

A Touch of Play

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Abstract

The present paper presents data from an intervention-research, which is also a therapeutic experience, accomplished with a group of disabled children accompanied by the adults who take care of them, in an institution specialised in rehabilitation, located in Niterói/RJ, Brazil. The research departed from an interrogation about the possibilities opened up by a device, the Play Workshop, toward the interaction between the children and children and adults, away from the diagnostic categories attributed to the children. Based on authors such as Despret, Martins and others, the paper discusses the limits and reach of the notion of disability and points out that play is a creation and bond strengthening space between the children and between them and adults. Due to its inter-relational character, playing allowed the arousal of a welcoming field to the emotions involved. This way we stimulated participants' self-knowledge about their actions, experiences and own bodies.

Keywords

Play, Disability, Children

1. Introduction

The present paper presents data extracted from an intervention-research, which is also a therapeutic experience, with a group formed by disabled children and the adults that accompanied them at a rehabilitation institution, located in Niterói/RJ-Brazil¹. We chose the referred institution, that aids disabled children, for two general reasons and one specific reason. Firstly, by the general idea that disabled children need special protection and even, that children in general do not have an active participation in society. In the second place, by observing in the

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¹In order to preserve the anonymity of research participants, all children and adult names mentioned in this paper are fictitious. This research was approved by the Research Ethics Board, following Brazilian rules regarding research ethics.

chosen institution, that these children's relations with their caregivers were strongly characterised by a feeling of weight, of a burden, that for us is possibly due to the fact that they are children seen as needing special extra care. We also observed, that frequently, children are challenged by professionals, mothers, fathers, grand-parents, by their diagnosis: by certain manners of categorising them as children that "do not give function to objects" (sic), i.e., they do not use a pair of scissors correctly or do not "know how to play" (sic), for example, kick a ball; and by massive occupational and postural corrections.

This second manner of diagnostic interpellation observed by us, according to accounts given by the adults who accompany them at the institution and participate in the research, is related to instructions received from professionals at the institution, that they ought to practice the therapeutic-occupational and physical schemes directed at rehabilitation of their children "all the time" (sic).

We believe this happens due to a methodological proposal focused on what they call "children evolution". The objective of this research was to understand the effects of play in the referred group. The psychotherapeutic challenge was to experience a free play, free of demands, diagnostic categorisations and evaluations observed by us, in a previous research, as dominant in relationships of this group, generating disruptive effects of authorship in the construction of their own body by the children. This because, in the exploratory period of the research, we observed that diagnosis of disability and therapeutic orientations (physiotherapy, speech therapy, occupational therapy and/or psychotherapy), received necessarily at the arrival to the institution, were present in adult actions and narratives in an indiscriminate form: hampering their relationships with the children and performing emotional and cognitive losses to both. Meditating with [Chauvenet, Despret & Lemaire \(1996\)](#), we think that the manner of interpellation toward a disabled child, via diagnosis, does not offer the child good conditions of reinventing her/himself, of relating to the world in a different way than that expected by the disease. The diagnosis as a form of categorisation, seems, many times, to be interposed in the relationship of the children with the adults who take care of them, in such a way that any acts by the child are attributed to their diagnosis or made invisible. On the other hand, play for all children is part of their qualification, it renders quality of life and functional gains. "The essence of play is not a do as if" ([Benjamin, 2002: p. 102](#)), it is in playing that the child advances in his/her cognitive, motor, creative and relational abilities and can overcome "limitations". In spite of involving all this, we understand with [Maturana & Verden-Zöllner \(2004\)](#), that playing is an atmosphere of attention to the activity in itself that is accomplished, with no effort. Playing is an innocent activity uncompromised with the future, a result or a preparation to something and which happens necessarily in a relationship of love. Without mutual acceptance, there will be no play. Thus, playing is a loving relationship, of acceptance and trust, a territory of "consensual behavioural coordination the child needs to learn" ([Maturana & Verden-Zöllner, 2004: p. 222](#)). This way, engaged with the emotional aspect of the children in that institution, we began the research that guides this paper, carrying it out through an intervention device, the "Play Workshop", directed to the children and their caregivers, users of the child rehabilitation sector. The Play Workshops were organized around games agreed upon the group. At each meeting we would choose and agree upon the games of the next meeting. We had to re-organize the planning many times due to the unforeseen changes that would often happen. Sometimes because the games wouldn't go as planned, other times because there would be different unexpected situations. We had many toys in the room, such as: memory games, balls, dolls, cars; amongst others. The workshop was coordinated by one of the authors of this text and had the participation of five adult caregivers (two mothers, two grandmothers and one father) and four children. It is relevant to indicate that the workshop also had a reflexion group, formed by an advisor teacher, co-author of this paper, plus ten researchers, in masters and doctorate levels, with whom we discussed the findings, the field deadlocks, as well as the work's future course. The intervention device began in August 2012, once a week and lasted one hour. For the writing of this paper data from 15 months of field work were collected. The play workshop functioned as a space for us to learn the relationships between the pairs of children and their caregivers, as well as amongst their members. However, due to the inter-relational character allowed to emerge, besides a welcoming place for the emotions in display, a gestalt posture, consonant to the clinical training of one of the authors of this paper. Hence, we believe to have stimulated the self-knowledge of the participants researched, about the way they experience and act in the world, are capable or not to have power over their own actions, of their own body. An example of how this aspect of work was experienced, children included, was of the first meeting in which we used musical instruments to play and sing in group. Lionel, a boy who was suspected of autism at his arrival at the institution, for the first time in the workshop, was interested in sitting and exchanging glances with the group. At a given moment of this meeting, Lionel began to cry and nestle in his father's lap. According to his father and his grandmother this was a behaviour unheard of. Collectively, Lionel's crying was understood as an "emotion" caused by the fact that he was in

