

CHAPTER FIVE

CHILD PLAY: A PRACTICAL PERSPECTIVE

5.1 INTRODUCTION

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

5.2 PLAY THERAPY

When one starts from the perspective that 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 particular 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 has to be encountered in his world, there where he really is, there in his play where the essentials of play are actualized in childlike ways.

However, there is a difference between a spontaneously playing child at home and the child playing by a pedotherapist in the playroom. The latter is a contrived situation. Even so, it is possible for the child to play intensively provided he 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 pedagogic observation, the pedotherapist can learn to know a great deal just from how the child enters the playroom. For example, a child may reveal his discomfort in his behaviors while entering; he may hope to receive a reassuring answer to his anxious question about whether his mother has gone

away and if she will return for him; he may not begin to play but may anxiously look around the room because everything is unfamiliar. The pedotherapist needs to acquaint the child with the playroom and with himself, and he must take care that the child does not at any moment feel abandoned.

The playroom has to be prepared for the child's arrival. It should have the right dimensions, color, and atmosphere so it will be inviting when he enters; but it should not be like a toy store that would so overwhelm him that he 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 have to be taken into account because they are related to the choices he will prefer.

The pedotherapist guides the child in the play area and if he cannot begin, the therapist makes suggestions and leads him 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 must still insure 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 observes the child playing in order to know him, he also is distancing himself from this involvement because it is in the course and content of play that the child makes himself known. The pedotherapist, however, also must absorb himself 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 shows more

initiative and his play is a more experiential play and the relationship with the play material becomes all the 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, i.e., by enticing him to interpret them. Therefore, it can be concluded that the world of play requires reality as a background in order for play to occur. The intensely playing child is intimately engaged with the world; e.g., in his play a shoe can be a bed for a doll. The object itself comes to meet the child through its particular characteristics and invites an interpretation. Although the shoe has become a bed, he knows full well that the shoe is a shoe and he is not misled by his imaginative play. The real meaning of the object cannot be lost, but it does acquire a secondary meaning. He knows the shoe is not an authentic bed and for this reason it appropriately captivates him. Although he possibly can be disappointed, he is not surprised when the shoe has to 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 have to be taken into account in his 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 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 was already said 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 has to 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 particular language; i.e., the play material as 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 proceeding to illusive (fantasy) play.

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

In illusive play, a child can make himself known in different ways. He can choose the play material as a basis for his play such that a firm contact with reality is maintained. The arrangement of the play material has a special meaning for him. 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. It is clear that the child has said something in the image, namely, 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 pedodiagnosis and the historicity image of the child.

5.3 THE ROLE OF THE PEDOTHERAPIST

Reference has already been made to the pedotherapist, but here it is necessary to take a closer look at his role. Pedotherapy, as well as play therapy, involve how much the child can learn in order to acquire an adequate image of what is possible for him. To this end, the pedotherapist guides him to enter the world of play and allows his playful involvement to deepen into illusive play, preferably into a dynamic illusive play. Through his attitude and voice intonations, the pedotherapist allows him to experience that they are playing together, although, as far as possible, the initiative is left to the child. The therapist has to accept what are to him 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 continuous commentary, the child expresses what he anticipates is happening. The pedotherapist's role is to help him carry the excitement of his play and to allow play to unfold. That is, his 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 to play and in this way leads him to accept co-responsibility for what occurs

in the play situation. For example, a child may express in his play an inner tension that is experienced in the family situation by being aggressive toward a male figure in the dollhouse. This could be because his father places high demands on him but seldom if ever is home to give support. Although the child knows that his aggression in play is not real, still he is aware that he is playing out something that he ought not to do in reality. Therefore, it is a relief to him to experience that he 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 has much greater freedom and in his play can and may do what is not permissible in reality. However, when necessary, the pedotherapist must set firm limits, e.g., set a time limit for his play, prevent him from making a mess with the unformed play material or in his play to wound or kill someone. If these limits are exceeded, it is no longer play and the pedotherapist and the child stand in the midst of reality with which the child comes into conflict. The child must be made aware by the pedotherapist that, in reality, each day one is confronted by norms and values which must be respected at all times, even in play.

