Assessment of Play and Leisure: Delineation of the Problem

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This paper discusses current perspectives on play and leisure and proposes that if play and leisure are to be accepted as viable occupations, then (a) valid and reliable measures of play must be developed, (b) interventions must be examined for inclusion of the elements of play, and (c) the promotion of play and leisure must be an explicit goal of occupational therapy intervention. Existing tools used by occupational therapists to assess clients' play and leisure are evaluated for the aspects of play and leisure they address and the aspects they fail to address. An argument is presented for the need for an assessment of playfulness, rather than of play or leisure activities. A preliminary model for the development of such an assessment is proposed.

In many ways, play and leisure are different from the other major occupations with which occupational therapists have been concerned. Unlike work and self-care, play is a tripartite phenomenon. First, play is a transaction or activity in which we engage only because we want to, not because we feel we must (Neulinger, 1974; Neumann, 1971). Because we freely choose them, our play and leisure activities may be some of the purest expressions of who we are as persons.

Further, unlike work and self-care, play and leisure are determined by the player. Under certain circumstances, such diverse activities as golf, running, building with blocks, playing computer games, and pretending to be superheroes all can be considered play or leisure. Under different circumstances, each of those activities might be considered work. Finally, unlike work and self-care, in play, the player is in control. He or she becomes totally absorbed in an activity that presents the just right challenge. The concerns of real life are suspended (Csikszentmihalyi, 1975; Csikszentmihalyi & Csikszentmihalyi, 1988).

Second, play is a primary medium for intervention. Through play and related media such as humor (which really amounts to verbal and cognitive play), we engage clients in activities in which the consequences are somehow diminished. If the client drops the spoon, falls off the swing, or spills the paint in therapy, the consequences are not as great as if those things happened in a restaurant, on the playground, or at school. In fact, when those situations are handled skillfully, they sometimes turn into powerful therapeutic interactions (Vandenberg & Kelhoffer, 1982). They may result in clients trying, and mastering, activities they never would have tried alone or in real life. Play as a means of suspending the consequences of real life is an important concept. Clients come to us asking, although rarely in so many words, for us to "play" with them so they can develop skills that more nearly match those required for their real lives.

Finally, play is a style we use when we approach problems and situations in a flexible manner. When play is described as a style, the term playfulness is generally applied. Few situations in life must be approached as matters of life or death. If one approach or solution does not work, there is bound to be another that does. The person who approaches problems in a flexible, playful fashion is much more likely to find a solution than is the person who thinks there is only one right approach. Playfulness is so important that ultimately we may find that a person's approach to an activity is more important than any play or leisure activity in itself. In other words, a playful approach to life may be much more important than whether one engages in golf, running, building with blocks, playing computer games, or pretending to be a superhero. Clearly, playfulness is intimately related to play as a transaction and as a medium for intervention. Without playfulness, all activities become work.
Play as Paradox

Play is also different from other occupations because it is not considered serious or real; it is not thought of as productive. Because play is not considered important (Schwartzman, 1991), it is not a respectable medium for intervention, a respectable goal for intervention, or a respectable approach to life. Comments such as “Insurance will never pay for her to learn to play; I don’t dare write goals about play—it’s not educational” and “No wonder he likes to come here. You just play with him,” are pervasive when occupational therapists, who claim play as one of three major occupations, are asked to examine the practical implications of incorporating and promoting play in their interventions, that is, of taking play seriously. We are caught in a vicious cycle. If we cannot think seriously about play, we cannot be serious about assessing, implementing, or promoting it. If we cannot assess, implement, and promote play, we do not take it seriously.

On the one hand, we acknowledge the power and importance of play. On the other hand, we slip it under the rug. Bateson (1972) and other well-known theorists have commented on the paradoxes of play. Perhaps our attitude is another of those paradoxes. We recognize that play is a powerful tool through which we can diminish the consequences of real life and promote our clients’ abilities to express themselves, yet we fear the repercussions of being thought less than serious about the real-life difficulties confronting our clients. We want to take play seriously, but if we do, we may not be taken seriously ourselves. The use and promotion of play presents us with a paradox.

We have gone to great lengths to give play credibility. Slogans such as “play is the work of children” somehow make our interventions and outcomes sound more important. I suggest that, rather than likening play to work, we should strive to liken work to play. We should not strive to be better at working; we should strive to make our productive endeavors more like play. If we want to take play seriously, we must routinely and systematically assess our clients’ playfulness and their abilities and opportunities to play. Further, we must routinely and systematically assess the intervention transactions in which we engage our clients, examining them for the presence of the elements of play. Finally, we must actively and systematically promote play and leisure in our clients’ lives and in our intervention sessions (Bundy, 1991).

