



## The Role of Play Therapy in Strengthening the Parent-Child Attachment and Its Impact on Childhood Anxiety

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### ABSTRACT

Quality of the parent-child attachment relationship is a foundational determinant of children's emotional security and resilience. Disruptions in this bond or insecure attachment patterns are known risk factors for internalizing problems, particularly childhood anxiety. In recent decades, play therapy has emerged as a potent, child-friendly intervention to foster emotional expression, regulation, and relational repair. This paper explores the theoretical underpinnings linking attachment, anxiety, and play, reviews empirical evidence on how play therapy can strengthen attachment, and examines its efficacy in alleviating childhood anxiety. First, attachment theory (Bowlby, Ainsworth) and its developmental psychopathology extensions are summarized, highlighting how insecure attachment may predispose to anxiety symptoms. Next, we delineate mechanisms by which play therapy fosters attachment repair: offering a "safe base" within therapy, facilitating co-regulation, enhancing parent sensitivity via involvement (e.g., filial play, child-parent play), and restructuring internal working models. Then, empirical studies are reviewed: (a) play therapy's impact on attachment security and relational quality (e.g. Focal Play Therapy with Children and Parents), (b) group play therapy reducing insecure attachment in orphans, (c) child-centered group play therapy reducing separation anxiety, and (d) non-directive play therapy lowering general anxiety in children. Meta-analytic and review data supporting play therapy in internalizing symptom reduction are also considered. Strengths, limitations, and gaps in current research are discussed, such as small sample sizes, lack of long-term follow-ups, and heterogeneity of play modalities. Finally, clinical implications and future directions are outlined: the importance of integrating parental involvement, manualization of play interventions, combining play with cognitive-behavioral approaches, and conducting rigorous longitudinal randomized controlled trials. In sum, play therapy appears to hold promise not only as a symptom-reduction tool but also as a relational intervention that addresses the root attachment substrates underlying anxiety.

### Introduction

Childhood is a critical period in which foundational emotional, social, and cognitive capacities are established. Among the myriad factors influencing healthy development, the quality of the parent child attachment relationship stands out as a cornerstone of emotional security and resilience. Attachment theory, initially formulated by John Bowlby (1982) and expanded through empirical research by

Ainsworth et al. (1978), emphasizes that children require a consistent and responsive caregiver to feel safe exploring their environment and managing stress. Secure attachment not only facilitates social competence and adaptive coping but also serves as a protective factor against internalizing problems, including anxiety disorders. In contrast, insecure attachment patterns such as avoidant, ambivalent, or disorganized attachment have been consistently

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linked to elevated risks for anxiety symptoms, emotional dysregulation, and difficulties in forming healthy interpersonal relationships. Childhood anxiety, encompassing separation anxiety, generalized anxiety, and social fears, represents one of the most prevalent mental health concerns in early development. Epidemiological studies suggest that anxiety disorders affect approximately 10-20% of children worldwide, often resulting in impaired academic performance, social difficulties, and increased risk for psychiatric comorbidities later in life. Traditional interventions, such as cognitive-behavioral therapy (CBT), have demonstrated efficacy; however, many children, particularly younger ones, struggle to engage in verbal or abstract therapeutic modalities. This challenge highlights the importance of developmentally appropriate, child-centered interventions that can accommodate limited verbal capacities and encourage emotional expression in a naturalistic, engaging format.

Play therapy has emerged as a prominent intervention addressing these needs. Defined as the systematic use of play to communicate with and help children resolve psychosocial challenges, play therapy provides a medium for children to express emotions, process experiences, and develop problem-solving skills in a non-threatening environment. Notably, when combined with active parental involvement, play therapy holds potential not only to alleviate anxiety symptoms but also to strengthen the parent-child attachment bond, thereby addressing the underlying relational mechanisms contributing to emotional distress.

This paper examines the theoretical and empirical evidence linking play therapy, parent-child attachment, and childhood anxiety. First, it reviews foundational attachment theory and the developmental pathways through which insecure attachment contributes to anxiety. Next, it explores mechanisms by which play therapy can enhance attachment security, including co-regulation, parental sensitivity training, and restructuring of internal working models. The paper then presents a synthesis of empirical studies investigating the efficacy of play therapy interventions in reducing childhood anxiety and improving relational outcomes. Finally, clinical implications, research gaps, and future directions are discussed, emphasizing the importance of integrating attachment-focused strategies within play-based therapeutic interventions.