Also, when a child becomes agitated in his 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 that can be terrifying for him. The prohibitions posed by the pedotherapist are experienced by the child as an emancipation. Thus, the pedotherapist can stop the play as he 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 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 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 that is encountered via playful touching is a world of substance and material. Through immediate contact, the sensory and pathic aspects are brought to the fore and, consequently, Vermeer calls this "sensopathic" play. This sensopathic play has a very important place in play therapy. Here there is an involvement with formless material by means of 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. Sensopathic play is used in play therapy when the images with which the toys confront the child draw him to violence.

Also, sensopathic play is implemented when it appears that the child, in his illusive play (see below), cannot give expression or form to what he 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, sensopathic play can have a liberating influence in that it can initiate illusive play.

[Pretorius⁽⁵⁾ describes sensopathic play as bodily play. Bodily play: the 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, the sensing (sensory) and pathic (emotional) aspects are strongly emphasized. Therefore, this form of play is called **sensopathic** 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:** The child keeps himself busy with the possibilities the toys displayed. The possibility of play itself does not yet manifest itself, but the involvement with the toys already is an event by which the mystery of the world is put in perspective.

[Pretorius calls this mode playful handling. Here the child is involved merely with a pre-thematic handling of toys and objects. The anxious child, e.g., cannot create an event or design a theme in his play; he 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 that is the inadvertent consequence of this involvement by the 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, the child builds and forms things with the play materials; e.g., he 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 can enact a story about his 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: illusive play has for the child an explicit, conscious form. It is a world in which events occur that can be expressed in words. In illusive play, the child connects the already existing meanings of things to other meanings (e.g., a shoe is now meant as a bed) and he plays with an ambiguous world which acquires for him the meaning of "as if". In illusive play, a child reveals to the pedotherapist his images of himself and of his problems. He must try to understand the language that 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 the child is in distancing himself more from them and taking a position toward them than he can accomplish with images not yet expressed in words. Also, any conflict must not be dissociated by the 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 the child's play comes to full development. Illusive play has content and a thematic course, and he creates for himself an illusive or metaphorical world in terms of the real world in which he finds himself. It is a dynamic form of play because he **creates events** in his play. Actually, he plays the story of his life, e.g., his home situation, his school situation--the doormat is an island, the chair is a train, the piece of wood is a cigarette. Here he arrives at **role playing** in which the role of the adult (doctor, parent, teacher), a life-long associate, animals or lifeless objects are imitated **or** he arrives at a spontaneous, free, creative expression of his experiential world. pp. 138-139].

At this point, possibly it is clear why therapeutic play needs to be consciously guided. Also, the pedotherapist has to initiate that form of play by which he assumes the child can achieve his best expression. The pedotherapist will not hesitate to even go back to the sensory-pathic form of play if that seems necessary, but the aim is to gradually elevate the level of play. The therapist must understand the language of the play images in order to "play them back" and in this way to help the child establish a new perspective on them. However, it is necessary always to remain in the sphere of play.

A practical perspective on the situation of child play implies further that an example of such a situation should be described. This will be 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 is connected with her refusal to go to school. Since this time, she has refused to be apart from her mother out of 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 in order 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 education, family relationships, family structure, etc. also had to be taken into account. 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 that 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 can be 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 over-protected, especially by her mother, because from an early age she was a tense and sensitive child, and also she is the youngest of four children;
- (3) her father is strict in comparison with her indulgent, over-protective mother and this has resulted in a labile (pathic) emotional life. There is a great lack in the pathic-affective support provided to her as a result of the inconsistent exercise of authority. The spoiling and over-protecting by her mother has resulted in her experiencing insecurity that 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 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 become evident when cognitive demands are placed