformed conclusions (Gearing, 2004).

CHAPTER 3: Results

3.1 Overview

Database searches resulted in a total of 23,482 references exported into Endnote software, from where they were uploaded onto Covidence. Following the elimination of duplicates, 6991 studies were progressed to title-abstract screening. 6959 papers were excluded after title-abstract screening because they did not consider play in therapeutic contexts, were quantitative or did not include parents in the analysis. The remaining thirty-two papers were progressed to full-text review, after which consensus on eleven papers was achieved by both authors. The details of the selection process are shown earlier in Figure 1.

3.2 Reviewed Studies

The aims, outcomes and settings in all studies varied, but all eleven included primary interview data from parents, as seen in Table 3 below.

Table 3

Characteristics of Studies

Author	Sample & Recruitment	Ethnicity/Country	Data collection/ analysis method	Intervention	Questions asked	Conclusion & Findings
Aranha et al. (2020)	12 families; teaching hospital	Brazilian; Sao Paulo	Interviews post-intervention/ discourse analysis	Therapeutic play	“Tell me how it was for you to see your child receiving information about hospitalisation with the help of toys”	Family believes that this strategy should be routine nursing care during child hospitalisation
Lim & Ogawa (2014)	1 family; Nil recruitment details	Sudanese; U.S	Case study	CCPT	N/A	CPRT improved parent stress and reduced externalising behaviours in the child. It also helped with navigating loss in the family

He et al. (2014)	95 families; public hospital	Singapore	Semi-structured interviews/Mixed-Method	Therapeutic play	“What are the strengths and weaknesses of the intervention?”	Parents perceived the intervention as helpful preparation for themselves and for their children undergoing elective surgery.
Casey et al.(2020)	11 families; community associations	Malaysian, Pakistani, Lebanese, Egyptian, Albanian, Kenyan, Somali/Australia	Semi-structured interviews/ Thematic Analysis	Nil	“What is your perception on how important play is in your child’s life?”	CCPT may be accessible for Australian Muslim children.
Golos & Freiman (2021)	12 families, 2 interviews; community centres.	Bnei Menash e/ Israel	Mixed method approach; Semi structured interviews / Content analysis;	Board games	“Do you and your child play board games during leisure time”	Short term therapy programs with board games may have the potential to strengthen parental knowledge, awareness and self-efficacy related to playing board games and may improve children’s participation in leisure play.
Duch et al. (2019)	40 families; Head Start centres via random selection	Hispanic/U.S.	Focus groups/ Grounded theory	CARING play program	Nil examples	Results highlighted the promise of preventive, low-cost interventions for families facing socioeconomic adversity, and in strengthening parent-child relationships.
Pinchover & Schulman (2016)	12 families (ASD); pre-schools	Nil ethnicity/Israel	Semi-structured, video-recall interviews/ thematic cross-analysis	Nil	“Tell me how its like to be in a play interaction with the child?”	Four distinct caregiver perspectives: playful, goal-oriented, integrated, and perceived incompetence perspective.

Sterman et al. (2020)	5 families (ASD, intellectual disability, developmental delay); teacher referral at schools	4 Lebanese 1 Anglo Australia/ Australia	Semi-structured interviews/ Case study design, interpretive description and analytic deduction	Nil	Nil example	Mothers considered the child's interest and capabilities, valued play as both a means and an end, planned for play and facilitated in the moment as required.
Solis et al. (2004)	1 family; school	African-American/U.S.	Case study design	Filial therapy	N/A	Positive changes in the parent, child, and parent-child relationship reported by the parent and observed by the researcher
Socarras et al. (2015)	6 families; purposive sampling, parenting enrichment program	African – American/ U.S.	pre- and post intervention interviews /Inductive analysis	Child Parent relationship training (CPRT)	“What are your thoughts on how children play?”	Mothers who participated in the intensive CPRT sessions experienced it positively.
McCullum et al. (2000)	6 families; purposive sampling. Nil information on recruitment	3 white-American and 3 Korean/U.S	Open ended interviews/ Phenomenological approach	Nil	Nil examples	Korean mothers believe in providing support for emerging abilities and conveying an emotional presence.

Four studies were from Non-Western nations with collectivist cultures as determined by the IDV: Brazil (Aranha et al., 2020), Singapore (He et al., 2014) and Israel (Golos & Freiman, 2021 and Pinchover & Shulman, 2016). The rest of the studies were conducted in Western countries with minority, ethnically diverse populations. These included participants who identified as having Malaysian, Middle-Eastern, South-Asian and African heritage. Since the countries of origin associated with these cultural backgrounds also scored lower on the IDV than Western nations (Hofstede et al., 2010), they were considered likely to hold collectivist values. Two of the studies conducted in Non-Western countries were done in hospital settings, with a focus on families with children admitted pre-operatively in Singapore and Sao Paulo (Aranha et al., 2020; He et al., 2014). Another study was conducted in the home of

Appropriate research design	+	+	-	-	+	+	+	+	+	+	+
Appropriate recruitment strategy	+	+	+	+	+	-	-	+	+	+	+
Appropriate data collection	+	+	+	+	+	+	+	+	+	+	+
Consideration of researcher/participant relationship	-	+	-	-	-	+	-	-	+	-	-
Consideration of ethical issues	+	+	-	+	+	-	-	+	+	-	+
Rigorous data analysis	+	+	+	+	+	+	+	+	+	+	+
Clear statement of findings	+	+	+	+	+	+	+	+	+	+	+
Value of research	+	+	+	+	+	+	+	+	+	+	+

Note. + indicates checklist criteria has been met, - indicates that the criteria was not justified or not considered.

CASP covers three main areas of quality; Section A considers the aims of each study, their qualitative method, design, recruitment, data collection and researcher bias. Section B examines ethical considerations, data analysis and findings. Section C focuses on the beneficial value a study contributes. Each question was given a positive (+) or negative (-) rating, and positive ratings indicated that the studies had fulfilled the checklist criteria. More positive ratings meant higher quality research.

All the primary studies included in the review stated clear aims and used appropriate

methodologies and data collection methods. Most papers, outside of case studies, considered ethical issues. Few, however, considered the effects of the researcher/participation relationship. All of the selected papers were considered valuable since they included perceptions of collectivist parents. In terms of inclusion criteria, Campbell et al. (2011) argue that only studies with fatal flaws should be excluded. No studies were considered to meet this criterion, and thus all eleven papers were included.

3.4 Themes

3.4.1 *Relational intimacy is a motivator for therapy*

Seven studies highlighted that parents valued their relationship with their children and that nurturing it was a major motivation for them to engage in play (Casey et al., 2020; Golos & Freiman, 2021; McCollum et al., 2000; Pinchover & Shulman, 2016; Socarras et al., 2015; Solis et al., 2004; Sterman et al., 2020). In all but one study (Casey et al., 2020), the participants were mothers. Hispanic parents enjoyed strong relationships with their children and highly valued time spent with them. One mother described it as "the greatest love I've ever experienced." (Socarras et al., 2015, p.386). Another mother expressed:

Really not too much can come between me and Mari. We have a loving, a loving relationship. Very close. (Socarras et al., 2015, p.386)

Being present in their child's life was a priority for Hispanic parents, who desired intimacy with their children and put in the time and effort to build strong relationships. In another study involving Korean mothers and toddlers, maintaining emotional availability with their child was stated as important, even when mothers were busy with work (McCollum et al., 2000).

