

CHAPTER FIVE CHILD PLAY: A PRACTICAL PERSPECTIVE

5.1 INTRODUCTION

In a previous chapter, mention is made of the playroom and the controlled play activities occurring in it. In this chapter, a practical perspective is taken on a child's play. This means that the pedotherapeutic practice mentioned is previously described, as actualized in the playroom. In other words, the playroom practice, as a concrete educative place, is described.

5.2 PLAY THERAPY

When one starts from the perspective which deficiencies can be done away with or, at least, alleviated by pedotherapy, it then becomes necessary to know what form of pedotherapy to choose for a certain child. For a young child, Lubbers⁽¹⁾ considers play to be the most appropriate form of help. It is obvious why a different form of help is used with a child than with an adult; the child must be encountered in his/her world, there where he/she really is, there in his/her play, where the essentials of play are actualized in childlike ways.

However, there is a difference between a spontaneously playing child at home, and a child playing by a pedotherapist in the playroom. The latter is a contrived situation. Even so, it is possible for a child to play intensively, provided he/she experiences safety and security there; and this is dependent on the diverse ways in which the playroom is arranged, and on the pedotherapist's attitude and guidance.

By means of attentive pedagogical observation, a pedotherapist can learn to know a great deal just from how a child enters the playroom. For example, a child may reveal his/her discomfort in his/her behaviors while entering; he/she may hope to receive a reassuring answer to his/her anxious question about whether his/her mother has gone away, and if she will return for him/her; he/she may not begin to play but may anxiously look around the room because everything is unfamiliar. A pedotherapist must acquaint the child with the playroom, and with him/herself, and he/she must take care that the child does not at any moment feel abandoned.

The playroom must be prepared for the child's arrival. It should have the right dimensions, color, and atmosphere so it will be inviting when he/she enters; but it should not be like a toy store, which would so overwhelm him/her that he/she couldn't make a choice of toys. The playroom must be furnished with unformed play materials such as water, sand, paint, and clay, as well as with formed play materials such as wild and

domestic animals, trees, cars, trains, little human figures, a doll house, and large blocks. In choosing the play materials, the gender and age of the child must be considered because they are related to the choices, he/she will prefer.

The pedotherapist guides the child in the play area, and if he/she cannot begin, the therapist makes suggestions, and leads him/her to play until a familiarity with the room is achieved, and it is experienced as a safe rather than a strange area. Although the pedotherapist gradually retreats from play to reality, i.e., leaves more and more initiative to the child, he/she must still ensure that the child experiences that everything "is done together". This means that the pedotherapist is occupied with a double function, which is not at all easy: at the same time that he/she observes the child playing so as to know him/her, he/she also is distancing him/herself from this involvement, because it is in the course and content of play which the child makes him/herself known. The pedotherapist, however, also must absorb him/herself in the play such that assistance can be provided when it seems necessary.

In the meantime, the child enters the secure area of the playroom, and begins to experience the enticements there. The toys which, at first, seemed ordinary, suddenly become different. It is as if the play material has something to say to the child. The previously strange, cold play area is now an experiential space in which an intimate relationship thrives such that reality is forced into the background to make room for the images which are evoked in being together with the materials and the pedotherapist. The child begins to group the play material, and play becomes more intense, he/she shows more initiative, and his/her play is a more experiential play, and the relationship with the play material becomes more intimate.

At this point, one can clearly see how the reciprocity between the player and the play material enters the foreground. Reciprocity is a matter essential for play; as Buytendijk⁽²⁾ says in **Het spel van mensch en dier** (Human and animal play), "Playing with something is not only me playing with something, but also something playing with me".

The child plays with the things that, in their turn, play with him/her, i.e., by enticing him/her to interpret them. Therefore, it can be concluded that the world of play requires reality as a background for play to occur. The intensely playing child is intimately engaged with the world, e.g., in his/her play, a shoe can be a bed for a doll. The object itself comes to meet the child through its characteristics and invites an interpretation. Although the shoe has become a bed, he/she knows full well that the shoe is a shoe, and he/she is not misled by his/her imaginative play. The real meaning of the object cannot be lost, but it does acquire a secondary meaning. He/she knows the shoe is not an authentic bed, and for this reason, it appropriately captivates him/her. Although he/she possibly can be disappointed, he/she is not surprised when the shoe must be put on again and worn. So, the world of play must always yield to reality. The possibilities and limitations of what the child plays with must be considered in his/her play.