contact with the group's faces and feelings. Playing with the instruments was a wager and investment in Lionel made by the field researcher who, in previous encounters of free play, observed the boy's interest in playing a drum and looking at the people around him for their reactions. Thus we authorised ourselves to expose our work based on Gestalt concepts, and to better understand our reactions, divide the workshop in four phases, each phase 15 weeks long, which were conducted from the contact cycle defined theoretically by Zinker (1979).

First phase—Awareness—offered the caregiver adults the perception of the children's rebelliousness toward the instructions of "right" and "wrong" during the play, simultaneous to the insisting that the same adults played with them. The research's intervention was in the sense of asserting free play, which helped awareness (Polster & Polster, 2001), by the caregiver adults, of their ways of playing, sometimes trespassed by performance evaluations, as of the need of a encounter momentum, free of diagnosis and evaluations.

Second phase—Action. Participants had an attitude of dismissing evaluations. The field researcher and the research group that worked as a reflexion team (Andersen, 1996) benefited from Latour's Actor-Network Theory (2012) to allow toys as actors of the experience. The adults allowing to be carried away by the toys, helped the contact, the third phase of the gestalt cycle.

Third phase—Contact. In this phase there was a prevalence of encounter moments with differences among adults, children and toys, essential to the accomplishment of a satisfactory free play (fourth phase of the gestalt cycle, characterised as retraction).

Forth phase—Retraction. This phase allowed experiences of free playing in the relationship amongst participants and therefore, new contacts, as the discovery of corporal capacities previously muted.

We acknowledge that the Play Workshop was marked by a political bias when it was constituted as a practice in the field of disability, focused, not on what lacks or malfunctions in those children, but on what they do in their relationships with others, to the way they act and are when meeting others.