Two studies focused on families managing children with disabilities (Pinchover & Shulman, 2016; Sterman et al., 2020). Parents in these studies valued family bonding through play and encouraged sibling play as play within the family was felt to be more inclusive and

encouraging than play with outsiders (Sterman et al., 2020). Parents in both studies desired insight into their child's emotions and saw play as a way to bond with and enjoy their child. For example, an Israeli mother of a child with ASD said:

I want to have fun with him and perhaps through it see what he thinks – I mean, he never, never, never shares his thoughts and desires with us, so maybe... he'll share with us through play. (Pinchover & Shulman, 2016, p.653)

These parents saw the value of play so much that they were open to using authoritarian parenting styles to create a boundary around family playtimes. One mother with Australian-Lebanese background exemplified this by saying:

Because he doesn't get to see his relatives every day. Sometime he'll be into that game so much that he wants to play and he wants to shut everyone else out, and [I'm] like, "No, that's it, take the cord out. I don't care if he cries; it's family time. (Sterman et al., 2020, p. 379)

Given the value parents placed on emotional intimacy, all studies found that parents reported satisfaction with play therapy interventions once they saw their goals of emotional intimacy with their children were being achieved. For example, one Hispanic mother saw that the program had "helped me to get closer to her and understand how she feels. She is a very outspoken child, and I was not taking advantage of that." (Duch et al., 2019, p.181)

Thus, parents desired intimacy and wanted to repair rifts with their children. They prioritised family time, occasionally using authoritarian parenting tactics to achieve their desired goal of increased family intimacy through play and spending time together.

3.4.2 A parent's role is to teach and discipline

Seven studies emphasised that parents saw their role as teachers and discipliners, and struggled when the child was not obedient or had behavioural issues (Duch et al., 2019; Lim

& Ogawa, 2014; McCollum et al., 2000; Pinchover & Shulman, 2016; Socarras et al., 2015; Solis et al., 2004; Sterman et al., 2020). Parents expressed high regard for discipline and frequently desired help in relation to it, as exemplified by the following extract from an African-American mother from the U.S.:

I think it can probably teach me more like about their behaviours, be able and, I try already well, but their discipline, their discipline probably won't be as bad from parenting workshops and doing stuff like this. (Socarras et al., 2015, p.386).

Another African-American mother in the U.S. also expressed discomfort with the non-directive nature of play therapy, especially when she was restricted from intervening in her child's aggressive play in a CCPT session, saying, "It was not me to let him do whatever he wanted.. I couldn't tell him, "don't talk about it." Normally I would." (Solis et al., 2004, p.107)

Similarly, a Sudanese father with a refugee background living in the U.S. indicated that he wanted to know how to handle his child's aggressive outbursts better:

You see how he reacts, slamming [the] door, so I need to learn how to handle that. (Lim & Ogawa, 2014, p.79).

Korean mothers in the study by McCollum et al. (2002) also took on the teacher role, highlighting that they needed to teach their toddlers how to play by continuous repetition till babies could remember how to play by themselves.

The parent's role as a teacher was particularly important to mothers of children with disabilities or ASD diagnoses. One Israeli mother of a child with ASD felt that she had to "teach him to play together, it's not something that comes from him" (Pinchover & Shulman, 2016, p. 649). Some mothers felt helpless that they could not change out of the self-designated teaching role, as highlighted below:

..it's just not under my control at all... he's not supposed to be learning all the time...But I'm always pushing him so that he'll learn something. (Pinchover & Shulman, 2016, p. 652).

Thus, parents saw their roles as teachers and disciplinarians and showed love and concern for children by taking on these roles. Many parents reported that the most challenging skill for them to learn was how to sit back and let the child take the lead in play space (Duch et al., 2019; Pinchover & Shulman, 2016; Solis, Meyers & Varjas, 2004).

3.4.3 Play is usually outdoors

Four studies highlighted that outdoor play is a familiar and oft used mode of play. (Casey et al., 2020; Golos & Freiman, 2021; Socarras et al., 2015; Sterman et al., 2020). A mother from the Bnei Menashe community in Israel mentioned that outdoor play was the primary mode of play they engaged with growing up. Siblings were their primary playmates when they played outdoors with simple objects like rope, stones and kitchen utensils (Golos & Freiman, 2021). In a study with Australian Muslim participants, one parent mentioned that, despite their families' insistence on formal education, they had many fond memories of engaging in outdoor play as children (Casey et al., 2020).

Parents of children with disabilities in particular noted that their child enjoyed the outdoors. One Lebanese-Australian mother of a girl with developmental delays said:

I think she finds that she can play more freely outside. She loves outdoor play... [There are] more things to explore and play with. Inside is just colouring or she just might ride around the scooter in the lounge room a little bit.

Whereas outside she can play for hours and hours and hours and won't complain. (Sterman et al., 2020, p.378)

These parents were highly motivated to use outdoor play as a way to reduce their children's exposure to technology when inside (Sterman et al., 2020).

3.4.4 *Play's purpose is for skill-building*

Ten studies identified that parents valued play as a tool to improve cognitive, social and emotional skills and to help prepare them for the future (Aranha et al., 2020; Casey et al., 2020; Duch et al., 2019; Golos & Freiman, 2021; He et al., 2015; Lim & Ogawa, 2014; McCollum et al., 2000; Pinchover & Shulman, 2016; Solis et al., 2004; Sterman et al., 2020).

3.4.4.1 Cognitive skills. While some parents saw the value of play for its own sake, many saw it as a tool for skill acquisition. One mother from Israel who had a child with ASD used playtime as a bartering tool to help move the child towards tasks she valued more, such as cognitive skills:

He cannot do whatever he wants [in play] without learning something, [he must] play at something that will help him develop – because otherwise he'd be like that all his life, right? So, 'Okay, you want to run? No problem, but let's just say that afterward we will do something more interesting than run, maybe sit down together and read a book. (Pinchover & Shulman, 2016, p.650)

Another mother of a child with ASD and intellectual disability sought out play for building her child's skills as 'there's always something that you learn from playing" (Sterman et al., 2020, p.379), highlighting the importance placed on cognitive skills acquisition.

3.4.4.2 Social Skills. Parents with children with disabilities placed a high value on how play helped with social skills. Some parents saw it as an opportunity to teach the child necessary social skills like the ability "to wait in line and wait your turn" (Sterman et al., 2020, p 379). Mothers of children with ASD also noted that children had improved self-confidence to learn new things and that playing had enabled their child to learn how to concede loss. They also noted that playtime improved family dynamics by improving the child's ability to play with his brothers. (Golos & Freiman, 2021)

3.4.4.3 Emotional skills. Among Latino mothers, one parent noticed that her child's emotional and coping skills had improved after a play-based preschool intervention, to the extent that discipline had started to improve as well. This is highlighted in the excerpt below:

She used to have a hard time with many routines, bathing, going to bed, waking up...I start talking about how I felt and how she felt and she is much better, I tell her to go to bed and even if it is hard I tell her that if she doesn't sleep she'll feel tired and sad the day after and she understands. (Duch et al., 2019, p.182).

An African-American mother of a child with behavioural problems and speech impediment also noted improvements in her child's self-confidence and independence after filial therapy sessions (Solis et al., 2004). Improvements in emotional coping skills were especially appreciated by families going through hospital admissions in Singapore and Brazil:

When we know what to expect and what will happen, the fear and anxiety is reduced...The things given to my daughter to play with are the real thing and when the nurse gave her the anaesthetic mask, she was used to playing with it already. She was very calm and happy throughout the procedure. (He et al., 2014, p.1545)

Parents going through pre-operative hospital admissions in Singapore with their children could see them relax. They mentioned that children used playtime with dolls to get familiar with the medical equipment, resulting in reduced anxiety and increased compliance (He et al., 2014).

3.4.5 Culture and religion shape norms related to parenting and play

Nine studies noted that culture or religion shapes parents' notions about parenting roles and the meaning and value attributed to play (Aranha et al., 2020; Casey et al., 2020; Duch et al., 2019; Golos & Freiman, 2021; Lim & Ogawa, 2014; McCollum et al., 2000;

Pinchover & Shulman, 2016; Socarras et al., 2015; Solis, et al., 2004).