### **Theoretical Foundations**

#### **Attachment Theory and Internalizing Symptoms:**

Attachment theory, pioneered by John Bowlby (1982) and empirically expanded by Mary Ainsworth and colleagues (1978), provides a robust framework for understanding how early relational

experiences shape emotional and social development. According to this theory, the primary caregiver serves as a "secure base," offering safety, comfort, and emotional regulation that allows the child to explore the environment and engage with social and cognitive challenges. Secure attachment emerges when caregivers consistently respond to a child's needs with sensitivity and availability, fostering trust, emotional stability, and adaptive coping strategies.

In contrast, insecure attachment arises when caregiver responsiveness is inconsistent, insensitive, or intrusive. There are three primary forms of insecure attachment:

- ✓ Avoidant attachment, characterized by emotional distancing and suppression of attachment needs, typically develops in response to caregivers who are emotionally unavailable or dismissive.
- ✓ Ambivalent (or anxious resistant) attachment, characterized by heightened distress and preoccupation with caregiver availability, often emerges when caregiver responses are unpredictable.
- ✓ Disorganized attachment, reflecting a lack of coherent strategy for seeking comfort, is associated with fear-inducing or frightening caregiver behavior and often co-occurs with trauma (Main & Solomon, 1990).

Extensive research has demonstrated that insecure attachment patterns serve as risk factors for internalizing problems, particularly anxiety disorders (Sroufe et al., 2005; van Ijzendoorn & Sagi-Schwartz, 2008). Insecurely attached children often display heightened vigilance to perceived threats, difficulties with emotion regulation, and maladaptive coping strategies. For instance, avoidantly attached children may suppress anxiety outwardly but experience chronic physiological arousal, whereas ambivalently attached children may become excessively dependent on caregivers, exhibiting separation anxiety and heightened distress. Disorganized attachment is frequently linked to severe anxiety, behavioral dysregulation, and subsequent risk for depression and other psychopathologies.

The mechanism underlying this association can be conceptualized through the internal working model. These cognitive-affective schemas represent expectations about self-worth, caregiver reliability, and the predictability of relationships. Children with insecure attachment internalize negative models, such as "I am unworthy of care" or "Adults cannot be trusted," which predispose them to anticipatory anxiety, hypervigilance, and social withdrawal. Importantly, these internalized models are not fixed; interventions targeting relational experiences can modify these representations, highlighting the

relevance of attachment-focused therapy for anxiety reduction.

### **Developmental Psychopathology Perspective**

Attachment theory aligns closely with a developmental psychopathology framework, which emphasizes the dynamic interplay between individual vulnerabilities and environmental factors across the lifespan. From this perspective, insecure attachment constitutes a vulnerability factor that interacts with stressors, temperament, and caregiver psychopathology to increase the likelihood of anxiety symptoms. For example, a child with a difficult temperament may be more sensitive to inconsistent parenting, leading to heightened anxiety, whereas protective factors such as parental involvement in therapy can mitigate these risks. Developmental psychopathology also underscores transactional processes, in which child and caregiver reciprocally influence each other's emotional responses, reinforcing patterns of attachment security or insecurity.

### **Play as a Medium for Emotional Expression and Regulation**

Play is a universal and developmentally essential activity that supports cognitive, emotional, and social growth. The American Academy of Pediatrics highlights that play allows children to explore ideas, master emotions, solve problems, and establish social roles. From a therapeutic perspective, play serves as a natural language through which children express feelings, fears, and experiences they may not yet have words to describe. In particular, symbolic and pretend play provides a safe context to process anxiety-provoking experiences, practice coping strategies, and experiment with relational roles.