Evaluating Play and Leisure: A Critique of Existing Tools

But what if occupational therapists were to decide to evaluate each client’s play and playfulness systematically and to examine each intervention session for the presence of the elements of play? To what sources and tools would we turn to accomplish these worthwhile endeavors?

If we wished to assess children’s play, we might turn to instruments such as the Preschool Play Scale (Bledsoe & Shepherd, 1982; Knox, 1974) or the Play History (Takata, 1974). If we worked with adults, we might use tools such as the Interest Check List (Matsutsuyu, 1969). What would we learn about a client’s play and playfulness by using those tools? Perhaps more important, what would we not learn?

In administering the Preschool Play Scale (Bledsoe & Shepherd, 1982; Knox 1974) or other similar evaluation tools, a therapist learns what developmental skills a young child uses in play. Granted, this is important information. To be able to play well, a child must have the skills to meet the challenges presented by playmates and by the physical environment (Csikszentmihalyi, 1975; Csikszentmihalyi & Csikszentmihalyi, 1988). Because our society has a propensity for grouping children together by chronological age, it is important to know whether or not children’s skills are adequate to meet the challenges presented in play. However, interpreting the results of these assessments is difficult. What do we know if we discover that a child plays more like a younger child than like his or her peers? Does that child have a play dysfunction? Certainly, that child’s play is not typical, but in a study of boys with sensory integrative dysfunction, O’Brien (formerly Clifford) and I (Clifford & Bundy, 1989) concluded that it is far more important for children to be good at what they want to do than to have a play age that is equivalent to their chronological age.

In contrast, when a therapist uses a tool such as the Play History (Takata, 1974) or the Interest Check List (Matsutsuyu, 1969), the therapist learns what the client does in play or leisure and what he or she had done in the past. With a child, the therapist uses this information to piece together a developmental history (which can be compared with normative guidelines drawn from the literature) and a picture of the ways in which the environment supports or prevents the child from playing. For an adult, assessments such as the Interest Check List enable the therapist to learn about the ways in which illness or injury have affected the client’s leisure activities and roles. Evaluation tools like the Play History and the Interest Check List provide us with information that is closer than that gained from the Preschool Play Scale (Bledsoe & Shepherd, 1982; Knox, 1974) to an assessment of play as an occupation. But, again, these results are difficult to interpret. Neither tool is a measure, in the true sense of the word (A. G. Fisher, in press). The normative guidelines contained in the Play History were drawn from theoretical rather than empirical data. The Interest Check List is simply a checklist. Should one have a lot of interests or only a few? How many is too many? How few is too few?

When we examine play and leisure we need to know a number of things, including (a) in what activities the
client becomes totally absorbed; (b) what the client gets from those activities; (c) whether or not the client engages routinely in activities in which he or she feels free to vary the process, product, and outcome in whatever way he or she sees fit; (e) whether or not the client has the capacity, permission, and support to do what he or she chooses to do; and (f) whether or not the client is capable of giving and interpreting messages that “this is play; this is how you should interact with me now.”

Currently occupational therapists have developed no formal assessments that allow them to examine the factors that may be some of the most important aspects of, and influences on, play and leisure. Although a few members of other professions have developed some of these tools (e.g., Barnett, 1991; Wolfgang & Phelps, 1983) and have formulated methodologies that might be used or adapted by occupational therapists seeking information about play and leisure (e.g., Csikszentmihalyi, 1975; Csikszentmihalyi & Larson, 1987), it is telling that we, who claim that play and leisure are a primary lifelong human occupation and who make it our business to assess occupation, have contributed so little to the existing theoretical and practical knowledge base of play.

Further, occupational therapists rarely use even the existing evaluations of play, whether drawn from our own literature or that of other professionals. In three surveys of pediatric therapists (Kielhofner, Knecht, & Bundy, 1987; Lawlor & Henderson, 1989; Stone, 1991), respondents indicated that they formally assessed play in only one survey (Stone, 1991). Stone’s results suggested that when occupational therapists incorporated play into a child’s assessment, it was primarily as a vehicle for observing other developmental skills rather than as an occupation. Because play is the primary occupation of young children, I can only assume that therapists who intervene with adults are even less likely to assess play and leisure than were the pediatric therapists who responded to Stone’s survey.

To be fair, however, the respondents to both Stone’s (1991) and Lawlor and Henderson’s (1989) surveys expressed some frustration with their inability to assess play adequately. Some indicated that they were not aware that formal assessments of play existed.

