

All Work and no Play

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There is an abundance of energy and strength in children. Children are not as fragile as once thought to be, but rather they are capable of dealing and coping with threatening and frightening situations. Nonetheless, it is important to facilitate them to use their energy to constructively work through their thoughts and feelings when they are hurting and are traumatised. This enables them to focus their energy on their growth and development. Since centuries, the developmental value of play has been documented by famous philosophers, educators, scientists and psychologists. Play is a natural activity of learning, exploration and communication in a non-threatening environment. The Greek philosopher Plato (429-347 B. C.) once said, "You can discover more about a person in an hour of play than in a year of conversation."

In the attempts to understand play, various theories have been proposed. They are broadly classified into classical and modern theories.

Classical theories were devised by various philosophers, researchers and theorists, focusing on importance of childhood. These theories are discussed below:

Surplus energy theory by Schiller (1873) & Spencer (1875) views play as a result of surplus energy in children. As they grow and develop, this surplus energy is channelised at work and in other activities important for survival.

Recreation/ Relaxation theory (Lazarus, 1883 & Patrick, 1916) views play as a way of restoring energy that is expended at work.

Evolutionary/ Recapitulation theory (Hall, 1906 & Wundt, 1913) suggests that play has an evolutionary value helping in survival. For example, play activities involving swinging

and climbing also help in survival. It further states that play provides means to express children's instincts, which has a cathartic effect on the individual.

Proactive theory by Karl Groos (1899) states that play allows children to practice adult roles and instills skills for survival in them.

Modern Theories of play view it as a vehicle of overall growth and development.

Infantile dynamics originally postulated by Lewin (1933) and expanded upon by Buytendijk (1934) states that children engage in play because their cognitive dynamics allow no other course.

Cathartic Theory (Freud, 1908) views play as a way of relieving negative feelings and developing positive ones. Buhler (1930) and Anna Freud (1937) later added that play not only helps in expression of emotions but also provides opportunities to cope and master anxieties and conflict.

Behaviourist approach to play views it as a learnt way of regulating level of arousal in Central Nervous System (Berlyne, 1960)

Cognitive theory of play views it as a medium to develop cognition. It helps children understand what actions can be taken in different situations and their effects thereafter (Piaget, 1962 & Vygotsky, 1977).

Regardless of the theory under the limelight, all of them are based on the premise that play has important benefits. As children grow and develop, their play also evolves with their transforming abilities. Taking a developmental approach, various theorists have defined stages of play (Parten, M., 1932 & Smilansky, S., 1968).

Mildred Parten, a child development scholar, studied pre-schoolers (02-05 years) at play and identified six types of play.

Unoccupied Play: In this stage, the children just observe and do not indulge in playing. They may be standing in one spot or performing random movements.

Solitary/ Independent Play: In this stage, children focus on their activity only and are unaware of what others are doing.

Onlooker Play: In this stage, children watch others play but do not join in.

Parallel Play: Here, children play side by side without interacting with others present. They may watch and mimic each other.

Associative Play: Children are interested in the people who are playing and not the play activity. They may interact but their activities aren't co-ordinated.

Co-operative Play: In this stage, children play together in an organised, co-ordinated way. They are interested in both the people as well as the activity. Here, the roles during the play are pre-decided.

Like Parten, Sara Smilansky studied how children learned through play. She concluded that there are four different types of play that children indulged in, each contributing to the child's development and learning.

Functional Play: It is a form of play in which children use their sensory-motor skills to explore and experiment with objects around them.

Constructive Play emerges as children indulge in constructing things with their play material. In this stage, they start moving away from sensory motor play towards symbolic play.

Pretend or Dramatic Play involves transforming the physical environment into symbols, such as imagining a chair as a vehicle seat.

Games with Rules induces the understanding of rules and to abide by them. These rules help

children concentrate, understand limits, and control their behaviour.

Research shows that 75 percent of brain development occurs after birth. Play fuels this process through the formation of neural network. Play is of paramount importance as it fosters healthy growth and development across all domains of development namely, physical, cognitive, social, and emotional.

Physical: Play as an integral part of the healthy growth of children, fosters opportunities to develop both gross and fine motor skills as well as co-ordination, balance, strength, muscle tone, agility and dexterity. It enhances lungs and heart-functioning by increasing the intake of oxygen. It also builds body stamina. For children with sensory issues, it promotes development and integration (premise of Sensory Integration Therapy in Occupational Therapy

Cognitive: Children benefit greatly when they are occupied in all forms of play. Different games and play material helps in development and enhancement of different skills. Things such as puzzles can increase problem solving (Jones, E., 2003). Games like chess, checkers, towers of Hanoi etc. promote logical reasoning, planning and strategy making. Dolls, figurines, clay, puppets etc. enhance creative thinking. It helps in developing other cognitive skills like abstract reasoning, curiosity, memory, decision making etc. in a safe environment.

Social: Play provides children with a context to try out social and adult roles in a safe environment. As the play becomes co-operative, the children start learning social skills, sharing, turn-taking, empathy, negotiation, conflict resolution, self-advocacy and it helps in understanding diversity. It also fosters language development, both expressive and receptive.

