

Play is a complex behaviour and is defined as being more internally than externally motivated, transcending reality as well as reflecting reality, controlled by the player, involving more attention to process than product, safe, usually fun, unpredictable, pleasurable and spontaneous and involving non-obligatory active engagement (Bundy 1997, Stewart et al 1991). Pretend play, which occurs between the ages of 18 months and 6 years, reflects these qualities of play.

Using the World Health Organisation's classification of body functions and structures, activities and participation (ICIDH-2, WHO 1999), this paper outlines the skills that are essential for pretend play ability and asserts that if there are any impairments in these skills the child experiences a reduced ability to pretend play. This leads to possible participation restrictions in the child's life, such as difficulties in fulfilling usual social roles. Cognitive, social and emotional skills are presented as having the biggest impact on pretend play development, while the motor and sensorimotor skills that enable the child to manipulate objects in the environment are presented as being of secondary importance.

Two models are offered which illustrate the importance of pretend play to child development and the sequence of play development. The paper concludes by recommending that occupational therapists address and reduce the participation restrictions that some children experience in learning and social situations by enabling a child to increase activity in pretend play.

The Importance of Pretend Play in Child Development: An Occupational Therapy Perspective

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Introduction

Within occupational therapy, play has been regarded as an important aspect of child development and as a complex behaviour even though it appears deceptively simple (Knox 1974, Reilly 1974, Robinson 1977, deRenne-Stephan 1980, von Zuben et al 1991). Bracegirdle (1992a, p107) noted that 'the study of play is crucial both to the understanding of the developing child and to the treatment of impairment'. This paper attempts to demonstrate how pretend play is a window to the child's play abilities and how occupational therapists' knowledge of pretend play can lead to an understanding of the impairments that result in limited pretend play activity. Limited activity in pretend play can lead to restricted participation in life situations, which can have social, emotional and cognitive consequences.

Using the proposed ICIDH-2 model (World Health Organisation [WHO] 1999), the connection is made between impairments in skills, limited activity in pretend play and restricted participation in social situations. ICIDH-2 is a new model based on the ICIDH (WHO 1980) with the final version planned for publication in 2001. The ICIDH-2 classification provides a global language and framework to

describe the many components of health from human functioning to disability. The ICIDH-2 model categories have been named to remove negative connotations. For example, disability is now referred to as activity limitation and handicap is called participation restriction. ICIDH-2 terms are adopted for use throughout this paper.

Play and occupational therapy

Occupational therapists have used various forms of play to assess and treat children (Anderson et al 1987, Schaaf 1990, Bracegirdle 1992a, Telford and Ainscough 1995, Canadian Association of Occupational Therapists [CAOT] 1996, Parham and Fazio 1997). Occupational therapists have accepted that the definitions, benefits and use of play are wide ranging. For example, definitions of play have included the following characteristics: play is more internally than externally motivated, play transcends reality as well as reflecting reality, play is controlled by the player and involves more attention to process than to product, play is safe, play is usually fun, play is unpredictable, pleasurable and spontaneous and play involves non-obligatory active

engagement (Stewart et al 1991, Bracegirdle 1992a, Goodman 1994, Bundy 1997, Parham and Primeau 1997). Play has also been defined as exploratory in nature and consisting of a variety of activities that involve movement and manipulation in relation to the environment (Sutton-Smith 1967, Robinson 1977). Within occupational therapy, play has been seen as an all-encompassing activity and the primary occupation of childhood (CAOT 1996). Motor, sensory and cognitive/perceptual skills have been regarded as important to play (Anderson et al 1987, Pierce 1997).

In occupational therapy, the benefits of play to children are understood to be wide ranging. Play is believed to facilitate integration, survival and an understanding of a culture (Vandenberg and Kielhofner 1982). Play is also believed to facilitate flexibility in thinking, adaptability, learning, problem solving, exploring and gaining a sense of mastery over one's environment, information integration from the environment, and the development of social, intellectual, emotional and physical skills (Florey 1971, Michelman 1974, Howard 1986, von Zuben et al 1991, CAOT 1996).