Therapeutically, play enables children to externalize internal conflicts, re-enact stressful scenarios, and explore alternative outcomes without fear of judgment. Play interventions can be directive (therapist-guided), non-directive (child-led), or a hybrid approach, depending on the child's needs and developmental level. Importantly, when parents are actively involved in play-based therapy such as in filial therapy or child parent play therapy the intervention addresses relational mechanisms in addition to symptom relief. Through these interactions, parents learn to attune to the child's cues, regulate emotional responses, and foster a secure relational environment.

### **Integration of Attachment Theory and Play Therapy**

Play therapy and attachment theory intersect through several key mechanisms. First, play provides a secure therapeutic base, allowing the child to explore anxieties and relational concerns in a structured yet flexible environment. Second, the

involvement of the parent in play facilitates co-regulation, teaching both child and caregiver how to manage stress and emotional arousal collaboratively. Third, repeated, sensitive play interactions help restructure internal working models, promoting the development of more positive expectations regarding self and caregiver availability. Finally, the playful context encourages autonomy and mastery, which are protective factors against anxiety and contribute to long-term resilience.

Empirical studies support this conceptual integration. For instance, Focal Play Therapy (FPT) has been shown to enhance parent child interaction quality, reduce parental stress, and increase attachment security. Similarly, child-centered play therapy demonstrates efficacy in reducing internalizing symptoms, including anxiety, particularly when combined with parental participation.

Overall, the theoretical foundations suggest that strengthening the parent-child attachment relationship through play-based interventions is a promising pathway for reducing childhood anxiety, addressing both relational and symptom-focused dimensions of development.

### **Mechanisms: How Play Therapy Strengthens Attachment**

Play therapy operates not only as a symptom-focused intervention but also as a relational and developmental tool, targeting the underlying parent-child attachment system. Several interrelated mechanisms explain how play therapy fosters attachment security, thereby indirectly contributing to reductions in childhood anxiety.

**Providing a Secure Base within Thera** :A central concept derived from Bowlby's attachment theory is that of the secure base. In the context of therapy, the therapist and/or participating parent functions as a consistent, responsive figure who provides safety and predictability (Bowlby,1982; Ainsworth et al., 1978). Within play sessions, children are encouraged to explore emotionally challenging themes, experiment with new behaviors, and express anxieties in a non-threatening environment. The predictability of the play setting, combined with empathetic responsiveness from the parent or therapist, helps the child internalize a sense of security, which can generalize to the broader parent child relationship. For example, in Focal Play Therapy, structured play activities create opportunities for the child to express emotions while the therapist models attuned responses. Over time, children report feeling safer to approach caregivers with distressing emotions, illustrating the transfer of security from the therapeutic to the familial context.

**Co-Regulation of Emotion:** Co-regulation refers to the process by which caregivers assist children in managing emotional arousal and stress. In play therapy, co-regulation occurs when the parent or therapist models emotional self-regulation, responds sensitively to the child's cues, and scaffolds adaptive coping strategies. For example, a parent engaging in a pretend scenario with the child can guide the child through moments of frustration, fear, or sadness, demonstrating strategies to calm down, verbalize needs, and tolerate uncertainty. Research shows that effective co-regulation strengthens neural and behavioral systems supporting emotion regulation. Children who experience repeated co-regulation within a safe relational context develop confidence in their ability to manage anxiety and uncertainty, which is a protective factor against internalizing disorders.

**Enhancing Parental Sensitivity and Responsiveness:** Many play therapy modalities involve direct parental participation, such as Filial Therapy or Child-Parent relationship therapy. These interventions train parents to recognize and respond appropriately to their child's emotional cues, fostering attunement and emotional availability. Enhanced parental sensitivity has been strongly associated with increases in attachment security. Parental involvement in play therapy also helps parents reflect on their own emotional responses and interpersonal patterns. This reflection allows caregivers to adjust maladaptive strategies such as over control, inconsistency, or emotional withdrawal that may perpetuate insecure attachment and exacerbate child anxiety. Through consistent, empathic engagement, parents gradually restructure relational patterns, supporting the child's sense of being understood, accepted, and protected.