Besides play being bounded by reality, and, indeed, play ceases to be play as soon as this boundary is ignored, reality also imposes a limitation on the purely imaginary. For

example, a little girl who initially imagined with enthusiasm sick children in a hospital ward, suddenly stopped playing when the doctor arrived (in her play). She no longer overlooked reality as the background of her play world, and she no longer was sheltered from it. She became frightened, began to cry, and the play suddenly came to an end.

The world of play allows us to see a double structure; the play world combines the image and reality. The imaginary is constructed with factors from the real world, but the real world, in its turn, is permeated with the unreal world of fantasy.

When one reads in Langeveld's⁽³⁾ **Ontwikkelingspsychologie** (Developmental psychology/Psychology of becoming) what most characterizes the young child is that he/she still lives in a contagious world--and by this he means a world where there are not yet fixed forms of intercourse, or relations built up, where a shoe can still be a shoe, but also a little bed--then one understands that play is an essential activity for the young child. It is this contagious, alluring world which makes play possible.

It is noted that the world of play is bounded by reality--the everyday world, on the one side, and by fantasy, the purely imaginary, on the other side. Also, as soon as this boundary is crossed, reality, as background, is no longer respected, and the child leaves behind the objects of the play world, and dreams them away in pure fantasy images, play stops being play.

In play therapy, an attempt is made to let play develop within these boundaries, and the pedotherapist must be concerned about this. Some children are strongly bound to reality in their involvement with play; the toy is only a toy, and speaks no specific language, i.e., the play material, yet, has no personal meaning for the child. There also are children who are dynamically involved with the play material, and appear active, but who really are not doing much more than using things functionally, e.g., they push a little cart back-and-forth, and do not proceed to illusive (fantasy) play.

For another child, the little cart is his/her father's car which can go so fast that everyone and everything must get out of the way. In this case, play is lived play, and one sees the child in an intimate relationship with his/her illusive (make believe) world. The child conjures up images which have meaning for him/her, by which he/she makes known to the pedotherapist many of his/her own feelings and desires through his/her play. Here, play is especially valuable to the pedotherapist for learning about, and better understanding him/her. Thus, in his/her play, he/she makes known his/her own aggressiveness, ardor, and impatience, and he/she is taught by the pedotherapist to control him/herself, and to confront his/her problems in illusive play.

In illusive play, a child can make him/herself known in different ways. He/she can choose the play material as a basis for his/her play, such that a firm contact with reality is maintained. The arrangement of the play material has a special meaning for him/her. An example of this is a boy of five years who built a house with building blocks. In the house is one room built from floor to ceiling on all sides without windows or a door. Inside, a man is sitting at a table, and a boy is sitting on the ground against the outside

wall waiting for the man to come out. The boy has waited there for so long that he has fallen asleep. The child has said something in the image, i.e., that his father is so intensely busy preparing for an examination that he no longer is aware of his child's existence and has become entirely inaccessible to him. Caution must always be emphasized in the interpretation of the play images. The image should never be taken out of context because it is only possible to grasp its meaning against the background of the entire course of play, as supported by data from the sero-diagnosis, and the historicity image of the child.

5.3 THE ROLE OF THE PEDOTHERAPIST

Reference is made to the pedotherapist, but here it is necessary to take a closer look at his/her role. Pedotherapy, as well as play therapy, involve how much the child can learn to acquire an adequate image of what is possible for him/her. To this end, the pedotherapist guides him/her to enter the world of play and allows his/her playful involvement to deepen into illusive play, preferably into a dynamic illusive play. Through his/her attitude and voice intonations, the pedotherapist allows him/her to experience that they are playing together, although, as far as possible, the initiative is left to the child. The therapist must accept what are to him/her incomprehensible twists in the child's play by keeping in mind that play need not take a logical course. It is possible that, in his/her continuous commentary, the child expresses what he/she anticipates is happening. The pedotherapist's role is to help him/her carry the excitement of his/her play, and to allow play to unfold. That is, his/her role is to promote the actualization of the essentials of play, and their meaningful interconnections. The therapist makes proposals, offers possibilities and, in being with the child, encourages him/her to play and, in this way, leads him/her to accept co-responsibility for what occurs in the play situation. For example, in his/her play, a child may express an inner tension, which is experienced in the family situation, by being aggressive toward a male figure in the dollhouse. This could be because his/her father places high demands on him/her but, seldom if ever, is home to give support. Although the child knows that his/her aggression in play is not real, still he/she is aware that he/she is playing out something which he/she ought not to really do. Therefore, it is a relief to him/her to experience that he/she did this together with the pedotherapist, and not alone.