Using Play as a Medium for Intervention

Although the therapists responding to Stone’s (1991) survey acknowledged that their assessments of play as occupation were less than adequate, they indicated that they felt relatively better about their abilities to use play as a medium for intervention. However, once again, few guidelines exist to enable therapists to evaluate their intervention sessions for the presence of the elements of play. Those that do exist (Bundy, 1991) have been published in a textbook (Fisher, Murray, & Bundy, 1991) written primarily for pediatric therapists. However, the use of play as a powerful medium is not, and should not be, confined to pediatrics.

My experience supervising and instructing students and therapists suggests that many pediatric therapists are intuitive about using play in intervention. (Mattingly [1989] made similar observations of occupational therapists’ use of humor in their interventions with adult clients.) However, when a session does not feel right (that is, when there is something not playful enough about it), therapists have no systematic means for reflecting on what went wrong and changing the course of their interactions.

Play and Leisure: A Challenge to Occupational Therapists

Occupational therapists’ failure to develop and implement adequate assessments of play as an occupation, a style of approaching tasks, or a treatment medium, in the face of claims that play is an important domain in their practice, suggests a need for the profession as a whole to reexamine its priorities. Clearly, assessments of play and playfulness are needed; however, their development will not be easy. Further, I believe that occupational therapists have a unique perspective to offer to play research and theory and a unique contribution to make to clients’ lives through the promotion and use of play. We will not be able to demonstrate our knowledge or contributions by using tools developed by members of other professions, because most of those persons have been interested in play as a reflection of some other skill or trait (e.g., cognition, social development). They have not been interested in play as an occupation. Thus we will need to develop our own assessments.

Toward that end, I offer three preliminary pieces of work. The first of these I recently piloted with my colleagues (Morrison, Bundy, & Fisher, 1991)(see Figure 1). It represents a model that may form the basis for evaluating playfulness in clients and assessing specific intervention sessions for the presence of the elements of play. Neumann (1971) and other play therapists have proposed that play transactions have three elements: intrinsic motivation, internal control, and the freedom to suspend reality. These are the traits of people as well as of play transactions. It is not possible (and probably not desirable) for a person to feel totally intrinsically motivated, internally controlled, and free to suspend all aspects of reality. Neither is it possible or desirable to design therapeutic transactions in which these three elements are present to the fullest extent. These three elements can each be expressed best as continua. It is the sum contribution of these three elements that tips the balance toward play or nonplay, playfulness or nonplayfulness.

The next step in developing these preliminary ideas into psychometrically sound and clinically useful assessments of playfulness or play as a transaction is to oper-

Operationally define the ways in which persons behave when they are intrinsically motivated, internally controlled, and free to suspend aspects of reality. Those operational statements can then be transformed into test items that can be evaluated for their ability to be calibrated as measures with acceptable reliability and validity.

Because intrinsic motivation, internal control, and the freedom to suspend aspects of reality are broad and abstract concepts, it is likely that before they can be operationally defined, they must be broken down into component parts (see Figure 2). The next step will be to observe people in play and to interview them and their caregivers to determine how components such as absorption and the just-right challenge are manifest in ordinary play and leisure activities. How do we know these important components when we see them? Clearly these elements are not mutually exclusive, but together, they form a single unidimensional construct of playfulness. As Fisher (W. P. Fisher, in press) indicated, this construct must be tested.

Not all of the information we need to collect about our clients’ play and leisure requires measurement. The nature of some of this information will require qualitative inquiry. If play is the purest expression of who we are as persons, then people who have lost their ability to play in the ways they choose have lost important pieces of themselves. In our assessments, we must seek to learn not so much what persons do as what the activity says about them and what they value about that activity. Is it social interaction? The feeling of having solved a difficult problem? The sense of having created something meaningful (Csikszentmihalyi, 1975)? Only when we know what the benefits of particular leisure activities are to the client can we help that person recapture those same benefits in a different activity. A set of preliminary questions (see Figure 3) can be used as the basis for interview of clients or their caregivers and may ultimately form the basis of an assessment of play as meaningful occupation. These questions also reflect the model depicted in Figure 1. Other questions might be used to help clients or caregivers elaborate on their answers to the initial questions (see Figure 4).

Figure 2. Suggested initial interview questions for the evaluation of play as an occupation. (Each question can be adapted for use with caregivers by replacing “you” with “your child,” “your husband,” etc.)

Figure 3. Potential follow-up questions for use in the evaluation of play as occupation.
Conclusion

If we want to use play as a powerful medium and to promote play and playfulness in our clients, we must take play seriously. We must develop measures and means to examine play and playfulness systematically, to reflect on and revise the course of our interactions, and to learn about the benefits of play from the perspective of the player. Like all the other professionals who have grappled with play and leisure, we have never successfully defined them. The assessments we develop will become our definitions of play and leisure (Rubin, Fein, & Vandenberg, 1983). Further, we must develop assessments that define play and leisure from the perspective of occupational therapists.

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