

Paradigms of Play: Play as Development

Carina Bergouignan

Nova Southeastern University

Professor Jennifer Fieten

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“Through play, a child grows, develops, expresses his emotions, and adjusts to his environment. Play becomes a safety valve for his hidden wishes and fears and a balance for the tensions that are a part of every growing child’s life. Ill or well the child needs play.” (Rollins, Bolig, & Mahan, 2017, p.229) The paradigms of play are play as enjoyment, development, learning, and therapy. When discussing these paradigms of play I believe they are all interconnected but the paradigm I chose to focus on for this assignment is play as development. Children need to play for their cognitive development, social-emotional development, and even physical development to help them to communicate appropriately, problem solve as well as be successful throughout their lives.

It is essential for the child to be able to use the tool of play throughout their development. As a child develops their style of play may change, they may be using play for enjoyment, therapy or for learning as well. It’s important to remember that play belongs to the child and tends to be the place in which they feel most secure especially if they are in a new, unfamiliar environment such as a hospital. Play is a creative and engaging process for children, but it can also be rewarding and informational.

Pretend play is a component at every developmental stage and evolves with the child. “Pretend play involves fantasy, make-believe, and the use of one object “as if” it were another object. It is most prominent during the preschool years and is associated with positive developmental tasks such as creativity, problem-solving, coping, emotion regulation, and general adjustment.” (Fehr, & Russ, 2016). Play should always be developmentally appropriate for the child’s age level as well as developmental level. “Children do not indiscriminately treat pretend play as a source of information; they refrain from doing so when it conflicts with their knowledge or when it includes events and content that are very implausible. This selectivity is

important. Pretend play sometimes features fantasy elements, so if children treated all aspects of pretend play as informative, they would become deluded about the world.” (Sutherland, & Friedman, 2013, p.1665)

The Child Life Handbook gives us examples of what these developmental levels of play should look like according to age. Jean Piaget was a theorist who referred to these developmental levels of play as stages of play. From birth to a year old an infant is in the Sensorimotor stage. During this stage developmentally, appropriate stimulation and play include singing, rocking motions, play through crawling, sitting, standing, walking, the use of colorful books and toys as well as toys with different light, textures, and sounds. (Thompson, 2018, p.25). From 1 through 3 years of age the stage of play is called Symbolic Representational. During this stage, developmentally appropriate stimulation and play include imitation, parallel play, sensory exploration, symbolic play, musical play, the use of big blocks, sand, water, picture books as well as having exposure to language. (Thompson, 2018, p.25). At 4-5 years the stage of play is called the Preoperational stage. At this stage, the play opportunities expand for development as children have a choice in the activity they choose, if the play will involve peers or if it will be a more engaging activity or passive activity. (Thompson, 2018, p.25). The stage of appropriate play from age 6 through 12 years old is called Games with Rules. During this age group, familiar games are usually played with the suggestion and interaction between friends. These games and styles of play can include problem-solving, language concepts, experimental games, health games, music games and board game among many other games that can help with stimulation and cognitive function. (Thompson, 2018, p.25).

Lev Vygotsky was another theorist, but he believed that language, as well as development, was how a child learns how to communicate with the world around them. Even

when a child is speaking to themselves, they are making sense of their environment and situation. He believed that it is better that they use language during their play instead of playing quietly. Vygotsky also created The Zone of Proximal Development (ZPD) and has been defined as “the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance, or in collaboration with more capable peers.”

Hospitalized children go through many emotions and tend to fear an unpleasant experience. Their parents also tend to feel the stress of the hospital setting and their anxiety kicks in. A way of making the hospital less intimidating for the whole family as a prospective child life specialist is to introduce play. Play in the hospital environment can be therapeutic for the entire family and developmentally necessary for the child. Play goes hand in hand with comfort and teaching. An excellent way for the child, parents, and siblings to become comfortable in the hospital environment is by visiting the playroom. The types of play seen in a healthcare or hospital setting are diversional/ recreational play, developmentally supportive play, and therapeutic play. Play as development throughout the hospitalization process is essential. This allows for the child to understand any procedure or surgery they may have through medical play, it can be a form of distraction, it can be part of the learning process, and it can simply allow the environment to have a sense of normalcy for the child. “Young children build their pretense on whatever experiences their environment provides.” (Bergen, 2013 p.47)

The paradigm of play as development can help a hospitalized child further understand what is happening in their body or to their body. For example, when explaining Leukemia to a 6-year-old child making “blood soup” is a fun and creative way for them to take in important information about their development. “Although creativity has been operationalized in a number

of ways, in the studies on play it has typically been defined as the ability to produce original content relevant to a particular task. The most commonly used measure of creativity in this literature is the alternate uses task, in which participants give possible uses for common objects, like a paper towel or a paperclip.” (Lillard, Lerner, Hopkins, Dore, Smith, & Palmquist, 2013, p.5) Blood soup is a creative activity or task that can be used to show a child using containers and candy what healthy blood looks like compared to blood with Leukemia. In this case, making blood soup, we would use red candy to act as the red blood cells or small marshmallows to serve as the white blood cells. It gives the child a visual representation using everyday objects through play to gain a better understanding of their diagnosis.

Play should serve as the framework for cognitive development through surgery and procedures, as well as a part of their everyday hospitalization. The functions of play are in place to help children express and explore their feelings, communicate, resolve conflicts, be empowered, learn flexibility, build competence, express their culture and beliefs. Using play also reduces stress, can help create a healthy and positive connection with the hospital and staff, encourages creative problem solving, is informational, allows siblings and family to feel included throughout the hospitalization process, can help stop aggressive behaviors and promotes enjoyment and effectiveness.

Physical development also fosters play because as a child grows and their body movement changes. They begin to pick up and understand gross motor skills and fine motor skills. Play also fosters social growth as well as emotional growth. Social when a child is in a hospital setting they meet many new people. They learn how to socialize with adults, doctors, nurses, and child life specialist. They may also be a part of a group or meet new friends and as

time goes on they interact through play to get to know each other better, communicate, learn to problem solve, take turns while enjoying themselves.

“Pretend play is only one of several forms of child-directed play that fosters the development of different aspects of causal cognition.” (Walker, & Gopnik, 2013, p.42). Directive play is how a child life specialist, parent or other adult controls the objects, concepts as well as the goals for the child. Directive play takes place within a specific time frame and is a way of duplicating reality so the child can feel involved. One way to think of directive play in the hospital setting is as play therapy. Directive play is in place to make sure the child’s needs are being met socio-emotionally. Non-directive play is the opposite when the child chooses the style of play objects and concepts. The child has their schedule and time frame. Since the child is the one in charge in non-directive play, they tend to choose the materials for the fantasy-like play.

Ways to foster play development is to promote creativity by providing the child with open-ended toys to play with. Toys that can be used in countless ways and keep them engaged such as instruments, blocks, Legos or puzzles. During times of distraction toys or bubbles can often be a great alternative to technology or tablets. Some children cannot go outside due to their conditions, but water play, sand, painting, drawing, and some outdoor sports or games can be modified and brought inside for them to play in an open area or playroom. Children in any setting should be using their play to explore.

So what changes will we see in play as development in the future within a hospital setting? According to the textbook *Meeting children’s psychosocial needs across the health-care continuum* it may require more evidence-based play from child life specialist as well as implementing more theories and skills. It also may require more documentation of those

practices and how it helps the child's recovery process. Maximizing play along with neurological research will help us learn what a child's needs are in the hospital setting. Rollins, Bolig, & Mahan, 2017, p. 106).

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