From this example, it should not be concluded that everything is allowable in play. With the pedotherapist in the playroom, the child must experience that he/she has much greater freedom and, in his/her play can and may do what is not permissible. However, when necessary, the pedotherapist must set firm limits, e.g., set a time limit for his/her play, prevent him/her from making a mess with the unformed play material, or to wound or kill someone in his/her play. If these limits are exceeded, it is no longer play, and the pedotherapist and the child stand amidst reality with which the child comes into conflict. The child must be made aware by the pedotherapist that each day one is confronted by norms and values which must be always respected, even in play.

Also, when a child becomes agitated in his/her play, it must be ended by the pedotherapist. This can occur when reality, as support giving background, is too vague

and can't be relied upon. Then the child is driven by a too violent affect, which can be terrifying for him/her. The prohibitions posed by the pedotherapist are experienced by the child as an emancipation. Thus, the pedotherapist can stop the play, as he/she sees fit, when it has little meaning for the child. The real task of the pedotherapist is, by means of personally giving meaning, to bring the child to a different lived experiencing of his/her problems, if they can't be solved entirely.

5.4 DIFFERENT MODES OF PLAY

Vermeer⁽⁴⁾ has viewed play in its essentials and sees four facets or moments of the world of play. Since play as such, is a primordial phenomenon, this does not mean that the concern is with four separate fundamental forms, but rather with four modes or ways in which play shows itself.

(i) The world of play as bodily world: the world which is encountered via playful touching is a world of substance and material. Through immediate contact, sensory and pathic [affective] moments are brought to the fore and, thus, Vermeer calls this "senso-pathic" play. This senso-pathic play has a very important place in play therapy. That is, there is an involvement with formless material, by which a minimal contact with reality is maintained, because the reality encountered in this way has no form. This way of experiencing reality is relaxing, and calming for a child, and it is a purely bodily being with oneself in intimate contact with the play material; it is an experience of bodily touching and being touched. Senso-pathic play is used in play therapy when the images with which the toys confront a child draw him/her to violence.

Also, senso-pathic play is implemented when it appears that a child, in his/her illusive play (see below), cannot give expression or form to what he/she is internally involved with and, thus, is still seeking to express. In addition, such play is appropriate for a child who adheres to the everyday meaning of toys, without giving them a personal meaning. Then, senso-pathic play can have a liberating influence, in that it can initiate illusive play.

[Pretorius⁽⁵⁾ describes senso-pathic play as bodily play. Bodily play: a child creates a world of play by touching and being touched. By immediate contact with substances, or formless material such as water, clay, mud, and paint, sensing (sensory) and pathic (emotional) moments are strongly emphasized. Therefore, this form of play is called **senso-pathic** play. Here, it is one's own bodily form, one's **own body** which one feels and experiences. Translated by G. Y. from **Die problematiese opvoeding situasie**, p. 139. See also below re the other three modes of play].

(ii) The world of play as manipulable world: A child keeps him/herself busy with the possibilities the toys display. The possibility of play itself does not yet manifest itself, but the involvement with the toys is already an event by which the mystery of the world is put in perspective.

[Pretorius calls this mode playful handling. Here, a child is involved merely with a pre-thematic handling of toys and objects. An anxious child, e.g., cannot create an event, or

design a theme in his/her play; he/she merely handles the toys. For example, a toy car is pushed back and forth, blocks are built up and knocked down, a doll is dressed and undressed. p. 139.] This mode of play is still superficial in that it's meaning resides in the activity itself.

(iii) The world of play as esthetic world: through the continual involvement with, e.g., blocks, a constructed world arises which is the inadvertent result of this involvement by a child. In other words, there is **not yet** a playing with something to which a story gives meaning, but there is a focus on the outward appearance of what has been constructed, a focus on the esthetic aspect from which a story is withheld.