Emotional: Play provides a platform to vent out feelings and emotions in a non-threatening manner. Prominent psychologist Lev S. Vygotsky believed that during play, children may hold back on what they want, and rather

give in to rules of play with others in order to gain the pleasure of the play. According to Vygotsky (1977), play helps in exercising self-control. Through play children may learn to deal with their fears, phobias and anxieties (Santrock, 1990) and also master their competencies. This, in turn, instils a sense of accomplishment, thereby enhancing self-esteem.

Thus, play is so crucial for the optimal development of children that it has even been recognised by the United Nations as a right of every child (UNCRC, 1989).

According to Erickson (1950) "Play is a function of ego, an attempt to synchronise the bodily & social process with self". Fromberg (1990) defines play as the "ultimate integrator of human experience". Scales et al. (1991) views play as "an absorbing activity in which young children participate with enthusiasm and abandon". Play has been used as a therapeutic intervention since 1920s. The first case highlighting the benefits of play as a therapy was in 1909 by prominent psychologist Sigmund Freud via. his case entitled "Little Hans". In 1926, Anna Freud employed games and toys to establish rapport with her patients. According to Melanie Klein (1932), child's play was a substitute for the free association used within adult psychoanalysis. Other prominent professionals to use play as an intervention technique include Hermine Hug-Hellmuth (1921), David Levy (1938) and Gove Hambidge (1955).

Play therapy can, therefore, be defined as a method of psychotherapy for children which provides them with a platform to express themselves, explore their thoughts and feelings and integrate their experiences. The aim of this intervention technique is to decrease behavioural and emotional difficulties which may interfere significantly with children's functioning and development. It is not only a vehicle of expression but promotes self-awareness, coping with problems and

experimenting with problem-solving in a safe and non-threatening environment.

Play therapy has been successfully used for children with psychological disorders like Attention Deficit Hyperactivity Disorder (Ray, Dee C., Schottelkorb, April, Tsai & Mei-Hsiang, 2007), Obsessive Compulsive Disorder (Steinberg, S.G. & Logan, D., 1999), depression (Baggerly, J., 2004), phobias (Santacruz, I., Mendez, F.J. & Sanchez-Meca, J., 2008). Effectiveness of play therapy has also been observed for children who have faced parental loss, separation and divorce (Landreth, G, 1995); sexual abuse and resulting trauma (Bevin, T., 1991); witness and victims of violence (Kot, S.Y.L., 1996); acute and chronic illness (O'Connor, K.J. & Schaefer, C.E., 1994), children in childcare institutions, foster care and adoption facilities (Clausen, J.M., Ruff, S.C., Wiederhold, W.V & Heineman, T.V., 2012). Unlike other psychotherapies which aim at re-aligning internal environment of the client via the external environment, play therapy enables the children to realign their internal environment influencing the external.

There are two methods of conducting play therapy namely, Directive and Non-Directive play therapy. Directive Play Therapy is structured, prescriptive and focused, involving the therapist choosing a specific activity for the session. The major proponents of this theory were Anna Freud and Melanie Klein. Non-Directive Play Therapy by Virginia Axline combines play therapy with Carl Rogers' Client Centred Therapy. As the name suggests, in this approach the child is free to choose the activity and play with it as they please.

Landreth (1991) said, "toys are child's word and play, child's language". Play media is defined as a toy, game or an activity that is used for engaging the child and enabling them to explore and transfer their feelings, anxieties, fears, fantasies, and guilt to objects rather than people. Although desirable, a fully-equipped playroom is not necessary for play therapy.

Though access to play materials for therapy is essential. Features of a good playroom are as follows:

- Soundproof to avoid distraction
- Spacious, well-lit and ventilated
- If in a hospital setup, away from clinical rooms
- When one-way mirrors, audio and video systems to record sessions are being used, it is of utmost importance to take required consent from the client and/or primary caregivers and guardians.
- The playroom maybe equipped with various play materials such as puppets, dolls, clay, blocks, sandbox, wigs, costumes, doll house, kitchen set, doctor set, feeding bottle, telephone, play money, crayons, paints, town set, cars etc.

According to psychoanalyst Esman (1983) there shouldn't be a lot of toys but just enough that are simple and durable. The therapist should be comfortable with them. Characteristics of a good play material are:

- Serves multiple functions
- Encourages expression of thoughts, emotions, feelings and needs
- Facilitates therapeutic relationship between the client and the therapist
- Can be played with two or more people together

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- Aids in development of insight
- Provides opportunity for reality testing

“All work and no play makes Jack a dull boy” is a proverb we all have probably grown up listening to and maybe even telling our kids. It is indeed true. With the focus being more education-orientated, time for play has been markedly reduced for some children. This trend has even affected kindergarten children, who have had free play reduced in their schedules to make room for more academics. The National Association of Elementary School Principals conducted a survey in 1989 and found that 96 percent of surveyed school systems had at least one recess period. In a follow-up survey a decade later, they found that only 70 percent of even kindergarten classrooms had a recess period (Pellegrini, 2005).

This change may have implications on children's growth and holistic development. The repercussions of decreased play in the lives of children can be seen in the increasing number of emotional and behaviour problems in children. That is, due to lack of play their energy and potential isn't being channelised optimally, and thus children indulge in unsuitable methods to utilise their pent up feelings. Further, the cathartic platform provided by play is also missing which is all the more crucial for children today due to the stressful environment they may be living in.

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