

The Extent of Play Implementation in Mitigating Aggressive Behavior among Autism Spectrum Disorder Children: Educators' Perspectives

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Abstract

The present study aims to examine the degree to which play is employed to reduce aggressive behavior in children diagnosed with autism spectrum disorder (ASD) from the viewpoint of educators, and to investigate whether any statistically significant differences emerge due to the variables of gender and professional tenure. Accordingly, employing a descriptive research design, the study administered a 16-item questionnaire to a sample of 45 educators working in psychological-pedagogical centers and associations dedicated to the care of children with ASD in the wilayas of Mascara and Saida. The findings revealed a low level of play usage in curbing

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aggressive behavior among children with ASD, with no statistically significant differences in play-based interventions attributable to gender or professional experience.

Keywords: Play, Aggressive Behavior, Children with Autism Spectrum Disorder.

Introduction

Despite considerable progress in the psychological sciences, children with autism spectrum disorder (ASD) continue to manifest behavioral challenges, notably aggressive behavior, which substantially impedes their acquisition of essential daily living skills. Consequently, such behaviors provoke anxiety among both families and professionals in specialized institutions. On the one hand, childhood is a stage inherently characterized by play, an activity acknowledged as instrumental in mitigating aggressive tendencies. On the other hand, play functions not only as a recreational outlet but also as a therapeutic modality, enabling children to release negative affect, articulate conflicts, enhance self-esteem, and foster emotional regulation.

Problem Statement

Disability represents one of the pivotal societal concerns in contemporary times. The advancement and prosperity of civilizations hinge, to a large extent, on the extent of care provided to diverse groups, including children with ASD. Nevertheless, neglecting these children can aggravate their difficulties and amplify the severity of their condition, thereby rendering them increasingly dependent on family members and caregivers. Common behavioral manifestations include impulsivity, attention deficit, withdrawal, and the refusal to engage in any form of communication—even when it takes place within a group play context. Consequently, these children frequently resort to aggressive behavior as a means of responding to or coping with their surroundings. This maladaptive behavior poses a substantial challenge to educators and demands considerable time and energy to address effectively.

However, play has been highlighted in multiple studies as a therapeutic and developmental intervention. For instance, Elbeltagi et.al (2023) contend that play fosters physical, cognitive, and emotional advancement, acting as a communicative “language” for children who rely on toys as their “vocabulary.” (Elbeltagi et.al,2023). Furthermore, Garima (2023) suggests that play constitutes an unrestrained mode of expression for children, replete with significance and meaning, rather than serving merely as a sport or pastime (Garima,2023).

Numerous studies underscore the salience of play-based activities for attenuating aggressive behavior, particularly self-injurious conduct, tantrums, and the destruction of objects. Recreational physical exercises, for example, significantly contribute to favorable behavioral modifications in

children with ASD, as underscored by Khasawneh (2019). In that study, play was demonstrated to be highly efficacious in reducing aggressive behavior among children with moderate forms of ASD (Khasawneh, 2019).

Moreover, group-oriented activities and play experiences facilitate social integration and communication skills among children with ASD, permitting them to cooperate in collective tasks—even within the same game. In this context, Mohamed (2000) illustrates that varied group activities significantly diminish aggressive tendencies in children on the autism spectrum. Consequently, play is often positioned as a therapeutic technique that addresses a range of behavioral challenges, prominently including aggression. Bacha and Benseghir (2023) similarly confirm that play therapy effectively mitigates broad-spectrum behavioral problems in children with ASD (Bacha & Benseghir, 2023).

In addition, diversified play techniques and strategies have been shown to assist children with ASD in connecting events, coping with frustration, developing adaptive cognitions, and eliminating detrimental thought patterns. Specifically, Tahani Mohamed Othman et al. (2022) highlight that variation in play methods, goals, and the nature of games yields beneficial outcomes in lessening aggressive behaviors.