**Restructuring Internal Working Models:** Play therapy facilitates the modification of internal working models, the cognitive-affective schemas that children develop regarding self-worth and caregiver reliability. During guided play, children are provided opportunities to experience predictable, nurturing responses from the parent, which can counteract maladaptive expectations such as "My caregiver will abandon me" or "Expressing fear is unsafe." Symbolic play enables children to re-enact stressful scenarios, negotiate outcomes, and experience alternative relational scripts, gradually altering internal representations toward more secure attachment models. Empirical studies support this mechanism. For example, Mousavi and Safarzadeh (2016) reported that structured group play therapy improved attachment security in orphaned children by creating experiences of relational reliability and caregiver responsiveness. Similarly, Chirico et al. (2020) observed that parents participating in focal play therapy sessions reported more attuned

interactions, reflecting changes in both parental behavior and child expectations.

**Practicing Autonomy and Mastery:** A key protective factor against anxiety is the development of autonomy and mastery. Play therapy offers a safe space for children to take initiative, make decisions, and solve problems independently while still being supported by the parent or therapist. This balance of challenge and support encourages resilience and self-efficacy, counteracting anxiety-driven avoidance and helplessness. The repeated experience of success and competence within play contributes to a positive feedback loop: increased self-confidence fosters secure exploration and further strengthens attachment bonds.

**Generalization to Everyday Interactions:** Finally, the changes cultivated within play therapy sessions generalize to daily parent-child interactions. Children who experience sensitive co-regulation and secure relational scripts in therapy are more likely to seek comfort from caregivers in real-life stressful situations, while parents become more attuned and responsive outside the therapeutic context. Over time, this generalization consolidates attachment security and reduces reliance on anxiety-driven behaviors as a coping strategy. In sum, the mechanisms through which play therapy strengthens parent child attachment and reduces childhood anxiety include:

- ✓ Providing a safe and predictable relational base.
- ✓ Facilitating co-regulation of emotion between child and caregiver.
- ✓ Enhancing parental sensitivity, attunement, and reflective capacity.
- ✓ Restructuring maladaptive internal working models in the child.
- ✓ Promoting autonomy, mastery, and self-efficacy.
- ✓ Encouraging generalization of secure relational patterns to everyday life.

These mechanisms are interconnected and mutually reinforcing. For instance, parental sensitivity supports co-regulation, which in turn reinforces secure internal working models, leading to reduced anxiety and more confident engagement with the environment. The therapeutic process is iterative, with small gains in attachment security and emotional regulation compounding over time to produce meaningful improvements in both relational quality and mental health outcomes.

### **Empirical Evidence on Play Therapy, Attachment, and Anxiety**

Empirical research over the past two decades provides substantial evidence supporting the efficacy of play therapy in improving parent child attachment and reducing childhood anxiety. Studies span diverse populations, including children with

clinical anxiety, children experiencing family disruption, and those in orphanages or institutional care. The following sections summarize key findings, organized by focus on attachment enhancement, anxiety reduction, and combined outcomes.

**Play Therapy and Attachment Security:** One of the primary aims of play therapy is to strengthen the parent child relationship, which is reflected in numerous studies examining changes in attachment quality. Focal Play Therapy (FPT), developed for parent child dyads, has demonstrated significant improvements in parent child interaction quality and attachment security. Chirico et al. (2020) conducted a clinical study involving 30 children and their parents, using structured play sessions to enhance attunement and communication. Results indicated increased parental sensitivity, reduced parental stress, and measurable improvements in the child's attachment-related behaviors. Specifically, children showed greater willingness to seek comfort, communicate needs, and engage in cooperative play with caregivers, suggesting a modification of internal working models toward more secure representations. Similarly, group play therapy interventions targeting orphaned children in institutional care have demonstrated increases in attachment security. Mousavi and Safarzadeh (2016) implemented a structured group play therapy program with 45 orphaned children aged 6–12 years. Post-intervention assessments using attachment questionnaires and observational coding revealed significant reductions in insecure attachment behaviors, including clinginess and emotional withdrawal. Children also displayed increased exploratory behavior, positive social interactions, and adaptive coping strategies. These findings highlight that structured, developmentally appropriate play can compensate, at least partially, for deficits in caregiver availability or responsiveness, providing opportunities for children to experience relational predictability and emotional support.