[Of esthetic play, Pretorius says, in an improvised involvement, a child builds and forms things with the play materials, e.g., he/she builds something with blocks or forms something with sand. Esthetic play is more casual, more static, less developed than illusive play. For example, a child builds a house, not so he/she can enact a story about his/her house, but rather merely for the sake of its outward appearance, its esthetic aspect. p. 139.]

(iv) The world of play as illusive (make believe) world: for a child, illusive play has an explicit, conscious form. It is a world in which events occur which can be expressed in words. In illusive play, a child connects the already existing meanings of things to other meanings (e.g., a shoe is now meant as a bed) and he/she plays with an ambiguous world which acquires for him/her the meaning of "as if". In illusive play, a child reveals to a pedotherapist his/her images of him/herself, and of his/her problems. He/she must try to understand the language which speaks from the images and respond to them in the same image-world. Experience shows that the clearer language is regarding what the images speak, the more effective a child is in distancing him/herself more from them and taking a position toward them which he/she can accomplish with images not yet expressed in words. Also, any conflict must not be dissociated by a pedotherapist from the sphere of play. At first, the images are vague, and difficult to recognize, but later they become more clearly expressed.

[For Pretorius, illusive play is where a child's play comes to full development. Illusive play has content, and a thematic course, and he/she creates for him/herself an illusive or metaphorical world in terms of the real world in which he/she finds him/herself. It is a dynamic form of play because he/she **creates events** in his/her play. In fact, he/she plays the story of his/her life, e.g., his/her home situation, his/her school situation--the doormat is an island, the chair is a train, the piece of wood is a cigarette. Here he/she arrives at **role playing**, in which the role of an adult (doctor, parent, teacher), a life-long associate, animals, or lifeless objects are imitated, **or** he/she arrives at a spontaneous, free, creative expression of his/her experiential world. pp. 138-139].

At this point, possibly it is clear why therapeutic play must be consciously guided. Also, a pedotherapist must initiate that form of play by which he/she assumes a child can achieve his/her best expression. A pedotherapist will not hesitate to even go back to a sensory-pathic form of play if that seems necessary, but the aim is to gradually elevate

the level of play. A therapist must understand the language of the play images to "play them back" and, in this way, to help a child establish a new perspective on them. However, it is necessary to always remain in the sphere of play.

A practical perspective on child play further implies that an example of such a situation should be described. This is done next.

5.5 AN EXAMPLE OF AN ORTHOPEDAGOGIC INVESTIGATION OF AND ASSISTANCE TO A TWELVE-YEAR-OLD GIRL BY MEANS OF PLAY

A. Introduction

All information presented is true, but for the sake of anonymity, the child's name and place of residence are withheld. The concern here is with the pedotherapeutic intervention, and the preceding orthopedagogic investigation of a seriously disturbed girl of twelve-years who, to the time of this investigation, had missed six months of schooling, even though she had psychological and psychiatric treatment. She had been referred for this treatment by the school principal because she refused to attend school.

During an Agriculture fair, her grandfather, to whom she was particularly attached, slumped over, and died so unexpectedly that the whole community was shocked. Shortly after that, her sister and her sister's husband were injured in an automobile accident. When she heard about the accident, her parents were not home and, at first, she thought they were the one's involved in the accident. This incident was a seriously traumatic one for her, and possibly relates to her refusal to go to school. Since this time, she has refused to be apart from her mother for fear that she would lose her. At school, she began to have stomachaches and soon had to be dragged to school. Later, she was again forced to go to school, but then she ran away to an old lady living near the school. After a spanking, her mother then took her back to school, but was compelled to wait in the car until school was out. Her mother could maintain this routine for no longer than five days. From then on, she never brought her daughter back to school to the moment of reporting to the pedotherapist.

The question arises as to why this girl, already more than twelve, could become so seriously disturbed by common events that she could not leave her mother's presence to go to school. Thus, it was necessary to obtain as clear a person-image as possible before any assistance could be given.

A conversation was conducted with the parents because the family situation is the original foundation for establishing learning relationships. Physical development, affective, cognitive, and *normative becoming*, affective-normative educating, family relationships, family structure, etc. also had to be considered. It also was necessary to understand the nature of the affective-pathic support provided by the parents, because this lays the foundation for responding to the appeal which gnostic-cognitive learning tasks direct to her.