Recognizing the pivotal role of play in behavior modification, educators play a fundamental role in initiating, structuring, and guiding play activities tailored to individual needs. In light of this body of evidence, the main research question arises: To what extent do educators employ play to mitigate aggressive behaviors in children with autism spectrum disorder?

Sub-questions

1. Are there statistically significant differences in the extent of using play to mitigate aggressive behavior in children with ASD based on educators' gender?
2. Are there statistically significant differences in the extent of using play to reduce aggressive behavior in children with ASD based on educators' professional tenure?

General Hypothesis

Educators perceive the overall degree of play use in mitigating aggressive behavior among children with ASD to be moderate.

Secondary Hypotheses

1. There are statistically significant differences in the use of play to mitigate aggressive behavior in children with ASD attributed to gender.
2. There are statistically significant differences in the use of play to mitigate aggressive behavior in children with ASD attributed to professional tenure.

Research Objectives

1. To explore the extent to which play is employed to reduce aggressive behavior in children with ASD, as perceived by educators.
2. To identify whether these perceptions differ by gender and seniority among educators.
3. To acquire experiential knowledge in working with professionals responsible for educating children with ASD, gained through close observation of their applied strategies.

Research Significance

1. To enhance educators' awareness of the importance of integrating play-based strategies in addressing aggressive behaviors among children with ASD.
2. Keeping abreast of psychological advances and innovative therapeutic approaches.
3. Drawing attention to the significance of safe and structured play settings, so stakeholders can better address the internal conflicts of children with ASD and meet their needs.

Operational Definitions

Play: This term encapsulates both physical and mental activities engaged in by children with autism spectrum disorder (ASD) within the confines of a psychological-pedagogical center. These activities, whether conducted individually or in a group setting, and whether structured or spontaneous, are designed to facilitate emotional relief, foster learning, discharge surplus energy, and satisfy developmental needs.

Aggressive Behavior: This behavior is characterized by actions initiated by children with ASD that aim to cause physical or psychological harm to others, themselves, or to property. It encompasses a range of behaviors that manifest intent to damage, whether tangible or intangible.

Children with Autism Spectrum Disorder (ASD): Refers to those children attending a psychological-pedagogical center who have been formally diagnosed based on a comprehensive suite of standardized diagnostic criteria, tools, and methodologies specific to the institution. These children have been evaluated and confirmed to exhibit the characteristics of the disorder.

Educator: An educator in this context is an individual who holds specialized academic credentials that qualify them to instruct and support children with ASD. Their role extends beyond teaching; it includes nurturing, managing behavior, imparting life skills, and facilitating the children's social integration within the broader community.

I. Theoretical Framework

Definition of Play: Play is frequently conceptualized as a dynamic phenomenon that meets an individual's inherent needs for pleasure, emotional catharsis, and enjoyment. Concurrently, it fulfills essential biological and psychological drives related to engagement and development. According to

Mutair (2013), play occupies a central role in shaping the individual's personality and fostering growth. Maria Montessori also characterizes play as a comprehensive "school" where children cultivate physical, cognitive, and social capacities, ultimately preparing them for the complexities of life (Mouathiqi, 2004).

Play Among Autism Spectrum Disorder Children: Play assumes particular importance for children with ASD, serving as a vital instrument in enhancing social interaction, promoting autonomy, and building foundational life skills (Ahmed & Abdel-Karim, 2008). Notably, it bolsters self-esteem, facilitates the discovery and refinement of personal competencies, and nurtures a sense of group belonging. Consequently, such engagement assists children with ASD in relating more effectively to peers and in navigating daily challenges. Moreover, by introducing varied stimuli, play can extend their attention span, thus contributing to overall physical development.

However, selecting, structuring, and delivering appropriate play activities for children with ASD necessitate considerable exertion and careful planning on the part of educators and supervisors. Crucially, these interventions require a supportive and secure environment to achieve the intended developmental goals (Ahmed & Abdel-Karim, 2008).