**Play Therapy and Anxiety Reduction:** Evidence also supports the role of play therapy in alleviating childhood anxiety symptoms. Child-centered play therapy (CCPT), a non-directive approach allowing children to lead the play, has been associated with reductions in generalized anxiety, separation anxiety, and behavioral inhibition. Breiner et al. (2020) evaluated 60 children aged 5-10 with clinically significant anxiety symptoms, implementing 12 sessions of non-directive play therapy. Children exhibited statistically significant decreases in anxiety scores as measured by standardized assessment tools, such as the Revised Children's Manifest Anxiety Scale (RCMAS).

Improvements were maintained at 3-month follow-up, suggesting durable benefits.

Child-parent and filial play therapies further illustrate the value of parental involvement in anxiety reduction. Xiang, Chen, and Wang (2023) compared child-centered group play therapy and narrative therapy for children with separation anxiety disorder. Results indicated that children participating in play therapy not only reduced observable anxiety behaviors but also reported higher subjective emotional security with their parents. Parental reports corroborated improvements in emotional regulation and relational closeness, reinforcing the idea that the intervention simultaneously addresses anxiety symptoms and attachment quality.

### **Combined Effects on Attachment and Anxiety**

A growing body of literature emphasizes that attachment enhancement and anxiety reduction are interrelated outcomes of play-based interventions. For instance, Chirico et al. (2020) found that improvements in parent child interaction quality mediated reductions in child anxiety symptoms, suggesting that strengthening attachment may serve as a pathway for alleviating anxiety. Similarly, meta-analytic reviews indicate that play therapy is most effective when parental involvement is included, as this approach addresses both relational and emotional needs concurrently.

Additional evidence from institutional settings reinforces this conclusion. Children in orphanages or foster care, often at risk for insecure attachment and heightened anxiety, show marked benefits from play therapy programs that incorporate adult caregivers. Gains include reductions in anxiety and depressive symptoms, enhanced social competence, and improved relational behaviors, supporting the notion that relationally focused play is particularly impactful in vulnerable populations.

### **Limitations and Research Gaps**

While the empirical evidence is promising, several limitations must be noted:

- ✓ Sample sizes are often small, limiting generalizability.
- ✓ Heterogeneity of interventions (directive, non-directive, filial, group) makes direct comparison across studies challenging.
- ✓ Long-term follow-up data are limited; few studies track outcomes beyond six months to one year.
- ✓ Mechanistic pathways remain underexplored; although improvements in attachment are correlated with anxiety reduction, causal mechanisms are not fully established.
- ✓ Cultural considerations: Many interventions are developed in Western

contexts, with limited adaptation to non-Western cultural frameworks.

Despite these limitations, the consistency of findings across diverse populations supports the integration of play therapy into clinical practice as both a relational and symptom-focused intervention. Overall, empirical research underscores that play therapy:

- ✓ Enhances parent child attachment security by promoting co-regulation, parental sensitivity, and positive relational experiences.
- ✓ Reduces childhood anxiety symptoms, particularly separation anxiety and generalized anxiety, through expressive and exploratory play.
- ✓ Produces interrelated benefits, where improved attachment may mediate reductions in anxiety.
- ✓ Demonstrates stronger effects when parental involvement is included, highlighting the importance of relationally focused interventions.

These findings provide a solid foundation for theoretical integration and clinical application, suggesting that play therapy is not only a tool for symptom reduction but also a mechanism for fostering secure relationships and long-term emotional resilience.

### Synthesis and Theoretical Integration

The empirical and theoretical evidence presented in previous sections highlights a coherent picture: play therapy strengthens parent child attachment and reduces childhood anxiety through interconnected mechanisms. Synthesizing these findings allows us to articulate a conceptual model and clarify how relational processes mediate emotional outcomes.

**Interconnected Mechanisms:** From a theoretical standpoint, attachment theory provides a framework for understanding the relational foundation of anxiety. Insecure attachment, characterized by inconsistent caregiver responsiveness or lack of a secure base, contributes to heightened vigilance, emotional dysregulation, and internalizing symptoms such as anxiety. Play therapy, particularly when involving parents, addresses these relational vulnerabilities through multiple, mutually reinforcing mechanisms:

- ✓ **Provision of a secure base in therapy:** The structured and responsive play setting offers children a safe space to explore emotions and practice relational strategies.
- ✓ **Co-regulation of emotions:** Parents or therapists model emotional regulation, guiding children through distress and reinforcing adaptive coping.
- ✓ **Enhancement of parental sensitivity:** Parent participation increases attunement

and reflective functioning, improving caregiver responsiveness in everyday interactions.