The rehabilitation of disabled, is a current practice around the world. However, according to Martins (2005) "we are facing a dominant logic that constructs an investment of knowledge on disabilities, where in the impossibility of curing, proposes rehabilitation and, if impossible to adhere to the norm, proposes to suppress the deviation" (p. 16). Thinking along with the author, policies in this field have to become interested in "transformations necessary to the participation of disabled people in social life" (p. 5). Thus, as with gender, sexuality and race movements, a movement arises in 1975 that inspires collectives of disabled, dislocating the concept of disability and launching the base for the "social model of disability" (Ortega, 2009). According to Ortega, the fundamental theoretical novelty is the separation of "impairment" and "disability" (p. 68). In a society guided by the "efficient" capitalistic production, a person with an impairment is taken as "not efficient" or disabled and his/her "disability" is reinforced by the concrete structures that hinder his/her accessibility. From this conflict arises the dilemma: how to fight for accessibility, for equality of rights and the right of being different without getting caught in the trap of "being the different", "the disabled"? How does one show that it is possible to be more than expected by the diagnosis? The classification of disability as part of the International Classification Family of the World Health Organisation—WHO, was created in 1980: The International Classification of Impairments, Disabilities, and Handicaps (ICIDH). This, in a language that represented the biomedical hegemony, mobilised interest in studies of disability as a matter of health and illness. This, since in short, "ICIDH's model describes the conditions resulting from the illness in a linear sequence: Illness—disability—incapacity—disadvantage", leaving obscure and without alternatives the relation that constructs it, besides not approaching the environmental and social aspects ingrained in life (Farias & Buchalla, 2005: p. 189). According to Diniz, Medeiros & Squinca (2007), the social movement of disabled people, shows the commitment of "demonstrating that the experience of inequality by disability resulted more from social structures little sensitive to diversity than from a body with injuries" (p. 2508). The result was the revision of the ICIDH and its transformation, in 2001, in the so called International Classification of Functioning, Disability and Health (ICF). With Farias & Buchalla (2005), we see that the new model "incorporates the three dimensions: the biomedical, the psychological (individual dimension) and the social... each level acts on and suffers the action of the others, all being influenced by environmental factors" (p. 189). According to the authors this new model is a recognition by WHO that "to know the causes of death and the most frequent diseases, in a time that life span grows and technology helps medicine lengthen life, may not be sufficient for the planning of health actions" (p. 188). Therefore, we think that as last resort, WHO assumes the social and political character of disability opens space for the recognition of "disability as an expression of social inequality", where the injured body is segregated and oppressed (Diniz et al., 2007: p. 2509). We also understand that the discussion of the social model of disability questions

the notion of body, suggesting us a connection with the ideas of Latour (2008).

We do not want to deny that there is importance in medicine and in diagnosis, or in the game toward play. What we intend is to take care with the uses of these practices and categories, alerting to the risk of taking them as the only possibility in the relation of disabled children and the adults who take care of them.

2. Method

In this research a qualitative method was used. Data were presented based on participant narratives and context descriptions of a play workshop offered to children and their caregivers in a rehabilitation institute for disabled. Participated in the workshop: Daniel (6 years old), Celina, Daniel's mother, Duca (5 years old), Amanda, Duca's mother, Luiz (3 years old), Presen, Luiz's grandmother, Ausen, Luiz's mother, Lionel (3 years old), Tuosa, Lionel's grandmother e Eri, Lionel's father.

We had no pretence of controlling interventions or their immediate consequences. Lest to present a protocol to be followed. But to experience a way of allowing space for clues (Kastrup & Barros, 2009), that is, surprising developments that enabled new connections in the weft of relationships. Following these signs demanded us to prioritise sensitivity and only after make the records of developments, actions and narratives, necessary to the phase of reporting the results.

We encouraged the participants' creative potentials in the workshop (Zinker, 1979) and new meanings to their bodies (Latour, 2008), to their actions. We were sure to make ourselves available during the entire process with a close listening to the field, the interchanged interference movements, as if challenging ourselves in a continually moving conceptional dance (Deleuze & Guattari, 1995). We danced to steps of this dance, in rhythm and toward where they took us, since "where a step follows another in a continuous movement, each moment of the research brings along with it the past one and elongates into the following moments" (Kastrup & Barros, 2009: p. 59).

We believe the play workshop experience was a strong wager, which allowed access to the construction of a common world (Latour, 2012), constructed collectively by children, adults and toys, in which the fluidity of relationships was enlarged. We were sure to make ourselves available during the entire process observing the other and being observed by them and by ourselves, including through senses and possible voices arisen from this exchange of looks.