On the one hand, children with ASD often exhibit repetitive or stereotypical play patterns, demonstrating a marked inclination for circular or brightly colored objects that capture their attention. Common examples include behaviors such as running in circles, spinning, hand-flapping, and producing indistinct vocalizations. These idiosyncratic manifestations underscore the distinctive manner in which children with ASD engage in play.

On the other hand, they tend to resist symbolic play and may fixate on a singular toy, closely inspecting its individual components while rejecting any form of change. They frequently rely on taste and touch for exploratory purposes and generally display an aversion to group play, preferring solitary activities and opposing the participation of others. Such patterns, referred to as stereotyped play, occasionally provoke atypical responses—ranging from crying to pronounced fear—toward certain toys that elicit strong reactions (Malek Fadhil, 2015). Consequently, many children with ASD encounter substantial difficulties in engaging in purposeful play, chiefly due to their challenges in following instructions. As a result, their interactions with play materials may lack clear structure or intent, often manifested in loud vocalizations, commotion, or simply waving toy parts without any evident goal (Hamdan, 2017).

Aggressive Behavior in Children with Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a developmental condition that profoundly impacts a child's behavioral repertoire, often manifesting in marked difficulties in social adaptation, reduced

cognitive receptivity to learning, and a pervasive lack of self-confidence. These behavioral challenges are frequently compounded by limited capacity for symbolic or imaginative play, a proclivity for isolation, and emotional detachment. These traits are particularly pronounced during what developmental psychologists often term the "play age," a critical period in a child's growth. As a result, children with ASD frequently engage in aggressive behaviors, either self-directed or outwardly expressed toward others, as a maladaptive response to their environment (Mujabar et al., 2022).

The aggressive tendencies exhibited by children with ASD are characterized by a variety of distinctive behaviors. These include biting their own fingers, pulling their own hair or the hair of peers—sometimes with sufficient intensity to uproot it—biting the sleeves of their clothing, damaging institutional property, or harming individuals attempting to interact with or touch them. In more extreme cases, children may clench their muscles to the point of inducing spasms, tear their clothing, or exhibit other behaviors that vividly reflect the unique presentation of aggression in ASD.

II. Field Study Procedures

The methodology of the present study encompasses a comprehensive framework addressing research approach, participant sampling, data collection tools, and the statistical techniques employed to test its hypotheses.

Research approach

The researchers employed a descriptive research approach, a methodological choice deemed most appropriate given the study's objectives.

Population and Sampling

The study targeted a total population of 45 educators working in psychological-pedagogical centers located in the wilayas of Saida and Mascara. A simple random sampling technique was utilized to ensure an equitable selection process. The sample distribution is outlined in the following table :

Table 1: Distribution of the Sample by Gender and Professional Experience

Variable	Categories	Frequency	Percentage (%)
Gender	Male	11	24.44
	Female	34	75.55
Professional Tenure	Less than 5 years	15	33.33
	More than 5 years	30	73.33
Total		45	100

As illustrated in Table 1, female educators represent the majority of respondents (75.55%, n = 34), in contrast to male educators (24.44%, n = 11). Moreover, educators with more than five years of professional experience constitute 73.33% (n = 30), whereas 33.33% (n = 15) have accumulated less than five years of experience. Consequently, these findings suggest that the sample features a higher proportion of veteran educators and a predominance of female participants.

Description of the Data Collection Tool

The researchers designed a questionnaire as the primary data collection tool, leveraging their professional expertise and a thorough examination of prior literature. The tool comprises 19 items formulated to capture insights into the study variables. Responses were structured on a three-point Likert scale, allowing participants to evaluate each item based on the following options:

- Low degree (1)
- Moderate degree (2)
- High degree (3)

Psychometric Properties of the Tool

Content Validity through Expert Review

To establish the content validity of the questionnaire, it was subjected to review by a panel of five experts specializing in psychology and educational sciences. These experts assessed the tool for its alignment with the constructs under investigation, the appropriateness of each item, and the overall clarity of the language used. Following their feedback, minor revisions were made to improve the precision and relevance of certain items. Ultimately, 90% of the reviewers concurred that the questionnaire was well-suited to achieving the study's objectives.