From this conversation, it appears that her development took a normal course, that she began school at 6-years-10 months but, unlike her brothers and sister, she did not attend a boarding school. From babyhood, she was mostly in the presence of her mother. She is overprotected, does things whenever and as she will, and doesn't really accept authority; with many servants at home, she has not learned to fulfill obligations or responsibilities, and has almost no dealings with playmates her own age. The family is a particularly happy one; they are very fond of each other, but the family circle is small and closed. The family belongs to the Methodist Church, and they are regular and active members.

Briefly, the pedagogic situation is summarized as follows:

(1) the pedagogic situation is such that she has not learned to accept responsibility, that she only experiences safety and security when in her protective home, and cannot venture into the unknown when higher cognitive demands are made;

(2) she is overprotected, especially by her mother, because, from an early age, she was a tense and sensitive child, and she is the youngest of four children;

(3) her father is strict, in comparison with her indulgent, overprotective mother, and this has resulted in a labile (pathic) emotional life. There is a great lack in the pathic-affective support provided to her from the inconsistent exercise of authority. The spoiling and overprotecting by her mother have resulted in her experiencing insecurity, which has harmed her cognitive/gnostic directedness;

(4) with many servants, she has had no obligations and only enjoys the freedom of life on the farm. Her refusal to go to school and to flee from the school world is to choose to be in a pathically [emotionally] colored experiential world on the farm;

(5) when she became acquainted with the unpleasant fact of her grandfather's death, she did not resist the evidence. Her insecurity and uncertainty became evident when cognitive demands are placed on her. Her dependency on her mother is so strong that she cannot distance herself from her.

Before she could be helped to come to a reconciliation with the world, it was necessary to obtain a clear person-image of her. To this end, play was used as an evaluative medium (more on this later). For now, only the results of the other exploratory media are presented.

(i) The intelligence Medium

The quantitative result of the intelligence evaluation is a score of 112. However, the pedotherapist is of the opinion that the score would have been much higher if she had succeeded in directing herself appropriately to the tasks. From the pedagogic observation, her mode of attack is evidence of labile (pathic) directedness. She cries easily, is extremely infantile, and is dependent on her mother; hence, she cannot fully actualize her intellectual potentialities.

(ii) The Wartegg Drawing medium

This is a drawing projective medium developed by Wartegg. It consists of eight squares with a variety of marks which direct an appeal to the child to construct (draw) something on a cognitive level, since she is required to give structure and content to the marks by elaborating on them. This medium allows her to be evaluated with respect to affect, imaging, and fantasy, intellectual potential, and activity (See the article by Garbers). With respect to this medium, she gives evidence that she is in a good position to constitute on a cognitive level. Her solutions are good, but her infanthood and sensitivity are clear: e.g., in the first square, she drew a mouse, in the third flowers, in the fourth toy animals, and in the seventh, a little bee (See figure 1).