Pretend play

It is proposed that for the child aged 18 months to 6 years, the definitions of play as offered above by Stewart et al (1991), Bracegirdle (1992a), Goodman (1994), Bundy (1997) and Parham and Primeau (1997) can be applied to pretend play. When a child is engaged in pretend play, the child is participating freely and self-guiding, usually totally absorbed with internal processes expressed in external action (Vygotsky 1976). Pretend play reflects reality as well as transcending reality. In this paper, the term 'pretend play' encompasses both symbolic play and conventional imaginative play.

Lewis et al (1992) defined symbolic play as play involving the substitution of one object to represent another; the use of a symbolic action to represent a property (for example, hunger); and the substitution of a symbolic action to refer to an absent object. For this activity to occur, the child is required to pretend or imagine or to suspend reality. In suspending or transcending reality, the child has freedom from reality. For example, when a child pretends that a shoe is a car, the reality of the shoe is suspended while the child drives the shoe. How the child will use the shoe on another occasion is unpredictable. Symbolic play is most easily seen in play where the child uses an inanimate object (for example, a stick) or a conventional object (for example, a shoe) in an unconventional way by pretending that the object is something else.

Pretend play can also be observed when a child is playing with conventional toys, such as a bed and a doll (Casby 1992, Lewis et al 1992). With conventional toys, the child can put the doll to bed and pretend that the doll is asleep, that is, the play reflects reality. In this paper, conventional imaginative play refers to the child using conventional toys to pretend, while symbolic play refers to

the child using objects and transforming these objects into something else. Using a Piagetian model, pretend play occurs during the period of 18 months to 6 years, with the preschool years being the peak of pretend play (Piaget 1962, Vygotsky 1976). Pretend play is the mature form of play for the preschooler (Vygotsky 1976).

The capacities (skills) required for pretend play

The abilities to substitute objects, attribute properties to objects and actions, and refer to absent objects are defining characteristics of pretend play and provide evidence of representational thought (Fein 1975, Lowe 1975, Lewis et al 1992). This capacity of decentration or representation enables the child to transform objects and situations while simultaneously understanding the original identities, for example, of the object, situation or himself or herself. In other words, the child is able to use an object rather than himself or herself as the actor in the play. This capacity enables the child to be involved in play directed towards other children or objects because the child has made the shift from self-directed activity to 'other'-directed activity (Rubin et al 1983).

The significance of this unique cognitive capacity of pretend play is receiving close attention in the Theory of Mind literature (see, for example, Baron-Cohen 1996). This is due to the recognition over the last 10 years that children who do not transform objects and situations in play, and therefore have poor pretend play ability (such as children with autism), also find it very difficult to read social situations or people's intentions (Baron-Cohen 1996).

Nicolopoulou (1993) provided an overview of the varying views of symbolic play. This overview encompassed the views of theorists who emphasised the importance of pretend play to the emotional integration of the child, those who emphasised the cognitive value of symbolic play (Piaget 1962, Vygotsky 1976) and those who believed that symbolic play was a cognitive skill in itself (Fein 1975).

Using aspects of the theories offered by Piaget (1962), Fein (1975) and Vygotsky (1976), a model of pretend play based on the classification system of the WHO (ICIDH-2, WHO 1999) is put forward in Fig. 1. Fig. 1 presents the capacities that are required for a child to pretend play. If there are impairments in any of these capacities then the child presents with activity limitations in pretend play. It is proposed that this leads to restricted participation, which has social, emotional and cognitive (or learning) consequences.

Fig. 1 shows that pretend play reflects the cognitive skills of play. The unique cognitive capacities of pretend play have been mentioned above. Other cognitive skills that have an impact on pretend play are those that have been linked with pre-literacy skills, such as narrative competence, organisation of thinking, decontextualised language ability and representing thoughts in writing (Schrader 1990, Pelligrini 1993).

To tell stories or generate a narrative, a child is required to sequence and organise thought and generate play ideas (Westby 1991, Mallan 1998). The child's capacity to sequence play actions increases with age, thus indicating the complexity of play (Casby 1992, Lewis et al 1992). For example, the pretend play of preschoolers playing doctors has a more complex sequence of actions than that of a 2-year-old who is feeding a teddy (Stagnitti 1998).