Internal Consistency Validity

Internal consistency validity was evaluated by calculating Pearson correlation coefficients between each individual item and the total score of the questionnaire. The results are presented in Table 2 :

Table 2: Correlation Coefficients Between Individual Items and the Total Questionnaire Score

Item Number	Correlation Coefficient	Significance Level	Item Number	Correlation Coefficient	Significance Level
1	0.213	Not significant	11	0.375	0.05
2	0.306	0.05	12	0.357	0.05
3	0.148	Not significant	13	0.673**	0.05
4	0.362*	0.05	14	0.444*	0.05

5	0.045	Not significant	15	0.623**	0.05
6	0.438*	0.05	16	0.659**	0.05
7	0.590**	0.05	17	0.636**	0.05
8	0.450	0.05	18	0.604**	0.05
9	0.616**	0.05	19	0.410*	0.05
10	0.242	Not significant	20	0.514*	0.05

Table 2 demonstrates the strength of the relationships between each item and the overall score of the questionnaire. While most items exhibited statistically significant correlations, items 1, 3, 5, and 10 failed to reach significance and were consequently excluded from the final version of the instrument. The remaining 16 items demonstrated robust correlations, justifying their retention for further analysis.

Reliability of the Tool

Cronbach's Alpha Analysis

To ascertain the reliability of the questionnaire, the researchers employed Cronbach's alpha, a widely accepted statistical measure of internal consistency. The results are summarized in Table 3 :

Table 3: Cronbach's Alpha Results

Number of Items	Cronbach's Alpha
16	0.790

The Cronbach's alpha value of 0.790 demonstrates a robust level of reliability, confirming that the final questionnaire is both consistent and appropriate for advancing the study's empirical objectives.

Implementation Procedures

Once the validity and reliability of the questionnaire were established, the researchers proceeded to distribute it to the study sample. Participants included educators working in psychological-pedagogical centers and associations dedicated to supporting children with autism spectrum disorder (ASD) in the wilayas of Mascara and Saida. A total of 50 questionnaires were disseminated, and 45 completed responses were retrieved. The collected data were subsequently processed and analyzed using the Statistical Package for the Social Sciences (SPSS), version 22.

Statistical Analysis

To address the study's research questions, the following statistical methods were employed:

1. Arithmetic Mean
2. Standard Deviation

3. t-Test for Independent Samples

Results and Discussion

Testing the General Hypothesis

The general hypothesis posited: “Educators perceive the overall degree of play use in mitigating aggressive behavior among children with ASD to be moderate”.

To test this hypothesis, the arithmetic means and standard deviations of the educators’ responses were calculated. Additionally, weighted means for each questionnaire item were categorized using the following interpretive scale:

- (0.66–1.00): Low degree
- (1.67–2.33): Moderate degree
- (2.34–3.00): High degree

Table 4: Arithmetic Mean and Standard Deviation of the Instrument’s Items

Item	Statement	Mean	Standard Deviation	Degree of Practice
1	I use a variety of games on a daily basis to reduce aggressiveness.	1.49	0.815	Low
2	I allow them free play opportunities to express themselves.	1.40	0.688	Low
3	Games help me modify their behavior for the better.	1.44	0.755	Low
4	I employ certain games as a positive alternative to their aggressive behaviors.	1.29	0.661	Low
5	I believe that constructive games are instrumental in reducing aggression.	2.02	0.917	Moderate
6	I equip my classroom with different types of games to limit aggression.	1.36	0.679	Low
7	I find creative, goal-oriented games essential for mitigating aggression.	1.31	0.557	Low
8	Play helps reduce the use of inappropriate language among children with ASD.	1.49	0.757	Low
9	Certain play activities prevent children with ASD from causing various forms of harm.	1.51	0.787	Low
10	Diverse games help children with ASD follow	1.47	0.757	Low