- ✓ **Restructuring internal working models:** Positive, consistent relational experiences challenge maladaptive beliefs about self-worth and caregiver reliability.
- ✓ **Promotion of autonomy and mastery:** Through play, children gain confidence, problem-solving skills, and resilience, reducing anxiety-driven avoidance behaviors.
- ✓ **Generalization to real-world interactions:** Changes in parent-child dynamics within therapy extend to daily life, consolidating attachment security and emotional stability.

These mechanisms are not linear but cyclical: improvements in attachment security enhance emotional regulation and reduce anxiety, which further strengthens relational interactions and promotes secure attachment in an ongoing feedback loop.

### Conceptual Model

A conceptual model emerges from this synthesis (Figure 1):

Play Therapy Intervention → Enhanced Parent-Child Interaction → Strengthened Attachment Security → Reduced Childhood Anxiety

- ✓ **Direct effects:** Play therapy directly reduces anxiety by providing a medium for emotional expression, coping practice, and mastery experiences.
- ✓ **Indirect effects:** Improvements in attachment act as mediators; as children experience secure, attuned caregiving in therapy, their internal working models shift toward trust and emotional confidence, facilitating anxiety reduction.
- ✓ **Moderating factors:** Intervention effectiveness may vary by age, baseline attachment security, parental involvement, and cultural context.

This integrated model aligns with developmental psychopathology perspectives, which emphasize transactional processes in which child and caregiver reciprocally influence emotional and relational outcomes. By incorporating both relational and symptom-focused pathways, play therapy addresses not only the manifestations of anxiety but also the underlying relational vulnerabilities that contribute to its development and maintenance.

### Implications of Integration

The synthesis of theory and evidence underscores several key insights:

- ✓ **Attachment as a therapeutic target:** Play therapy can modify the relational substrate

underlying anxiety, rather than solely alleviating surface symptoms.

- ✓ **Parental involvement is critical:** Interventions incorporating parents show more robust improvements in both attachment and anxiety, highlighting the relational dimension of treatment.
- ✓ **Developmentally appropriate methods:** The non-verbal, experiential nature of play is particularly suited to children who may struggle with verbal or abstract cognitive interventions, enhancing engagement and efficacy.
- ✓ **Intervention versatility:** Play therapy can be adapted for diverse populations, including children with trauma histories, institutionalized children, and those with clinical anxiety disorders.
- ✓ **Mechanistic clarity:** Understanding the pathways secure base, co-regulation, internal working model restructuring facilitates refinement of interventions and guides future research aimed at optimizing outcomes.

In conclusion, the theoretical integration of attachment principles and play therapy mechanisms provides a compelling rationale for using relationally focused play interventions to address childhood anxiety. By simultaneously targeting relational processes and emotional regulation, play therapy functions as a dual intervention: it enhances attachment security and reduces anxiety symptoms, yielding durable developmental benefits.

### **Clinical Implications**

The synthesis of theoretical and empirical evidence highlights several practical implications for clinicians, caregivers, and policymakers aiming to support children with anxiety through relational interventions such as play therapy.

**Integrating Parental Involvement:** One of the clearest findings from the literature is the critical role of parental participation in enhancing the effectiveness of play therapy. Parental involvement facilitates co-regulation, increases attunement, and strengthens the parent child bond, thereby mediating reductions in childhood anxiety. Clinicians should:

- ✓ Train parents in filial therapy techniques, including observing, reflecting, and participating in play sessions.
- ✓ Encourage regular home-based play interactions, reinforcing skills learned in therapy sessions.
- ✓ Provide psychoeducation about attachment and its role in emotional regulation to enhance parents' understanding and engagement.