In our field diary, the record of narratives and events in the workshop also contributed to our action with the notion of process. We pondered collectively with the research team, and got a "vision from the outside" in accordance to Andersen's (1996) reflexive model and thus planned the future meetings. However, considering our initial motivations, we stress out that in our meetings we intervened the following way:

- 1) When suggesting to adult caregivers who were paying attention the child's playing proposal, we intervened against the idea of "they don't know how to play" (categorisation) or they don't participate in the collective.
- 2) When we suggested to adult caregivers to observe the children rebelliousness, allowing their necessities to arise, we intervened against the idea that they have to be protected, that they cannot defend their own interests.
- 3) When we signalled to each child's potential singularities, we intervened in the experience of failure, performed by the incessant therapeutic orientations.
- 4) When emphasising liberty (with respect) in the free play, free of objectives, we intervened in the child's supposed incapacity of giving "functions to objects" (categorisation) and on the burden experienced by the adult caregiver, therefore stimulating capacity and mutual acceptance.
- 5) When we opted not to give ready explanations to questions made by adults, saying what we thought right or wrong, true or false, but making questions on the mater, we invested in each person's capacity of viewing differently their own story.
- 6) When we touch the other emotionally (Andersen, 1996) we also wager their capacity of reflecting upon their own interrogations.
- 7) When we allow them to share, expressing to one another their thoughts or the experience they had we offer each participant and the group, the authorship of that lived in common, collectively, their experiences, their ways of existing there and, who knows, in the outside world.

3. Results

The results that we will present next are organized according to the four phases described in the Introduction.

FIRST PHASE: mothers and grandmothers talked about problems related to the children's behaviour during the workshop. Despite play having been proposed to the adults, during this phase all took advantage of the fact that they had a psychologist researcher, to clear out doubts and share problems and difficulties, besides showing disinterest and lack of experience in playing.

All the adult caregivers narrated not knowing how to play or the need of relearning how to play and affirmed they were summoned by the children to play all the time they are at home. When summoned by the researcher to participate in games with the children, the adult caregivers did not forget recommendations to the children to correct their postures, which according to what they told us, they are oriented to do, according to guidelines given by the specialists who see the children. On many occasions during play, the caregivers occupied themselves more in demanding a correct posture by the child than getting involved and stimulating them in the activity.

One mother kept uttering "come on, blow, you know how to make (soap) balls". Her son, a six-year-old boy, with a medical diagnosis of "delayed speech" and forwarded to the workshop for failing to give roles to objects, in a twang manner utters to his mother "I don't know to blow". Luiz's mother tells us he doesn't know how to blow balls and the child learns the same day. Duca's mother says he doesn't know how to play and doesn't stick to any activity. Besides being aggressive with her and having no limits.

Tuosa and Eri, Lionel's grandmother and father, who was being evaluated at the institution, suspect of autism, insistently demanded him to look at the soap balls made by the others "look, look"... The boy, that according to his adult caregivers, was running around disconnected of the others and the play, in one of his races, recoils, and stares toward the balls with his eyes firmly closed (this brought laughter to the group). Amanda, Duca's mother, would assume an evaluation posture saying "that's it" and "very good" and oriented her child in the shape sorting game saying "not there", "there", which kept Duca expecting directions for the next step. Therefore we understood that, in general, the children, at the beginning of the first phase, were polite and played under adult evaluation. At the end of the first phase, they acted more freely and with rebelliousness toward their educational interventions. In this phase there were many demands, by the adults, of psychological clarifications, as to how to react to certain behaviours of their children. A self-giving to play with the children occurred during the last five minutes of the workshop and was referred to as encouraging by the adult caregivers.