	instructions.			
11	Games train children with ASD to take turns.	1.38	0.684	Low
12	Games help children with ASD reduce the use of offensive language.	1.69	0.848	Moderate
13	Play prevents children with ASD from destroying others' property.	1.89	0.832	Moderate
14	Play diminishes the tendency of children with ASD to ridicule others.	1.64	0.830	Low
15	Games help lessen the behavior of pulling others' hair.	1.60	0.837	Low
16	Play reduces choking behaviors in children with ASD.	1.73	0.809	Moderate
Total Score		24.711	5.521	Low

Based on the results displayed in Table 4, the overall arithmetic mean of the tool stands at 24.711, with a standard deviation of 5.521. These data suggest that the degree of employing play as a strategy to alleviate aggressive behavior among children with autism spectrum disorder (ASD) falls within the low to moderate range.

Items classified under a low degree of practice frequently point to structural limitations, such as insufficient resources or materials, impeding the regular implementation of play in intervention programs. Furthermore, educators often juggle extensive annual curricula, which constrains the time available for integrating play-based techniques. Their principal mandate, as reported during informal interviews, is to cultivate essential competencies in children with ASD—enabling autonomy, self-care, and problem-solving abilities necessary for social inclusion.

When children present more severe manifestations of ASD, training them to develop visual attention skills and ensuring their engagement often overshadow any consistent integration of play. Consequently, opportunities for play-based approaches are limited, highlighting the systemic challenges educators face.

Meanwhile, items rated as moderate underscore that, despite these constraints, educators acknowledge play's significance in curbing aggressive tendencies. Participants noted that, even with limited supplies, they strive to innovate by crafting educational materials and adapting available tools. Additionally, they sometimes provide opportunities for free play in outdoor spaces, enabling children with ASD to channel surplus energy and manage impulsivity effectively. Educators further

emphasized that play remains indispensable to holistic child development. Therefore, they endeavor to employ it in their pedagogical practices, regardless of the specific type of disability.

Presentation and Discussion of the First Hypothesis

The first hypothesis posited:

“There are statistically significant differences in the use of play to mitigate aggressive behavior in children with ASD attributed to gender.”

Table 5: t-Test Results for Gender-Based Differences in Play Implementation

Gender	Levene's Test		Sample Size	Mean	Standard Deviation	t	df	p
	(F)	Sig						
Male	1.342	0.076	11	27.272	6.294	1.816	43	0.05
Female			34	23.882	5.073			

As depicted in Table 5, the mean score for male educators was 27.272 with a standard deviation of 6.294, whereas female educators had a mean score of 23.882 and a standard deviation of 5.073. The t-value amounted to 1.816 at 43 degrees of freedom, with a significance level (p) of 0.05. Given that the observed p-value exceeded 0.05, the null hypothesis was retained, indicating no statistically significant difference in how male and female educators employ play to mitigate aggressive behaviors among children with ASD.

These findings suggest that both male and female educators engage in comparable practices when incorporating play to reduce aggressive behavior in children with ASD. Interviews with the sample revealed that, in many instances, educators rely on resources and equipment allocated by the Ministry of Solidarity. Moreover, play is embedded in annual curricular plans as a therapeutic modality, diverting children with ASD from undesirable behaviors. This approach has traditionally been applied across diverse populations of children with special needs.

Historically, female educators were frequently viewed as more suitable for working with this population due to qualities such as maternal instinct, patience, and warmth. Male educators, in contrast, were often characterized as less patient and more inclined to adopt stricter methods. However, the advent of modern technology and progressive educational approaches has significantly reshaped these perceptions. Men are increasingly informed about child development and the specialized requirements of early intervention, striving to align their perspectives with those of their female counterparts. Consequently, both genders collaborate to integrate

contemporary programs and optimize interventions aimed at modifying behavioral challenges in children with special needs.