Power and Radcliffe (1991) suggested that as children grow, the elaboration and purposefulness in their play may be indicative of actual play functioning and predictive of later school performance. Wyver and Spence (1995) studied children in preschools in Australia and found that children with thematic pretend play (for example, where children's pretend play reflects situations that they have never experienced, such as flying spaceships) were better at divergent problem-solving tasks than children who did not engage in thematic pretend play. Attention, concentration, memory and visualisation, which are important to the duration of time a child spends in play, are cognitive capacities involved in pretend play.

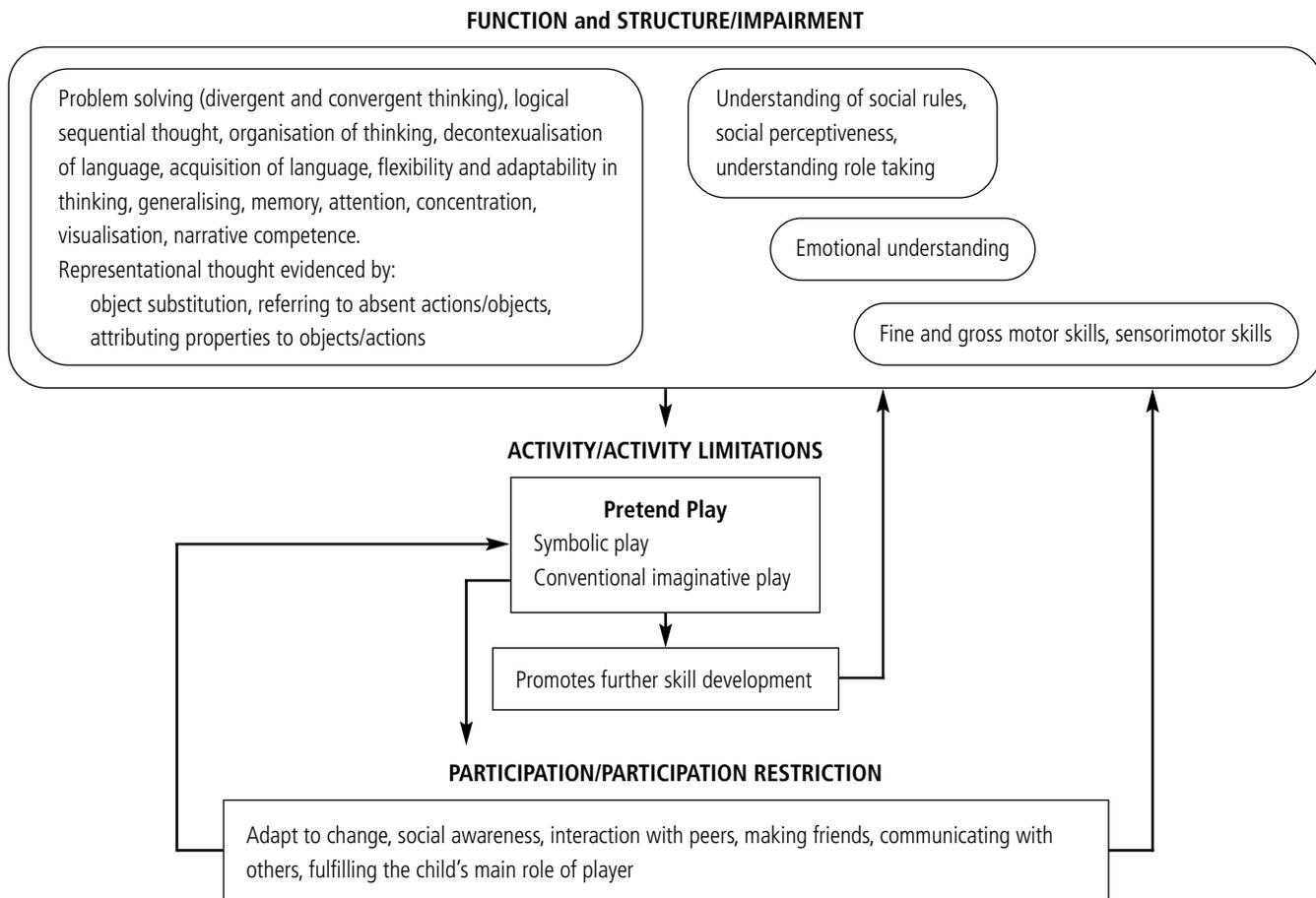
Children often pretend in play with other children and this involvement with others helps to develop social awareness. Through experiments with life's social roles, the child becomes aware of the norms and rules of behaviour; for example, playing being mothers reflects the rules of