In one study, a Sudanese parent with a refugee background mentioned having trouble with his son who was being disrespectful, causing him significant distress since he believed a son in his culture was supposed to respect his father:

It is not in our culture. A son is not supposed to yell at his father. When I was a kid, I have to be respectful of my father...When I was a child, [I was sure] my dad [knew] everything. (Lim & Ogawa, 2014, p.77)

By enduring his son's outbursts, he mentioned that he was "killing the father's side [part] and that is bothering me." (Lim & Ogawa, 2014, p.77). He mentioned that in Sudanese culture, disciplining children is equated with concern for their well-being, as expressed below:

“In Arabic, we have the word *dalaa'*—like spoiling, be soft to a child, make him act bad.” John went on to explain that Sudanese parents expect their children to be good, that is, to be quiet and obedient (Lim & Ogawa, 2014, p.78).

On the other hand, the father noted exceptions to Sudanese cultural norm and used examples of more nurturing men from his culture who “have a ‘dad-heart’” (Lim & Ogawa, 2014, p.77), to emulate. This reflection allowed him to be open to changing his approach with his son.

In another study, an African American mother mentioned that spanking is an acceptable disciplinary practice in their culture and considered it different to abuse, as shown below:

As far as my culture, African Americans, we do believe in discipline as far as spanking There's a difference between spanking and beating a child For instance, if I see a situation where he going to hurt himself with the outlet or something, I might spank him for that because I need him to understand that's just not anything you can do period because that hurts you, that can take you away from me. (Socarras et al., 2015, p.386)

Parents also highlighted cultural discontinuities with some play therapy skills such as limit setting, encouragement and reflective listening (Lim & Ogawa, 2014; Solis et al., 2004; Duch et al., 2019). The father from Sudanese background equated reflective listening to speaking like a "White person" (Lim & Ogawa, 2014, p. 78). One African-American mother noted that being non-directive with her child during play was very unfamiliar to her as she was raised in an environment where children "really don't have a choice" and where "parents made all the choices for me", stating it to be a cultural norm passed down to her (Solis et al., 2004, p. 108).

For parents with religious backgrounds, a connection to faith was a big part of their identity (Lim & Ogawa, 2014; Casey et al., 2020). In a study with Muslim parents in Australia, a parent mentioned that getting help is an obligation put on them by their faith because "that's why God has provided us all these avenues" (Casey et al., 2020, p.248). They mentioned that having fun and being playful was "accepted and normal in our religion" (Casey et al., 2020, p.249), and that made them open to utilising play-based therapies for their families.

3.4.6 Play therapy helps parents grow

Seven studies showed that parents noticed their parenting skills improving as the interventions continued (Aranha et al., 2020; Duch et al., 2019; Golos & Freiman, 2021; He et al., 2015; Lim & Ogawa, 2014; Socarras et al., 2015; Solis et al., 2004) .

One parent with Sudanese background mentioned that reflective listening and tracking had allowed him to calm his child down instead of having the situation escalate (Lim & Ogawa, 2014). This progress encouraged him to continue using the skills he had learnt in therapy:

It's good...it's changing me. First of all, if I have anything to say to one of my kids, I will be able to talk to them in a different way [using] this skill that I just learn[ed]. So it's really a good style. If I am able to apply it, it is

going to change the whole family.....I should have gotten this training a long time ago....If parents communicate with kids like that, it will change the community. (Lim & Ogawa, 2014, p.78)

In a study with African American mothers, one parent stated having more empathy for her children and treated setbacks as learning opportunities and as opportunities to practice her newly acquired skills (Socarras et al., 2015, p.387)

Um, trying to use things as a learning experience. I remember one of the examples that the professor gave even like when you spill some milk "oh that happens sometimes you gotta just clean it up." You know just even teaching them mistakes happen you know and it's not the end of the world. It's not World War III it happens and this is what you do. You get a napkin you clean it up you, I guess, just coping skills.(Socarras et al., 2015, p.387)

Parents enjoyed seeing themselves progress so much that they expressed their desire to continue with interventions, specially in a group format where they could also learn and be encouraged by each other (Socarras et al., 2015; Golos & Freiman, 2021; He et al., 2015; Lim & Ogawa, 2014)

3.4.7 Parents wish to be understood, respected and involved in therapy

Nine studies identified that parents from diverse backgrounds highly desire to be understood and listened to during the therapy process (Casey et al., 2020; Duch et al., 2019; Golos & Freiman, 2021; He et al., 2015; Lim & Ogawa, 2014; McCollum et al., 2000; Pinchover & Shulman, 2016; Socarras et al., 2015; Solis et al., 2004).

Some parents mentioned barriers to therapy such as logistics and childcare in the case of multiple children (Solis et al., 2004; Lim & Ogawa, 2014). In the same study, when the

therapist gave the mother homework to do with her child each week, she repeatedly expressed her inability to finish it due to her hectic schedule (Solis et al., 2004). Another African-American mother wished more counsellors understood "how we were raised, how we discipline, how we agree on discipline." (Socarras et al., 2015, p.387). Another mother in the same study mentioned that due to disparities in age, sex and race, therapists usually could not relate to people of her cultural background and situations. African-American mothers in particular desired therapists who had practical experiences working with their communities rather than simply relying on their academic credentials, as highlighted below:

A couple of people in academia, that I know like psychologists, most of them in this area are not our race. I just think they are very young, well-intentioned college kids who don't have children. So I guess it's just really hard for them to understand because they are not in that situation. (Socarras et al., 2015, p.385-386).

An African American mother commented that the language used in CPRT did not match the language she used with her child and appreciated it when the facilitators were happy to let her change it. This flexibility allowed her to "feel involved. And like you know we were valued and our parental experiences were of significance." (Socarras et al., 2015, p.388).

A Sudanese father with a refugee background mentioned that due to long work hours, he was often too tired to prioritise play, feeling that it was a waste of time (Lim & Ogawa, 2014):

Yes, we have so many things to take care of, and we are tired. Physically we may be there for a child, but not emotionally and mentally . . . our children can sense it. (Lim & Ogawa, 2014, p.77).

He highlighted that it was important to understand the role of play in a child's life because if

parents do not understand its importance, they do not know that they need to prioritise it (Lim & Ogawa, 2014)

If we don't know the meaning and significance of a child's play, we feel like it is a waste of time.....If we know what they are doing, then it is positive, not a waste of time. That is why I accept this program. (Lim & Ogawa, 2014, p.77).

In a study with Muslim parents, a mother wanted therapists to understand the differences in culture and religion instead of holding on to socially informed stereotypes.

I remember some of the questioning . . . it was kind of . . . oh you must be an oppressed woman. And I realised how much she was ignorant of Islam (Casey et al., 2020, p.248).

Muslim parents wanted therapists to be culturally sensitive, connect with their child and be competent in their knowledge of child development. Parents also mentioned that they did not need therapists to have the same religious beliefs as them, but they desired flexibility on behalf of the therapist so as to adjust therapy if they voiced any concerns (Casey et al., 2020).

One Muslim parent also indicated that they wanted to be an active participant in the therapeutic process and that they didn't want their child to "feel that I'm entrusting him to another person. I want him to feel that this is something that we can do together" (Casey et al., 2020, p.250).

CHAPTER 4: Discussion

4.1 Overview

This study brings together data from 198 families across 11 different papers to explore collectivist parents' perspectives on play therapy from African-American, Hispanic, Korean, Lebanese, Malaysian, Middle-Eastern and Jewish/Israeli cultures; all determined in previous literature to hold collectivist values (Hofstede et al., 1980; Coon & Kimmelmeier, 2001). Themes generated in this study support earlier quantitative findings regarding the efficacy of play-based therapies with families from collectivist backgrounds (Chau & Landreth, 1997; Johnson et al., 1999; Jang, 2000; Glover & Landreth, 2000). Consistent with Hofstede's analysis of collectivist family values (Hofstede et al., 2010), findings from this synthesis suggest that parents from collectivist cultures value relational intimacy with their children (Serman et al., 2020; Pinchover & Schulman, 2016), while also seeing themselves as authority figures in their children's lives (Duch et al., 2019; Lim & Ogawa, 2014; McCollum et al., 2000; Socarras et al., 2015; Solis et al., 2004). These findings concur with the service provider recommendations made by Sawrikar et al. (2008) to keep the family's collectivist/individualist orientation in mind when assessing the suitability of mental health interventions for those with diverse cultural backgrounds.