SECOND PHASE: In the majority of meetings the adult caregivers arrived complaining of tiredness or unwilling to play. After creating a game with the children, the researcher asked adult caregivers to participate without worrying if the children were right or wrong. The children started to bring their own toys, to propose games and to interact among themselves and with other adults other than their caregivers. Daniel arrived late one day while we were singing "fall fall balloon..."². He proposed we change the song and sang "fall fall rain fall fall rain...". The adults, taken by the game, named foot ball teams after the "fall fall", provoking each other with opponent teams. The adult caregivers started reporting the loss of tiredness at the end of the workshops. Adult participation, of both researchers and caregivers, strongly stimulated the children, encouraged them to risk new proposals. Interaction of adult carer with a child that was not their relative helped exploring emotional resources not experienced before, both in the adult caregivers and children. Very often Amanda was impatient toward her child, for example, when he was putting a jig-saw puzzle together, she anticipated the fitting piece that was to be set. Duca would push her hand and moan. When asked what she thought of his reaction, she answered that Duca gets angry when she helps him and that the school teacher says he is slow on the motor aspect. I ask about the difference between helping to play and playing together. Amanda recognises that with Daniel, Celina's son, she managed to play and says that with her child she needs patience. We ask if it has to do with perceiving he experiments freely, that playing does not imply in right or wrong, in building the jigsaw-puzzle this way or that and that he may present motor developments in his own time. She says yes. She completes telling us, that in the workshop, she tried the tolerance exercise and says that "after I came here I'm not sorry for my child anymore. I have accepted him as he is" (sic).

THIRD PHASE: The entire group, adults and children, arrived stimulated to play, smiling and with a joyful expression. They started to play from the beginning to the end of the meeting and demonstrated interest. Two grandmothers and two mothers stayed in the workshop while their grandchildren or children were having sessions of treatment elsewhere in the institution. Even without their children, they asked for more "poppers" to throw or soap to make balls. The father, during the ball blowing activity, remembered that in his childhood he used to blow soap balls with a pen and ran off to his car to fetch a pen and try it out. A mother, at the end of a

²This is a classic children song amongst Brazilian culture.

meeting was explicit in telling us that, with the workshop, “she learnt to accept” her own child. Tuosa, Lionel’s grandmother, while he was on a catwalk away from the space where we blew soap balls, told us “look, he’s inventing his own game”. This example, valid for the other pairs of adults and children, allowed us to observe that during this workshop phase, Daniel could be shy without being anti-social, Luiz could be lively and playful, Duca could be lively without being “without limits” and Lionel could play by himself without being called autistic.

FOURTH PHASE: Adults did not narrate worries about their children. They seemed to be concentrated in their own entertainment. The children did not wait for adult instructions either and interacted more freely with everybody.

4. Final Thoughts

Considering the unforeseeable character of the play workshop, we understood that it was a collective creative space of ways of existence as part of the world. Thus, we created realities and owe answers about the realities we enacted during the workshop. Above all, we believe by the results obtained, that we have enacted children capable of meeting the demands of playing, of satisfaction. In the workshop, we conquered the possibility of each body to have its own originality, each has his/her own way of being, being accepted in interaction, without demands of being different of what he/she is. They could be different without being off-course.

Paradoxically, in free playing activity, the children were able to appear differently from expected by their diagnosis, i.e., showing to their adult caregivers, capacities not recognised before or denied. Daniel started to blow soap balls, lend his toys to members of the group, talk, suggest games and interact with them. Luiz learnt how to blow soap balls. Duca shows he “knows how to play”, staying in that activity all the time and respecting interaction. The precariousness of a play that arises unexpectedly in each meeting and is free of rules previously established allowed space for them to be accepted in their differences and be able to create ways of relating with each other.

With Vigotski’s (2008) help we understood that conquered play is not that of external rules imposed by adults. Neither is the dictatorship of objects, with their “propelling character” referred by Lewin (p. 29). The play conquered was the opening to imagination and invention, in negotiating relationships with toys and people. Toys besides being mediators of interpersonal relationships could be recognised in their power of action, but without impositions, as with them, multiple possibilities of experiences occurred. Soap balls when not used for the lip blow exercise, but blown in the institution’s outside garden were able to fascinate adults and draw them away from ready rationalities. And more objectively, in the children: reflect Daniel’s imaginations, to induce Luiz’s desire of blowing, allow Duca and Amanda’s bursts of laughter, instigate Lionel’s desire to run. In this work, somehow, with the body contact between humans and non humans, we understood what was at the borders, something unexpected that arose from the meeting allowing the appearance of new ways of being and of relating, where before only diagnosis categories existed.

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