maternal behaviour (Vygotsky 1976). Emotionally, pretend play enables the child to act out situations with different outcomes to reality (Vygotsky 1976). The ability to pretend during play facilitates a capacity to decentre from the self and this brings to the child an increased empathising with and understanding of the perspective of others (Rubin et al 1983, Baron-Cohen 1996).

Westby (1991) noted that pretend play affected all areas of development and facilitated healthy development of emotions, convergent and divergent thought, language literacy, impulse control, perspective taking and socialisation. In summary, pretend play is recognised as encompassing and reflecting important cognitive skills in the development of the child (Piaget 1962, Fein 1975, Ungerer et al 1981, Missiuna and Pollock 1991, Power and Radcliffe 1991, Wyver and Spence 1995) as well as being important to language development (Westby 1991), social perceptiveness (Baron-Cohen 1996) and emotional development (Vygotsky 1976).

In Fig. 1, a child's motor skills and sensory skills are listed as capacities that support pretend play because these skills enable a child to manipulate and explore objects. However, the manipulation and exploration of objects is a primary form of play that occurs during the first 18 months of life (Bracegirdle 1992b, Pierce 1997). This is often referred to as the sensorimotor period. During this period,

Fig. 1. Interactions involving pretend play within the ICDH-2 dimensions (World Health Organisation 1999). This model is contextualised by the environment, personal factors and culture.



many skills that are the foundation skills for further play development are mastered, such as manipulation, object permanence and imitation (Pierce 1997, Stagnitti 1998). Pretend play is thought to be rooted in sensorimotor ability (Piaget 1962), which implies that a child has learnt to manipulate, understand and relate objects to each other before the emergence of pretend play. This paper draws on cognitive developmental theories of play and Piaget's (1962) work made a major contribution to the development of this field. Therefore, Fig. 2 presents pretend play in a Piagetian developmental model.

Pretend play and occupational therapy

The importance of pretend play to the assessment and treatment of children has been recognised by speech therapists, educationalists and child psychologists (Westby 1991, Doswell et al 1994). One of the main reasons for this is that symbolic play development and language development are regarded as sharing the same semiotic function and the development of symbolic play parallels language development in the early years of childhood (Lewis et al 1992). The relationship between symbolic play, emotional/social development and cognitive development has been researched by educationalists and psychologists for some time (for example, Rubin et al 1983, Slade and Wolf 1994).

Historically, occupational therapists have viewed play broadly, with references to pretend play made within the broader view of play development. Pretend play has not received close attention. Occupational therapists such as Reilly (1974) considered play from a general systems perspective, using a child's imaginative disposition as an integrating point for emotional, social and cognitive skills. Michelman (1969, 1971) argued that symbolic play was a precursor to creativity. Michelman (1969, 1971) understood the importance of symbolisation in child development and concentrated on creative play with a particular focus on creative art experiences.