Supporting prior literature (Due et al., 2019), findings from this study suggested that outdoor, active play was familiar and highly valued by parents from collectivist cultures (Socarras et al., 2015; Golos & Freiman, 2021; Casey et al., 2020), especially if they were raising children with disabilities (Serman et al., 2020). One of the studies in this review found that parents of children with disabilities from collectivist communities prioritised family play with siblings and cousins as they perceived them to be more caring, warm, and inclusive than children outside the family (Serman et al., 2020). Similar attitudes have been found in research in Mexico and Indonesia where children live in extended family structures where

siblings, alongside other children, form localised neighbourhood playgroups (Farver, 1993; Zukow, 1989). Parents of children with developmental disabilities or ASD diagnosis especially valued play times at home, often outdoors, which they saw as appropriate for children's skill acquisition (Serman et al., 2020; Pinchover & Shulman, 2016). On the other hand, parents of children with behaviour issues, rather than diagnosed disabilities, reported less familiarity with play and a lower understanding of its role in their child's development, which led to lower engagement in playtimes at home (Lim & Ogawa, 2014).

Consistent with prior research with collectivist cultures (Triandis, 1996; Coon & Kimmelmeier, 2001), parents in included studies placed a high value on family bonding and relationships. Despite the stressors of everyday life, when relational fractures were perceived by parents, they sought therapy to repair intimacy with their children. Furthermore, upon seeing improvements in their children and their relationship with them, parents were more motivated to continue accessing therapy (Solis et al., 2004; Socarras et al., 2015; Lim & Ogawa, 2014). This was especially apparent with collectivist families with disabilities and ASD diagnoses, who expressed that they were motivated to use play to gain insight into their child's inner world (Serman et al., 2020; Pinchover & Shulman, 2016), a phenomenon previously echoed by Landreth (2012).

Parents in this study highly valued obedience in their children, as also shown in prior research with collectivist cultures (Hofstede, 1980; Chao, 1994; Dornbusch et al., 1987; Harwood et al., 1997; Sinha, 1989). In some studies, parents sought out therapy to get help with their children's disruptive behaviours and poor academic performance (Solis et al., 2004; Socarras et al., 2015). During therapy, many parents highlighted difficulties with adopting a non-directive approach (Solis et al., 2004; Socarras et al., 2015), which is in line with other behavioural studies done with parents from collectivist cultures which found that they frequently engaged in higher levels of control, and intervened more during play than parents

from individualist cultures (Chao, 1994; Dornbusch et al., 1987; Harwood et al., 1997; Sinha, 1989).

In regard to disciplinary methods, parents from Sudanese, Hispanic and African-American backgrounds mentioned that corporal punishments were accepted in their culture (Lim & Ogawa, 2014; Solis et al., 2004; Socarras et al., 2015) and differentiated spanking from abuse. To them, physical punishments were useful to simultaneously communicate their love to the child and the gravity of their misdemeanour (Socarras et al., 2015). These attitudes are confirmed by other studies focusing on African-American parenting practices, which affirm that they were more likely than their White peers to endorse physical discipline (Grogan-Kaylor & Otis, 2007; Lorber et al., 2011; McLoyd & Smith, 2002). A reason for more authoritarian parenting in collectivist societies may be that individuals are taught to modulate the expression of their own desires in order to prioritise the sense of belonging among their in-group (Rudy & Grusec, 2006; Hofstede et al., 2010). Thus, parents from collectivist backgrounds likely use authoritarian parenting to produce the outcomes valued by that cultural group. On the other hand, authoritarian parenting in individualist cultures may reflect negative attitudes toward the child (Rudy & Grusec, 2006). Indeed, European American parents who espoused authoritarian ideals tended to believe that children chose to misbehave rather than seeing misbehaviour as a normal part of childhood or as something caused by external circumstances (Dix et al., 1989). Such attributions may lead to bad outcomes for the child and inculcate feelings of hostility towards them, resulting in lower levels of self-esteem (Dix & Grusec, 1985). In addition, children actively form their own assessments of parental interactions and tend to interpret authoritarian parenting practices through the lens of their culture. Indeed, Trommsdorf (1985) (as mentioned in Rubin & Chung, 2013) found that lax control and encouragement of autonomy by Japanese parents made their adolescent children feel like they were being rejected. On the other hand, when controlling attitudes existed

within European American samples, children associated this with parental rejection, anger, and lack of warmth (Coplan et al., 2002; Dix & Reinhold, 1991). Brody and Flor (1998) showed that in poor, single-parent African American families, "no-nonsense" parenting practices accompanied by maternal warmth correlated with greater cognitive and social competence as well as fewer internalising problems in children. In contrast, authoritarian parenting used with European American children correlated with greater externalising behaviour problems, but similar parenting practices showed no associations with behaviour issues for Latino families (Lindahl & Malik, 1999). It is likely then that negative parental emotions associated with authoritarianism, rather than authoritarian parenting itself, are more important predictors of children's outcomes. In light of these differences, an understanding of authoritarian parenting practices in the context of collectivism is of import to play therapists who are likely to be confronted with high levels of strict parenting in the play space, especially in multicultural areas in the West (Vincent, 1996).

Importantly, findings from this study suggest that as the play intervention continued, parents noted increased empathy with their children, along with heightened patience when dealing with their child's disruptive behaviours, which in turn helped alleviate some of their discipline concerns (Lim & Ogawa, 2014; Solis et al., 2004; Socarras et al., 2015). This is similar to the findings from a quantitative study involving play therapy with Chinese families (Chau & Landreth, 1997), where parents also noted such improvements in empathy. In fact, parental and child skill development were key factors in parents' increasingly accepting attitudes towards play (Lim & Ogawa, 2014; Socarras et al., 2015; Solis et al., 2004). Research suggests that ethnic minorities are less satisfied with mental health services and have higher rates of attrition as compared to majority Caucasian populations (Carpenter-Song et al., 2009; Dobalian & Rivers, 2007; Lasser et al., 2002; Olfson et al., 2009; Smedley, Stith, & Nelson,

2003). Findings from this study suggest that if collectivist parents are able to observe progress and see the benefits, they are likely to desire a continuation of the intervention, which in turn may help reduce attrition rates for play-based therapies.

A major theme seen in nearly all studies was a focus on play for skill acquisition (Socarras et al., 2015; Golos & Freiman, 2021; Sterman et al., 2020; Casey et al., 2020; Aranha et al., 2020; Duch et al., 2019; He et al., 2015; McCollum et al., 2000; Pinchover & Shulman, 2016). Other studies support this theme and highlight that in Asian cultures, skill-building and academic training are parents' primary aims (Yahya & Wood, 2016 and Tamis-LeMonda et al., 2002). Many parents in the included studies desired a teaching role in their child's play, concurring with Hofstede's (1980) assessment that parents see themselves as authority figures in collectivist cultures. Parents also desired to be involved in the therapy process and appreciated it when facilitators adapted aspects of therapy to their cultural preferences (Casey et al., 2020; Socarras et al., 2015). Furthermore, they wanted facilitators to understand and accommodate stressors such as lack of transportation, childcare, social supports, and financial constraints (Socarras et al., 2015; Solis et al., 2004). Such stressors have been highlighted as barriers in many prior studies looking at mental health provision in collectivist communities (Wohler & Dantas, 2016; Davis et al., 2008)

Researchers have found that there is a considerable stigma associated with accessing mental health services in collectivist communities (Aloud & Rathur, 2009; Wolff et al., 1996). Interestingly, themes in this study did not highlight cultural stigma as a factor in parents access to play-based therapies for their children. Many parents were eager to access support, especially those who had children with disabilities. Indeed, parents from Muslim backgrounds mentioned that even though play was not encouraged by community leaders, this did not stop them from seeking out play-based therapies for their children (Casey et al., 2020). This lack of stigma could be attributed to parents' desire to be their children's caretaker and

nurturer, encouraging them to seek help for the children and helping them overcome their fears of stigmatisation. Alternatively, for families residing in the West, psychological acculturation may have changed parents' attitudes and beliefs after exposure to other cultural groups (Graves, 1967). For studies conducted outside Western nations that did not show stigma as a theme, a reason may be that the settings for therapy (e.g. hospitals, schools and community centres) were places of communal access and not just limited to individuals seeking psychological help.