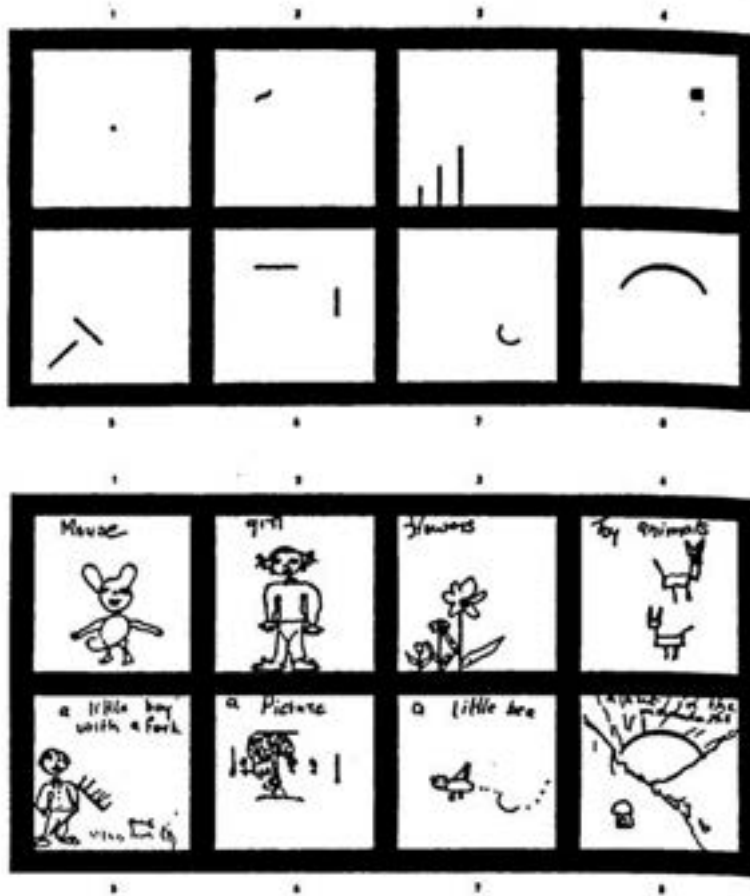


FIG. 1.

- | | |
|------------------------|-----------------------------------|
| 1. Muis. | 5. 'n Klein seuntjie met 'n vurk. |
| 2. Dogtertjie. | 6. 'n Prent. |
| 3. Blommetjies. | 7. 'n Klein bytjie. |
| 4. Speelgoeddiertjies. | 8. 'n Hutjie in die berge. |

Figure 1

1. Mouse
2. Girl
3. Flowers
4. Toy Animals
5. A little boy with a fork
6. A picture
7. A little bee
8. A hut in the mountains

(iii) The Roschach inkblot Medium

Formal analysis: 31 responses in 24 minutes

W=3 (2+)	F=22(13+)	A=9
D=25	FC=1(+)	H=1
Dd=1	CF=1	Nature=10
DS=1	CS=3	Objects =6
	FY=2+	
	M+=1	

F+=60%

A=30%

H= 3%

P=13%

The few whole (W) responses indicate that she doesn't break through the pathic, as a mode of lived experiencing, while the larger number of detail (D) responses is indicative of the pathic as a possible restraint on her cognitive lived experiencing. (The actualization of pedagogical essences also will be restrained and inadequate from her way of life). Also, she gave very many animal (A) responses at the expense of human (H) responses. (She withdraws herself from others and wants only to stay on the farm). The low kinesthetic (movement)(M+) response possibly is an indication of an attempt to isolate herself from others, and the same with the low popular (P) response. This is another unfavorable indication of the establishment of learning relations, and the further actualization of pedagogical essences with her educators. Although there is only one M+ response, this can be viewed, in the light of her situation, as an indication of fleeing from the foreign reality of the school and, thus, from the essentials of educating, i.e., the essentials of play, which must be actualized there.

(iv) Incomplete sentences

The intensity of her attempt to flee from school, to escape the cognitive demands of the school world, is clearly shown in this medium as follows:

"**At school** it is terrible"

"**I wish** I did not have to go to school"

"**The happiest time is** when we are all together at home"

"**At home** I have lots of fun"

"I am happiest when I am at home"

The experiences of the school as unpleasant, and her pathic directedness (i.e., a carefree life of play, and free living on the farm without obligations) are projections which are in the foreground throughout this investigation.

(v) The apperceptive media: Columbus pictures

Her pathic directedness, i.e., a carefree life of play, cold drinks, and ice cream, a ride on the back of a bird, and flying over the school in to see how others must work, are all evidence of a flight from authority, norms, and responsibility. The adjective "little" is often repeated in all the pictures and can be viewed as indicative of her strong yearning to remain small, so she can stay on the farm without obligations.

(vi) Graphic expression media

These media can be used, and successfully with play, because drawing and painting are also seen as forms of play (More on this when play is discussed as a medium of evaluation, and of therapy).

(a) Drawing persons

In figure 2, her person drawing was placed in the middle of the paper. This can indicate inflexibility, tension, and basic insecurity. The arms of the female are outstretched and can indicate a yearning for love and protection. The arms of the male figure hang straight down the body. This can indicate tension, and "withdrawal", as well as feelings of passivity and defensiveness (See figure 3).



Figure 2. Person drawing



Figure 3. Person drawing

b) Tree drawings

With each tree drawing, there is an indication of traumatic experiencing. The trees hang in mid-air without roots or ground (See figures 4 and 5); this is possibly how she experiences herself--with "no ground under her feet"--as insecure.