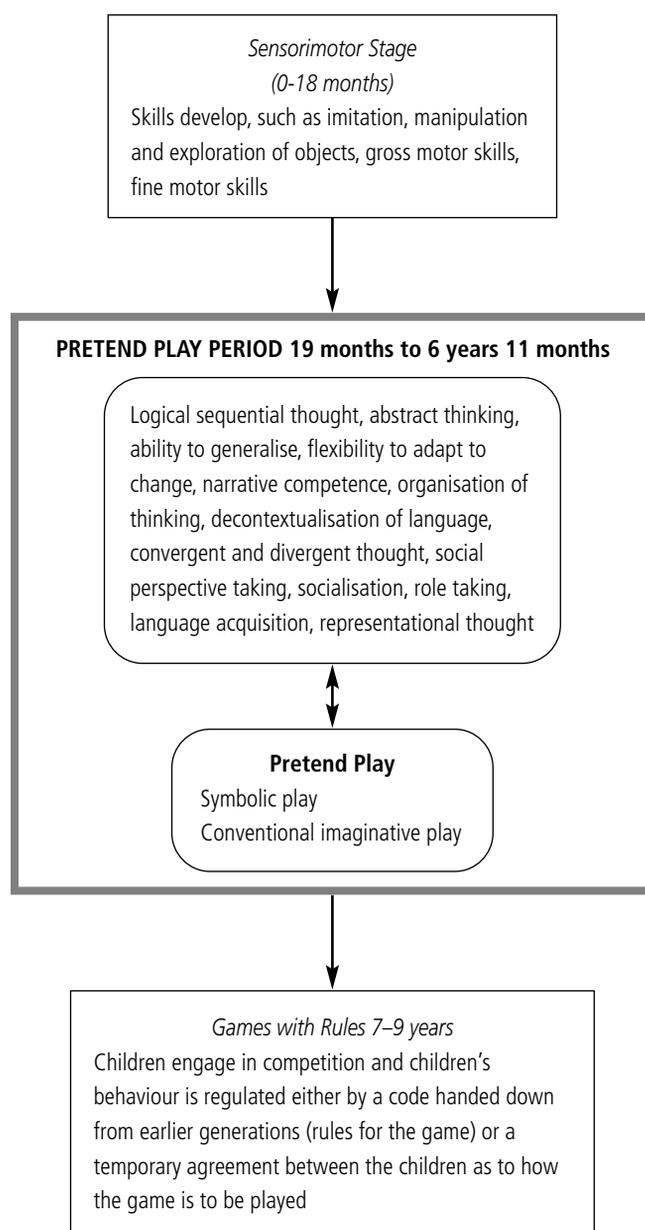
A study by Sparling, who was practising as an occupational therapist at the time of the study, Walker a drama teacher and Singdahlsen an art teacher (Sparling et al 1984) was the only study found where an occupational therapist used symbolic play in research. Sparling et al (1984, p605) described symbolic play 'as the quintessence of the play sequence'. When using symbolic play in the form of drama as a therapeutic modality with children with neurological impairments, Sparling et al (1984) were encouraged to find improvements in the children's gross motor skills, social-emotional skills and cognitive skills as assessed on the Vulpe Assessment Battery (Vulpe 1977).

In recent times, Knox (1997) has included 'Pretence/symbolic' as the new heading instead of 'Imitation' in the Revised Knox Preschool Play Scale, a scale which is designed to give a developmental description of a child's play behaviour. This assessment requires further reliability

and validity studies to support its use (Knox 1997). Using pretend play as a therapeutic modality, Stagnitti (1998) has devised a practical programme to develop a child's pretend play. This programme requires empirical studies to validate the clinical observations of improvement noted by Stagnitti (1998).

Figs 1 and 2 demonstrate the importance of pretend play ability to a child's participation in society and its relationship to sensorimotor play and games with rules. This paper proposes that pretend play should be considered within occupational therapy programmes for children who are developmentally older than 18 months. When observing pretend play in children, there are two aspects of pretend play ability that should always be considered. These are the child's pretend play with conventional toys and inanimate

Fig. 2. The Pretend Play Period in relation to the Sensorimotor and Games with Rules stages of development using Piaget's time line (Piaget 1962), contextualised by the environment, personal factors and culture.



objects and the child's ability to self-initiate play. These are now discussed in more detail with regard to normal children and children with dysfunction.

Difficulties in pretend play with conventional toys and inanimate objects

The two components of pretend play – conventional imaginative play and symbolic play – are important to observe in children. The reasons for this are described below.