4.2 Implications

Our findings suggest that play-based interventions including CCPT, CPRT and Filial Therapy may be acceptable to parents from collectivist cultures. When conducting play-based therapy with families from collectivist cultures, play therapists need to consider Axline's principles (Axline, 1948), such as non-directiveness and acceptance of the child as is, alongside collectivist parents' attitudes, experiences and beliefs. Therapists should be aware that parents may hold conflicting views regarding play. Some parents may need to be educated regarding its importance, while others, particularly those with children who have disabilities, may be highly motivated to use it in therapy. Additionally, therapists need to be aware that outdoor physical play may be the most familiar play modality for collectivist families, and parents may need to be counselled on the importance of imaginative and symbolic play for their children, as such play is commonly used in play-based interventions like CCPT (Axline, 1948).

Importantly, play therapists should not assume that authoritarian parenting practices, seen in many collectivist families, reflect parents' feelings about their children. When authoritative behaviours appear in the play space, therapists need to engage parents with cultural humility and discernment. Such displays need to be understood in the context of the parent-child relationship instead of being considered in isolation. Moreover, any improvements in

the family dynamics need to be built upon the family's strengths, goals and values in mind. Practitioners must suspend judgment and pause before applying the norms of one person, group, or society to another. Seeking information about the nature of the cultural differences between societies, their roots, and their consequences must precede judgment and action. As suggested by findings from this study, once the parent/child interactions improve via an increase in empathy and communication, the complaints regarding discipline decrease. Thus the focus should be on encouraging positive interactions that enhance parental skills like reflective listening, which in turn would affect parents' need to discipline.

Therapists and parent's expectations of their respective roles in therapy also need to be negotiated. Parents' views on their role, or lack thereof, in the play space can differ from the paradigm the therapist may be trained with. Thorough conversations need to occur to explain why non-directive techniques are utilised in some therapies, and care must be taken to give parents as much feedback as required to keep them involved. Therapists could also consider interventions like Filial Therapy as it includes the family in the therapeutic process. Since a key element to filial therapy is its focus on relationships, it is congruent with a collectivist paradigm of the family over the individual (Aponte et al., 1995). As opposed to other forms of counselling interventions, filial therapy is both psycho-therapeutic and psycho-educational, which makes it particularly suitable for families from collectivist cultures, in which play may be considered frivolous (Gibbs & Huang, 1998).

Lastly, therapists should be aware of any logistical and cultural barriers likely to affect the therapeutic relationship. There needs to be an understanding of stressors like time availability and different preferences for language as well as religious beliefs. Feedback should be taken from parents on an ongoing basis to ensure they perceive the therapy to be culturally responsive and addressing their family goals.

4.3 Limitations & Future Research

As with other qualitative research syntheses, this study may be questioned due to potential researcher bias and a lack of transferability (Bearman & Dawson, 2013; Thomas & Harden, 2008). However, attempts were made to mitigate such concerns by clearly outlining the analytical procedure, undertaking a quality appraisal, practising reflexivity and extracting characteristics of all included studies to retain their original context. The majority of the participants in the included studies were mothers, and as such, there is limited understanding of how fathers from collectivist cultures perceive play and experience its use in therapy. Future studies should attempt to include fathers in their participant samples to gain a better understanding of how they perceive play therapy for their children.

The current study did not show stigma as an important factor influencing play therapy for collectivist families. However, that could be because of the limited studies found that considered parents' perceptions. Half of the studies conducted outside of Western nations were done in hospital settings (Aranha et al., 2020; He et al., 2015). As such, they give limited insight into parents' views of the phenomenon in other settings where reaching out for help may be more shame inducing. Future research conducted outside of Western nations should examine parents' openness to play therapy in psychologist led practices to get a better understanding of the interplay between stigma and access.

Lastly, more research is needed to explore the effects of authoritarian parenting styles on play therapy outcomes in collectivist populations. Future research should also take into account play therapist's views of collectivist parenting practices, including authoritarian parenting styles, to identify potential biases therapists practising in the West may hold, which could be a barrier to therapy access. Because of limited studies considering collectivist cultures and parents' perceptions regarding play therapy, it is difficult to determine which type of play therapy (CCPT, CPRT, Filial Therapy etc.) would be most suited to collectivist families, and

more studies are needed that explore different play modalities with collectivist families.

Lastly, this study showed that parents of children with disabilities, developmental delays and ASD diagnosis were highly motivated to seek help, value play and use it therapeutically with their children. Future research could also explore how the presence of disabilities in the family affects collectivist parent's openness to play therapy and the value they place on their child's play.

4.4 Conclusions

Findings from this synthesis suggest that collectivist parents perceived play-based therapies to be effective at improving parental empathy, enhancing relational intimacy, improving children's cognitive, emotional and social skills, and alleviating problematic behaviours. Differences between non-directive play therapy principles (Axline, 1948) and collectivist parents' values, perception of roles and communication styles were not considered barriers to play therapy, provided parent education was provided, and therapists showed flexibility, cultural humility and understanding during the therapeutic process. This study showed that understanding parental experiences through the lens of collectivism/individualism has heuristic value for play therapists working with families from collectivist cultures in the West. Future research should consider the perspectives of both parents, rather than only mothers, conduct more research in a myriad of settings, and explore play therapists' perceptions of working with collectivist families.

References

- Aloud, N., & Rathur, A. (2009). Factors Affecting Attitudes Toward Seeking and Using Formal Mental Health and Psychological Services Among Arab Muslim Populations. *Journal of Muslim Mental Health, 4*(2), 79–103.
<https://doi.org/10.1080/15564900802487675>
- Aponte, J. F., Rivers, R. Y., & Wohl, J. (Eds.). (1995). *Psychological interventions and cultural diversity*. Allyn & Bacon.
- Aranha, B. F., Souza, M. A. D., Pedroso, G. E. R., Maia, E. B. S., & Melo, L. D. L. (2020). Using the instructional therapeutic play during admission of children to hospital: the perception of the family. *Revista Gaúcha de Enfermagem, 41*.
<https://doi.org/10.1590/1983-1447.2020.20180413>
- Association for Play Therapy. (2001, June). Play therapy. *Association for Play Therapy Newsletter, 20*, 20.
- Australian Bureau of Statistics (ABS) (2016) *Estimated Resident Population, Country of Birth, State/Territory, Age and Sex- As at 30 June 1996 to 2016*; Australian Bureau of Statistics: Canberra, Australia.
- Axline, V. M. (1948). Some observations on play therapy. *Journal of Consulting Psychology, 12*(4), 209–216. <https://doi.org/10.1037/h0056746>
- Bearman, M., & Dawson, P. (2013). Qualitative synthesis and systematic review in health professions education. *Medical Education, 47*(3), 252–260.
<https://doi.org/10.1111/medu.12092>
- Berry, J.W. (1980) Acculturation as varieties of adaptation. In: Padilla, A., Ed., *Acculturation: Theory, Models and Findings*, Westview, Boulder, 9-25
- Bhopal, R. (2004). Glossary of terms relating to ethnicity and race: for reflection and debate. *Journal of Epidemiology & Community Health, 58*(6), 441–445.