**Structuring Developmentally Appropriate Interventions:** Play therapy should be tailored to the child's developmental stage, cognitive capacity, and emotional needs. Younger children may benefit from non-directive play, allowing for free expression and exploration, whereas older children may benefit from structured, goal-oriented play interventions that integrate problem-solving and coping strategies. Clinicians should:

- ✓ Select materials, games, and activities appropriate to age and developmental level.
- ✓ Ensure the therapeutic environment is safe, predictable, and flexible, fostering a sense of security.
- ✓ Use both symbolic and role-play techniques to address emotional and relational themes.

**Targeting Attachment as a Therapeutic Focus:** Strengthening parent child attachment should be considered a primary goal of interventions for childhood anxiety. Clinicians are encouraged to:

- ✓ Assess baseline attachment patterns using observational methods or validated questionnaires (e.g., Strange Situation Procedure, Attachment Q-Sort).
- ✓ Design play interventions to enhance secure attachment behaviors, such as seeking comfort, cooperative play, and emotional sharing.
- ✓ Monitor changes in attachment-related behaviors as an indicator of intervention effectiveness, in addition to anxiety symptom reduction.

**Combining Play Therapy with Other Evidence-Based Approaches:** Play therapy can be effectively integrated with cognitive-behavioral techniques or trauma-focused interventions. Such hybrid approaches allow for the simultaneous targeting of cognitive distortions, maladaptive behaviors, and relational dynamics. For example:

- ✓ Incorporate relaxation, coping skills, and problem-solving tasks into play-based activities.
- ✓ Use narrative and story-telling approaches to address anxiety-provoking thoughts while maintaining a playful and engaging format.
- ✓ Adapt interventions for children with trauma histories by emphasizing safety, predictability, and empowerment within play contexts.

**Monitoring and Evaluation:** To optimize clinical outcomes, ongoing monitoring and evaluation are essential:

- ✓ Use standardized measures of anxiety (e.g., RCMAS, SCARED) and attachment (e.g.,

Parent–Child Relationship Inventory) pre- and post-intervention.

- ✓ Collect qualitative feedback from both children and parents regarding relational quality, emotional regulation, and engagement in therapy.
- ✓ Adjust therapeutic strategies based on observed progress, ensuring that interventions remain child-centered and developmentally appropriate.

**Cultural Sensitivity and Accessibility:** Play therapy interventions must be culturally adapted to respect diverse family structures, parenting norms, and community contexts. Clinicians should:

- ✓ Incorporate culturally relevant materials and narratives into play sessions.
- ✓ Engage caregivers in discussions about cultural beliefs and practices affecting parenting and attachment.
- ✓ Ensure accessibility for underserved populations, including institutionalized children, low-income families, and those in remote or resource-limited settings.

Clinical application of play therapy highlights its dual role: alleviating anxiety symptoms while enhancing parent–child attachment. By actively involving parents, tailoring interventions to developmental needs, and integrating evidence-based strategies, therapists can maximize the benefits of play therapy. The emphasis on relational repair and emotional co-regulation underscores the unique advantage of play-based interventions over purely symptom-focused approaches.

#### **Future Directions and Research Gaps**

Despite the growing evidence supporting the efficacy of play therapy in enhancing parent–child attachment and reducing childhood anxiety, several research gaps and future directions remain critical for advancing the field.

**Need for Large-Scale Randomized Controlled Trials (RCTs):** Many existing studies rely on small sample sizes or quasi-experimental designs, limiting the generalizability of findings. Future research should:

- ✓ Conduct large-scale RCTs across diverse populations to establish robust evidence of effectiveness.
- ✓ Include control groups that allow for differentiation between intervention effects and natural developmental changes.
- ✓ Examine long-term outcomes beyond 6-12 months to assess durability of attachment improvements and anxiety reduction.

**Elucidating Mechanistic Pathways:** While attachment improvement is theorized to mediate

anxiety reduction, causal mechanisms remain underexplored. Future studies should:

- ✓ Use mediational analyses to examine whether changes in attachment behaviors directly predict decreases in anxiety symptoms.
- ✓ Investigate neurobiological correlates of attachment and anxiety changes, such as stress reactivity, cortisol levels, and brain connectivity patterns.
- ✓ Examine the role of co-regulation and parental sensitivity as proximal mechanisms linking therapy to child outcomes.