Lewis et al (1992) noted that children with autism, learning difficulties and language disorders, for example, might have more difficulty in one area of pretend play and not in the other. Clifford and Bundy (1989, p212) also noted this difference with 'normal boys observed playing with various toys in a symbolic manner (e.g. pretending the jungle gym was a spacecraft), whereas boys with sensory integration dysfunction were observed to play symbolically only with miniatures (toys symbolic by nature)'. Miniature toys are commercial toys which reflect reality, such as people, cars and houses. It appears that Clifford and Bundy (1989) referred to these toys as 'symbolic by nature' because these toys symbolised reality. However, there is a disagreement over these terms because children play with 'miniature representations of real objects in ways appropriate to their conventional function' (Lewis et al 1992, p232). Children pretend in play with miniatures, but they may not necessarily transform the objects into something else (that is, symbolic play). Thus, it appeared from Clifford and Bundy's (1989) study that the boys with sensory integration dysfunction did engage in conventional imaginative play, but not in symbolic play as was noted with the normal boys (in this case, substituting the gym for a spacecraft).

Ability in conventional imaginative play and symbolic play has been found to differ in children with autism (Lewis et al 1992, Baron-Cohen 1996) and in children with socially aggressive behaviour (Stagnitti 1998). Lewis et al (1992) argued that children with autism spectrum disorder have poor symbolic play because of an inability to use symbols, both in language and in play. However, these same children may be able to play with conventional toys because their concept development may be less affected.

Stagnitti (1998) noted that children with socially aggressive behaviour could pretend play with conventional toys; however, these children found it difficult to pretend play with inanimate objects. Stagnitti (1998) noted that while these children could use a car as a car in play, they did not transform objects in their play such as using a box for a car. Thus, these children performed better in structured pretend play using conventional toys compared with pretend play situations that required the child to transform inanimate objects into play toys (symbolic play).

Normal pretend play is self-initiated play

Within the definition of play outlined above, it is stated that play is spontaneous and involves non-obligatory active engagement. Spontaneous, self-initiated pretend play as opposed to therapist-directed pretend play is recognised as being important in determining a child's functional play

ability (Stagnitti 1998, Howlin et al 1999). Self-initiated free play experiences were regarded by Missiuna and Pollock (1991) to be vital for normal growth and development because self-initiated play 'provides a forum for children to explore their own capacities, to experiment with objects, to make decisions, ... to learn, to persist ... This type of play fosters creativity and allows a child to develop social skills...' (Missiuna and Pollock 1991, p883). Van der Kooij (1989) found that self-steering was an important cognitive skill and that there was a high correlation between self-steering, mental activity, flexibility, intrinsic motivation and internal locus of control.

Although pretend play ability is self-initiated in normal children's play, this does not appear to be the case with children who have developmental difficulties. Westby (1991) noted that discrepancies appeared in the pretend play of children with learning disabilities. For example, a child might have been able to imitate another's sequence on suggestion, but could not spontaneously imitate a sequential play episode. Lewis et al (1992) noted that children who had communication impairments showed a lack of spontaneous play ability which was below their language level. In examining a number of pretend play scales, Lewis et al (1992) noted that many of the scales only assessed spontaneous play which, they argued, might not reflect a child's competence in language ability. However, Power and Radcliffe (1991) noted that self-initiated spontaneous play assessment could indicate a child's ability to function adaptively without organisation by a supervising adult. The ability to pretend play spontaneously appears to be an activity associated more with the play of normally developing children than with the play of children who have developmental difficulties.

Conclusion

Pretend play ability in normally developing children includes the capacity to use symbols spontaneously in play (symbolic play) and the capacity to pretend spontaneously with conventional toys. This paper has demonstrated that the ability to pretend play reflects a child's cognitive and social/emotional capacities. Motor skills can also be observed when a child uses objects in play. If a child has a deficit in pretend play or cannot pretend in play (and is over 18 months of age), then that child is likely to have participation restrictions (handicap) leading to problems with learning and social interaction with peers.

Through understanding the importance of pretend play in a child's development and the cognitive, emotional, social and motor impairments that lead to an activity limitation in pretend play, occupational therapists can feel confident to address and reduce the participation restrictions that some children experience in learning and social situations (Stagnitti 1998). Occupational therapists can address participation restriction in the child's main role of player by facilitating the acquisition of the skills that are reflected in pretend play activity and providing opportunities for the

child to engage in pretend play. This process, as outlined in Fig. 1, provides occupational therapists with a framework for practice in the area of play facilitation.

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