- Bhopal, R., & Donaldson, L. (1998). White, European, Western, Caucasian, or what? Inappropriate labeling in research on race, ethnicity, and health. *American Journal of Public Health, 88*(9), 1303–1307. <https://doi.org/10.2105/ajph.88.9.1303>
- Bhugra, D. (1989). Attitudes towards mental illness. *Acta Psychiatrica Scandinavica, 80*(1), 1–12. <https://doi.org/10.1111/j.1600-0447.1989.tb01293.x>
- Bhui, K., Warfa, N., Edonya, P., McKenzie, K., & Bhugra, D. (2007). Cultural competence in mental health care: a review of model evaluations. *BMC Health Services Research, 7*(1). <https://doi.org/10.1186/1472-6963-7-15>
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes. *Professional Psychology: Research and Practice, 36*(4), 376–390. <https://doi.org/10.1037/0735-7028.36.4.376>
- Brody, G. H., & Flor, D. L. (1998). Maternal Resources, Parenting Practices, and Child Competence in Rural, Single-Parent African American Families. *Child Development, 69*(3), 803–816. <https://doi.org/10.1111/j.1467-8624.1998.tb06244.x>
- Campbell, R., Pound, P., Pope, C., Britten, N., Pill, R., Morgan, M., & Donovan, J. (2003). Evaluating meta-ethnography: a synthesis of qualitative research on lay experiences of diabetes and diabetes care. *Social Science & Medicine, 56*(4), 671–684. [https://doi.org/10.1016/s0277-9536\(02\)00064-3](https://doi.org/10.1016/s0277-9536(02)00064-3)
- Campbell, R., Pound, P., Morgan, M., Daker-White, G., Britten, N., Pill, R., Yardley, L., Pope, C., & Donovan, J. (2011). Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. *Health Technology Assessment, 15*(43). <https://doi.org/10.3310/hta15430>
- Carpenter-Song, E., Whitley, R., Lawson, W., Quimby, E., & Drake, R. E. (2009). Reducing Disparities in Mental Health Care: Suggestions from the Dartmouth–Howard Collaboration. *Community Mental Health Journal, 47*(1), 1–13.

<https://doi.org/10.1007/s10597-009-9233-4>

- Casey, S., Moss, S. A., & Wicks, J. (2020). Exploring the Accessibility of Child-Centered Play Therapy for Australian Muslim Children. *Journal of Cross-Cultural Psychology*, 51(3–4), 241–259. <https://doi.org/10.1177/0022022120913117>
- Chao, R. K. (1994). Beyond Parental Control and Authoritarian Parenting Style: Understanding Chinese Parenting through the Cultural Notion of Training. *Child Development*, 65(4), 1111–1119. <https://doi.org/10.1111/j.1467-8624.1994.tb00806.x>
- Chau, I. Y. F., & Landreth, G. L. (1997). Filial therapy with Chinese parents: Effects on parental empathic interactions, parental acceptance of child and parental stress. *International Journal of Play Therapy*, 6(2), 75–92. <https://doi.org/10.1037/h0089409>
- Coon, H. M., & Kemmelmeier, M. (2001). Cultural Orientations in the United States. *Journal of Cross-Cultural Psychology*, 32(3), 348–364. <https://doi.org/10.1177/0022022101032003006>
- Coplan, R. J., Hastings, P. D., Lagacé-Séguin, D. G., & Moulton, C. E. (2002). Authoritative and Authoritarian Mothers' Parenting Goals, Attributions, and Emotions Across Different Childrearing Contexts. *Parenting*, 2(1), 1–26. https://doi.org/10.1207/s15327922par0201_1
- Costas, M., & Landreth, G. (1999). Filial therapy with nonoffending parents of children who have been sexually abused. *International Journal of Play Therapy*, 8(1), 43–66. <https://doi.org/10.1037/h0089427>
- Covidence (Version 2667). (2021). Systematic review software. Veritas Health Innovation, Melbourne, Australia. <https://www.covidence.org>
- Critical Appraisal Skills Programme UK. (n.d.). *CASP checklist* retrieved from <https://casp-uk.net/casp-tools-checklists/>

- Davis, R. G., Ressler, K. J., Schwartz, A. C., Stephens, K. J., & Bradley, R. G. (2008). Treatment barriers for low-income, urban African Americans with undiagnosed posttraumatic stress disorder. *Journal of Traumatic Stress, 21*(2), 218–222.
<https://doi.org/10.1002/jts.20313>
- Dix, T., Ruble, D. N., & Zambarano, R. J. (1989). Mothers' Implicit Theories of Discipline: Child Effects, Parent Effects, and the Attribution Process. *Child Development, 60*(6), 1373. <https://doi.org/10.2307/1130928>
- Dix, T., & Reinhold, D. P. (1991). Chronic and temporary influences on mothers' attributions for children's disobedience. *Merrill-Palmer Quarterly, 37*(2), 251–271.
- Dix, T.H., & Grusec, J.E. (1985). Parent attribution processes in the socialization of children. In I.E. Sigel (Ed.), *Parental belief systems: The psychological consequences for children* (pp. 201–233). Hillsdale, NJ: Lawrence Erlbaum.
- Dobalian, A., & Rivers, P. A. (2007). Racial and Ethnic Disparities in the Use of Mental Health Services. *The Journal of Behavioral Health Services & Research, 35*(2), 128–141. <https://doi.org/10.1007/s11414-007-9097-8>
- Dornbusch, S. M., Ritter, P. L., Leiderman, P. H., Roberts, D. F., & Fraleigh, M. J. (1987). The Relation of Parenting Style to Adolescent School Performance. *Child Development, 58*(5), 1244. <https://doi.org/10.2307/1130618>
- Duch, H., Marti, M., Wu, W., Snow, R., & Garcia, V. (2019). CARING: The Impact of a Parent–Child, Play-Based Intervention to Promote Latino Head Start Children's Social–Emotional Development. *The Journal of Primary Prevention, 40*(2), 171–188.
<https://doi.org/10.1007/s10935-019-00542-7>
- Due, C., Heer, N., Baak, M., & Hanson-easey, S. (2019). “At night he cries from dreams”: Perceptions of children's psychological distress and wellbeing amongst parents with refugee or asylum seeker backgrounds in Australia. *Australian Psychologist, 54*(5),

438–449. <https://doi.org/10.1111/ap.12399>

- Farver, J. M., & Howes, C. (1993). Cultural differences in American and Mexican mother-child pretend play. *Merrill-Palmer Quarterly*, 39(3), 344–358.
- Featherstone, B., & Broadhurst, K. (2003). Engaging parents and carers with family support services: What can be learned from research on help-seeking? *Child & Family Social Work*, 8(4), 341–350. <https://doi.org/10.1046/j.1365-2206.2003.00289.x>
- Fernando, S. (2010). *Mental Health, Race and Culture: Third Edition* (Third ed.). Red Globe Press.
- Freeberg, A. L., & Stein, C. H. (1996). Felt Obligation Towards Parents in Mexican-American and Anglo-American Young Adults. *Journal of Social and Personal Relationships*, 13(3), 457–471. <https://doi.org/10.1177/0265407596133009>
- Gaines, S. O., Jr., & Ickes, W. (1997). Perspectives on interracial relationships. In S. Duck (Ed.), *Handbook of personal relationships: Theory, research and interventions* (pp. 197–220). John Wiley & Sons Inc.
- Garside, R. (2013). Should we appraise the quality of qualitative research reports for systematic reviews, and if so, how? *Innovation: The European Journal of Social Science Research*, 27(1), 67–79. <https://doi.org/10.1080/13511610.2013.777270>
- Gearing, R. E. (2004). Bracketing in Research: A Typology. *Qualitative Health Research*, 14(10), 1429–1452. <https://doi.org/10.1177/1049732304270394>
- Gibbs, J. T., & Huang, L. N. (Eds.). (1998). *Children of color: Psychological interventions with culturally diverse youth* (Upd. ed.). Jossey-Bass.
- Gil, E. (1994) *Play in Family Therapy by Gil. Reprint Edition [Paperback(1994)]* (Reprint ed.). The Guilford Press.
- Glover, G. J., & Landreth, G. L. (2000). Filial therapy with Native Americans on the Flathead Reservation. *International Journal of Play Therapy*, 9(2), 57–80.