Presentation and Discussion of the Second Hypothesis

The second hypothesis proposed:

“There are statistically significant differences in the use of play to mitigate aggressive behavior in children with ASD attributed to professional tenure.”

Table 6: t-Test Results for Professional Tenure-Based Differences

Professional Experience	Levene's Test		Sample Size	Mean	Standard Deviation	t-Value	Degrees of Freedom (df)	Significance Level (p)
	(F)	Sig						
Less than 5 years	0.122	0.249	15	26.066	5.725	1.169	43	0.05
More than 5 years			30	24.033	5.385			

As indicated in Table 6, the mean score for educators with less than five years of professional tenure was 26.066, with a standard deviation of 5.725, while those with more than five years of tenure reported a mean score of 24.033 and a standard deviation of 5.385. The t-value was calculated as 1.169 at 43 degrees of freedom, with a p-value exceeding 0.05. Additionally, Levene's test yielded an F-value of 0.122 with a significance level of 0.249, indicating homogeneity of variances. As the p-value was not statistically significant, the null hypothesis was retained, affirming that no significant differences exist in the use of play as a tool for reducing aggressive behavior in children with ASD based on the professional tenure of the educators.

The findings reveal that the length of professional tenure does not appear to influence the frequency or effectiveness with which educators employ play as an intervention to mitigate aggressive behavior in children with ASD. Both seasoned educators and those newer to the profession exhibited comparable attitudes and practices regarding the use of play in behavioral interventions. For experienced educators, their extensive tenure in the field has not deterred their ongoing pursuit of updated methodologies. With the advent of advanced technologies and emerging educational paradigms, these educators actively engage with specialists and younger colleagues to stay abreast of innovative approaches. Conversely, educators with less than five years of tenure—many of whom are recent graduates of psychology or special education programs—bring a strong

theoretical understanding of contemporary therapeutic frameworks. Their academic training equips them with knowledge of psychological assessments, pedagogical techniques, and evidence-based intervention strategies. These findings align with those of Boubaker Ibrahim and Abdelrahman Ben Ghanem (2022), who similarly reported no significant differences between educators of varying professional tenure in their use of physical activities to reduce aggression in individuals with intellectual disabilities

Conclusion

This study reveals a modest implementation of play-based interventions by educators to mitigate aggressive behaviors in children with autism spectrum disorder (ASD). Additionally, the investigation found no significant differences in the application of these therapeutic strategies when considering the variables of gender or professional tenure among educators. These insights highlight the critical role of play not only as a therapeutic mechanism but also as a catalyst for joy and emotional resilience in children with ASD. Emphasizing the necessity of play, the study advocates for its integration as a core element of developmental support, essential for fostering healthy psychological growth and behavioral adaptation in these children.

Recommendations

To optimize the therapeutic outcomes of play in educational settings for children with ASD, the following recommendations are proposed:

1. Initiate comprehensive training programs for educators focused on the latest advancements in special education and therapeutic strategies for ASD.
2. Develop facilities equipped with advanced technological tools and diverse play materials. Such environments should be designed to encourage spontaneous play activities, providing safe spaces for children with ASD to express them and manage excess energy effectively.
3. Designate specific days to promote outdoor play in large, safe environments. These activities should be structured to facilitate social interaction among children with ASD and their peers.
4. Ensure the availability of tailored play materials that meet the unique needs of children with ASD. These resources should support a variety of therapeutic play activities, from sensory integration to social skills training.
5. Provide ongoing education on innovative interventions and management strategies for ASD.
6. Incorporate a broader range of adaptive physical activities into the curriculum. These activities should be designed to allow children with ASD to engage freely in play.

7. Create and implement detailed therapeutic programs based on play therapy principles. These programs should be specifically tailored to address and alleviate behavioral disorders such as aggression and violence commonly observed in children with ASD.

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