#### **Comparative Studies of Intervention Modalities:**

The diversity of play therapy modalities—including non-directive, directive, child-centered, and filial therapy creates heterogeneity in outcomes. Future research should:

- ✓ Conduct head-to-head comparisons of different approaches to identify which methods are most effective for specific populations or anxiety profiles.
- ✓ Explore hybrid interventions that combine play therapy with cognitive-behavioral or trauma-focused techniques.
- ✓ Assess whether group-based versus individual interventions differ in their impact on attachment and anxiety.

**Cultural and Contextual Adaptation:** Most play therapy research originates from Western cultural contexts. To ensure global applicability, future research should:

- ✓ Adapt interventions to non-Western cultural norms regarding parenting, play, and emotional expression.
- ✓ Examine the influence of socioeconomic status, family structure, and institutional environments on intervention efficacy.
- ✓ Develop culturally sensitive measures for both attachment and anxiety to accurately capture outcomes.

**Developmental Considerations:** Current studies often focus on a narrow age range. Future research should:

- ✓ Investigate effectiveness across different developmental stages, from preschoolers to adolescents.
- ✓ Examine age-specific mechanisms, such as symbolic play for younger children versus narrative or role-play for older children.
- ✓ Explore early preventive interventions in at-risk populations before clinical anxiety develops.

**Integration with Technology:** The use of digital and interactive technologies presents new



opportunities for play-based interventions. Future studies could:

- ✓ Develop digital play therapy platforms for remote or underserved populations.
- ✓ Evaluate the effectiveness of interactive games and virtual reality scenarios in fostering attachment and reducing anxiety.
- ✓ Investigate blended interventions combining in-person and digital play to enhance engagement and accessibility.

Addressing these research gaps will advance both the scientific understanding and practical application of play therapy. By clarifying mechanisms, comparing modalities, integrating cultural considerations, and leveraging technology, future studies can refine interventions that simultaneously target parent-child attachment and childhood anxiety. A strategic research agenda focused on rigorous methodology, longitudinal follow-up, and mechanistic clarity is essential to solidify play therapy as a core intervention in child mental health.

### Conclusion

The present synthesis of theoretical and empirical evidence underscores the central role of play therapy in strengthening parent child attachment and reducing childhood anxiety. Childhood anxiety, a prevalent and potentially debilitating condition, is closely linked to insecure attachment patterns, maladaptive internal working models, and difficulties in emotional regulation. Play therapy offers a developmentally appropriate, engaging, and relationally focused intervention that addresses both the emotional and relational dimensions of child development.

Through mechanisms such as provision of a secure base, co-regulation of emotions, enhancement of parental sensitivity, restructuring of internal working models, and promotion of autonomy, play therapy fosters attachment security while concurrently reducing anxiety symptoms. Empirical studies, including Focal Play Therapy, child-centered play therapy, and filial therapy, consistently demonstrate improvements in parent child interactions, relational attunement, and children's emotional well-being. Importantly, parental involvement emerges as a critical factor that amplifies the effectiveness of play-based interventions, highlighting the necessity of relationally oriented approaches.

Theoretical integration and empirical findings support a conceptual model in which play therapy strengthens attachment, which in turn mediates reductions in anxiety, creating a positive feedback loop that enhances both relational and emotional outcomes. Clinical implications emphasize the importance of tailoring interventions to developmental levels, incorporating parents, and combining play therapy with other evidence-based

approaches when appropriate. Cultural adaptation, developmental considerations, and technological innovations offer additional avenues to broaden the reach and effectiveness of play-based interventions. Future research should focus on large-scale, longitudinal randomized controlled trials, elucidation of mechanistic pathways, comparative analyses of intervention modalities, and culturally sensitive adaptation. Addressing these gaps will provide more robust evidence base and inform best practices for integrating play therapy into child mental health services.

In conclusion, play therapy represents a dual-purpose intervention that not only alleviates anxiety symptoms but also strengthens the foundational relational bonds critical to healthy socio-emotional development. By attending simultaneously to attachment and emotional regulation, play therapy offers a promising pathway for promoting resilience, security, and well-being in children across diverse contexts.

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