<https://doi.org/10.1037/h0089436>

- Golos, A., & Freiman, S. (2021). Pilot Study of a Play-based Intervention Enrichment Program Using Board Games, for Mothers and Children from a Culturally Challenged Immigrant Group. *Journal of Occupational Therapy, Schools, & Early Intervention*, 1–17. <https://doi.org/10.1080/19411243.2021.1884634>
- Gopalkrishnan, N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in Public Health*, 6. <https://doi.org/10.3389/fpubh.2018.00179>
- Graves, T. (1967). Psychological Acculturation in a Tri-Ethnic Community. *Southwestern Journal of Anthropology*, 23(4), 337-350. Retrieved September 11, 2021, from <http://www.jstor.org/stable/3629450>
- Greenfield, P.M., Cocking, R.R. (1994) *Cross-cultural roots of minority child development*. Hillsdale, NJ
- Grogan-Kaylor, A., & Otis, M. D. (2007). The Predictors of Parental Use of Corporal Punishment. *Family Relations*, 56(1), 80–91. <https://doi.org/10.1111/j.1741-3729.2007.00441.x>
- Guerney, B. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology*, 28(4), 304–310. <https://doi.org/10.1037/h0041340>
- Harwood, R. L., Miller, J. G., & Irizarry, N. L. (1997). *Culture and Attachment: Perceptions of the Child in Context (Culture and Human Development)*. The Guilford Press.
- He, H. G., Zhu, L. X., Chan, W. C. S., Liam, J. L. W., Ko, S. S., Li, H. C. W., Wang, W., & Yobas, P. (2015). A mixed-method study of effects of a therapeutic play intervention for children on parental anxiety and parents' perceptions of the intervention. *Journal of Advanced Nursing*, 71(7), 1539–1551. <https://doi.org/10.1111/jan.12623>
- Hirani, S. A. A. (2013). Use of Play Therapy in Educating Asthmatic and Diabetic Pediatric

- Patients: A Pilot Clinical Project at a Private Tertiary Setting in Karachi, Pakistan. *International Journal of Nursing Care*, 1(1), 83.
- Ho, C., Bluestein, D. N., & Jenkins, J. M. (2008). Cultural differences in the relationship between parenting and children's behavior. *Developmental Psychology*, 44(2), 507–522. <https://doi.org/10.1037/0012-1649.44.2.507>
- Hofstede, G. (1980). Culture and Organizations. *International Studies of Management & Organization*, 10(4), 15–41. <https://doi.org/10.1080/00208825.1980.11656300>
- Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and Organizations: Software of the Mind, Third Edition* (3rd ed.). McGraw-Hill Education.
- Hui, C. H., & Triandis, H. C. (1986). Individualism-Collectivism. *Journal of Cross-Cultural Psychology*, 17(2), 225–248. <https://doi.org/10.1177/0022002186017002006>
- Jambunathan, S., Burts, D. C., & Pierce, S. (2000). Comparisons of parenting attitudes among five ethnic groups in the United States. *Journal of Comparative Family Studies*, 31(4), 395–406. <https://doi.org/10.3138/jcfs.31.4.395>
- Jang, M. (2000). Effectiveness of filial therapy for Korean parents. *International Journal of Play Therapy*, 9(2), 39–56. <https://doi.org/10.1037/h0089435>
- Johnson, L. (1995). Filial Therapy. *Journal of Family Psychotherapy*, 6(3), 55–70. https://doi.org/10.1300/j085v06n03_03
- Johnson, L., Bruhn, R., Winek, J., Krepps, J., & Wiley, K. (1999). The Use of Child-Centered Play Therapy And Filial Therapy With Head Start Families: A Brief Report. *Journal of Marital and Family Therapy*, 25(2), 169–176. <https://doi.org/10.1111/j.1752-0606.1999.tb01120.x>
- Kale, A. L., & Landreth, G. L. (1999). Filial therapy with parents of children experiencing learning difficulties. *International Journal of Play Therapy*, 8(2), 35–56. <https://doi.org/10.1037/h0089430>

- Kaur, J. (2012). Cultural diversity and child protection: a review of the Australian research on the needs of culturally and linguistically diverse (CALD) and refugee children and families. Cleveland, Qld: JK Diversity Consultants.
- Kitayama, S., & Uskul, A. K. (2011). Culture, Mind, and the Brain: Current Evidence and Future Directions. *Annual Review of Psychology*, 62(1), 419–449.
<https://doi.org/10.1146/annurev-psych-120709-145357>
- Komaric, N., Bedford, S., & van Driel, M. L. (2012). Two sides of the coin: patient and provider perceptions of health care delivery to patients from culturally and linguistically diverse backgrounds. *BMC Health Services Research*, 12(1).
<https://doi.org/10.1186/1472-6963-12-322>
- Kotchick, B. A., & Forehand, R. (2002). Putting Parenting in Perspective: A Discussion of the Contextual Factors That Shape Parenting Practices. *Journal of Child and Family Studies*, 11(3), 255–269. <https://doi.org/10.1023/a:1016863921662>
- Landreth, G. L., & Lobaugh, A. F. (1998). Filial Therapy With Incarcerated Fathers: Effects on Parental Acceptance of Child, Parental Stress, and Child Adjustment. *Journal of Counseling & Development*, 76(2), 157–165. <https://doi.org/10.1002/j.1556-6676.1998.tb02388.x>
- Landreth, G. L. (2002). *Play Therapy: The Art of the Relationship* (2nd ed.). Routledge.
- Landreth, G. L. (2012). *Play Therapy* (3rd ed.). Routledge.
- Lasser, K. E., Himmelstein, D. U., Woolhandler, S. J., McCormick, D., & Bor, D. H. (2002). Do Minorities in the United States Receive Fewer Mental Health Services Than Whites? *International Journal of Health Services*, 32(3), 567–578.
<https://doi.org/10.2190/uexw-rarl-u46v-fu4p>
- Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care:

- conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18. <https://doi.org/10.1186/1475-9276-12-18>
- Levinson, B. A. (1998). Cross-Cultural Roots of Minority Child Development. Patricia M. Greenfield, Rodney R. Cocking. *Comparative Education Review*, 42(3), 377–380. <https://doi.org/10.1086/447517>
- Lim, S. L., & Ogawa, Y. (2014). “Once I had kids, now I am raising kids”: Child-Parent Relationship Therapy (CPRT) with a Sudanese refugee family—A case study. *International Journal of Play Therapy*, 23(2), 70–89. <https://doi.org/10.1037/a0036362>
- Lin, Y. W., & Bratton, S. C. (2015). A Meta-Analytic Review of Child-Centered Play Therapy Approaches. *Journal of Counseling & Development*, 93(1), 45–58. <https://doi.org/10.1002/j.1556-6676.2015.00180.x>
- Lindahl, K. M., & Malik, N. M. (1999). Marital Conflict, Family Processes, and Boys’ Externalizing Behavior in Hispanic American and European American Families. *Journal of Clinical Child Psychology*, 28(1), 12–24. https://doi.org/10.1207/s15374424jccp2801_2
- Lohoar, S., Butera, N., & Kennedy, E. (2014). *Strengths of Australian Aboriginal cultural practices in family life and child rearing*. CHILD FAMILY COMMUNITY AUSTRALIA. <https://aifs.gov.au/cfca/publications/strengths-australian-aboriginal-cultural-practices-family-life-and-child-r>
- Lorber, M. F., O’Leary, S. G., & Smith Slep, A. M. (2011). An initial evaluation of the role of emotion and impulsivity in explaining racial/ethnic differences in the use of corporal punishment. *Developmental Psychology*, 47(6), 1744–1749. <https://doi.org/10.1037/a0025344>

- Matsumoto, D., Yoo, S. H., & Nakagawa, S. (2008). Culture, emotion regulation, and adjustment. *Journal of Personality and Social Psychology, 94*(6), 925–937.
<https://doi.org/10.1037/0022-3514.94.6.925>
- McCollum, J. A., Ree, Y., & Chen, Y. J. (2000). Interpreting Parent—Infant Interactions. *Infants & Young Children, 12*(4), 22–33. <https://doi.org/10.1097/00001163-200012040-00008>
- McLoyd, V. C., & Smith, J. (2002). Physical Discipline and Behavior Problems in African American, European American, and Hispanic Children: Emotional Support as a Moderator. *Journal of Marriage and Family, 64*(1), 40–53. <https://doi.org/10.1111/j.1741-3737.2002.00040.x>
- Molina, T. (2020, March 29). *Individualism & Collectivism Between Mexico and America*. PennState. <https://sites.psu.edu/global/2020/03/29/individualism-collectivism-between-mexico-and-america/>
- Moustakas, C. E. (1973). *Psychotherapy with children;: The living relationship*. Ballantine Books.
- Olfson, M., Cherry, D. K., & Lewis-Fernández, R. (2009). Racial Differences in Visit Duration of Outpatient Psychiatric Visits. *Archives of General Psychiatry, 66*(2), 214.
<https://doi.org/10.1001/archgenpsychiatry.2008.523>
- Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin, 128*(1), 3–72. <https://doi.org/10.1037/0033-2909.128.1.3>
- Oyserman, D., & Lee, S. W. S. (2008). Does culture influence what and how we think? Effects of priming individualism and collectivism. *Psychological Bulletin, 134*(2), 311–342. <https://doi.org/10.1037/0033-2909.134.2.311>

- Papadopoulos, C., Leavey, G., & Vincent, C. (2002). Factors influencing stigma. *Social Psychiatry and Psychiatric Epidemiology*, 37(9), 430–434.
<https://doi.org/10.1007/s00127-002-0560-9>
- Pinchover, S., & Shulman, C. (2016). “You’re Playing Because it’s Fun”? Mothers’ and Teachers’ Perspectives Regarding Play Interactions with Children with ASD. *Journal of Developmental and Physical Disabilities*, 28(5), 643–664.
<https://doi.org/10.1007/s10882-016-9499-8>
- Porterfield, K., Akinsulure-Smith, A., Benson, M., Betancourt, T., Ellis, B., Kia-Keating, M., & Miller, K. (2010). Resilience and Recovery After War: Refugee Children and Families in the United States. 10.13140/RG.2.2.10925.90082.
- Rasheed, M. A., Mughis, W., Elahi, K. N., & Hasan, B. S. (2021). Family-centered approach to monitoring children’s development in a paediatric outpatient setting: feasibility study from Pakistan. *NIL*. Published. <https://doi.org/10.21203/rs.3.rs-194080/v3>
- Rasmussen, L. A., & Cunningham, C. (1995). Focused Play Therapy and Non-Directive Play Therapy. *Journal of Child Sexual Abuse*, 4(1), 1–20.
https://doi.org/10.1300/j070v04n01_01
- Rhee, E., Uleman, J. S., & Lee, H. K. (1996). Variations in collectivism and individualism by ingroup and culture: Confirmatory factor analysis. *Journal of Personality and Social Psychology*, 71(5), 1037–1054. <https://doi.org/10.1037/0022-3514.71.5.1037>
- Rubin, K. H., & Chung, O. B. (Eds.). (2013). Parenting Beliefs, Behaviors, and Parent-Child Relations. *Nil*. Published. <https://doi.org/10.4324/9780203942901>
- Rudy, D., & Grusec, J. E. (2006). Authoritarian parenting in individualist and collectivist groups: Associations with maternal emotion and cognition and children’s self-esteem. *Journal of Family Psychology*, 20(1), 68–78. <https://doi.org/10.1037/0893-3200.20.1.68>

- Sawrikar, P. & Katz, I. (2008). Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia. *Family Relationships Clearinghouse*, 3.
- Schottelkorb, A. A., Dumas, D. M., & Garcia, R. (2012). Treatment for childhood refugee trauma: A randomized, controlled trial. *International Journal of Play Therapy*, 21(2), 57–73. <https://doi.org/10.1037/a0027430>
- Singh, J. (2013). Critical appraisal skills programme. *Journal of Pharmacology and Pharmacotherapeutics*, 4(1), 76. <https://doi.org/10.4103/0976-500x.107697>
- Sinha, D. (1989). Research in Psychology in the Developing World: An Overview. *Psychology and Developing Societies*, 1(1), 105–126. <https://doi.org/10.1177/0971333368900100109>
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. The National Academies Press.
- Socarras, K., Smith-Adcock, S., & Shin, S. M. (2015). A Qualitative Study of an Intensive Filial Intervention Using Child–Parent Relationship Therapy (CPRT). *The Family Journal*, 23(4), 381–391. <https://doi.org/10.1177/1066480715601681>
- Solis, C. M., Meyers, J., & Varjas, K. M. (2004). A Qualitative Case Study of the Process and Impact of Filial Therapy with an African American Parent. *International Journal of Play Therapy*, 13(2), 99–118. <https://doi.org/10.1037/h0088892>
- Sterman, J. J., Naughton, G. A., Bundy, A. C., Froude, E., & Villeneuve, M. A. (2019). Mothers supporting play as a choice for children with disabilities within a culturally and linguistically diverse community. *Scandinavian Journal of Occupational Therapy*, 27(5), 373–384. <https://doi.org/10.1080/11038128.2019.1684556>
- Su, S. H., & Tsai, M. H. (2016). Group play therapy with children of new immigrants in Tai-

- wan who are exhibiting relationship difficulties. *International Journal of Play Therapy*, 25(2), 91–101. <https://doi.org/10.1037/pla0000014>
- Sweeney, D. S., & Skurja, C. (2001). Filial therapy as a cross-cultural family intervention. *Asian Journal of Counselling*, 8(2), 175–208.
- Tamis-LeMonda, C. S., Wang, S., Koutsouvanou, E., & Albright, M. (2002). Childrearing Values in Greece, Taiwan, and the United States. *Parenting*, 2(3), 185–208. https://doi.org/10.1207/s15327922par0203_01
- Tew, K., Landreth, G. L., Joiner, K. D., & Solt, M. D. (2002). Filial therapy with parents of chronically ill children. *International Journal of Play Therapy*, 11(1), 79–100. <https://doi.org/10.1037/h0088858>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1). <https://doi.org/10.1186/1471-2288-8-45>
- Triandis, H. C. (1990). Cross-cultural studies of individualism and collectivism. In J. J. Berman (Ed.), *Nebraska Symposium on Motivation, 1989: Cross-cultural perspectives* (pp. 41–133). University of Nebraska Press.
- Triandis, H. C. (2004). The many dimensions of culture. *Academy of Management Perspectives*, 18(1), 88–93. <https://doi.org/10.5465/ame.2004.12689599>
- Vandermaas-Peeler, M. (2002). Cultural Variations in Parental Support of Children's Play. *Online Readings in Psychology and Culture*, 6(1). <https://doi.org/10.9707/2307-0919.1054>
- Vincent, J. (1996). Why ever do we do it? Unconscious motivation in choosing social work as a career. *Journal of Social Work Practice*, 10(1), 63–69. <https://doi.org/10.1080/02650539608415666>
- Wolff, G., Pathare, S., Craig, J., & Leff, J. (1996). Community Knowledge of Mental Illness

and Reaction to Mentally Ill People. *British Journal of Psychiatry*, 168(2), 191–198.

<https://doi.org/10.1192/bjp.168.2.191>

Yahya, R., & Wood, E. A. (2016). Play as third space between home and school: Bridging cultural discourses. *Journal of Early Childhood Research*, 15(3), 305–322.

<https://doi.org/10.1177/1476718x15616833>

Zukow, P. G. (Ed.). (1989). *Sibling Interaction Across Cultures*. Springer-Verlag Publishing.

Published. <https://doi.org/10.1007/978-1-4612-3536-1>