

Play and autism The power of play to promote wellbeing

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Children with autism spectrum differences (ASD) play in their own unique ways and differences between children with ASD and neurotypical children include differences in spontaneous play, social play and pretend play (Jarrold and Conn, 2011). In this article we use the term ‘autism spectrum difference’ rather than ‘autism spectrum disorder’ to avoid conceptualising children’s abilities and needs from a negative and deficient perspective (Ring, McKenna and Wall, 2015). Findings from a recent national evaluation of education provision for children with ASD suggest that children with ASD see opportunities to play as an important feature of their educational experience (Daly and Ring et al., 2016). We argue that the observed differences in the play of children with ASD are not commensurate with a lack of motivation to play or a capacity to benefit from play. Amid increasing concerns for child wellbeing at policy level (Smyth, 2015), the authors suggest that opportunities for child-directed play should be an integral feature of education programmes for children with ASD, given the power of play to support wellbeing and children’s connections with others.

Introduction

Children learn and develop through play and play is associated with a range of emotional, social, cognitive and academic gains (Bonfield and Horgan, 2016). While children clearly benefit when teachers intentionally use play as a context to work towards curriculum learning

goals, they also benefit from opportunities to direct their own play. Research consistently indicates that self-directed play contributes to emotional well-being and connections with others (Gray, 2015). The autobiographical accounts of adults with ASD further emphasise the importance child-directed play for well-being and connecting with others during childhood (Conn, 2015; 2016). However, a preoccupation with outcomes coupled with a tight schedule of interventions, can lead to reduced opportunities for play in educational programmes for children with ASD (Mastrangelo, 2009). Moreover, the research suggests that children with ASD in mainstream educational settings can experience social isolation, loneliness and rejection (Chamberlain, Kasari and Rotheram-Fuller, 2007). Child-directed play offers a powerful mechanism through which these challenges can be overcome.

Difference or Disorder?

Up until the recent publication of The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (American Psychiatric Association (APA), 2013), autism or autistic spectrum disorder was described as being identified by a triad of impairments in social interaction, patterns of communication and flexibility of thought and behaviour (Ring et al., 2015). While the current classification system also includes these areas, a further welcome dimension refers to a child's hyper/hypo reactivity to sensory input or an unusual interest in sensory-related aspects of the environment. The concept of 'disorder' as a defining feature of autism continues to be challenged by individuals with autism and their families who describe their experiences in terms of 'difference' (Greene, 2006). In accordance with the position adopted by Ring, Daly and Wall (2018), this article rejects 'disorder' in favour of 'difference' and maintains a focus on the role of parents and educators in responding to, and accommodating these differences through optimising children's access to play.

Are Children with Autism Spectrum Differences Motivated to Play?

Prior to exploring the motivation of children with ASD to engage in play, we need to be clear around what play actually entails. Gray (2013), conceptualises play as a motive characterised by choice, a means over ends focus, imagination, self-chosen rules and an active, non-stressed mind-set. Once afforded the opportunity, children with ASD certainly act autonomously even if this involves pursuing a more constricted range of interests. When children with ASD engage in preferred activities, it is the activity itself (means) rather than any external reward (ends) which motivates them. Much of the play experienced by children with ASD, however, can be adult rather than child-controlled (Mastrangelo, 2009; Conn, 2015). Play involves self-chosen rules which can be observed in the play of children with ASD when they make up rules around how objects are organised or how games are played. Pretend play is highly imaginative, and spontaneous generation of pretence is recognised as challenging for children with ASD (Jarrold and Conn, 2011). Jarrold and Conn (2011), propose a performance rather than competence deficit meaning that children with ASD can engage in pretence but for several reasons, are less motivated to do so. The autobiographical literature provides further evidence that many children with ASD both engage in and enjoy pretence even if it is less improvisational than the pretence of neurotypical children (Conn, 2015). Many children with ASD are competent at using visual media to represent their imagination and the exceptional drawing abilities of some children with ASD are well documented (Scott, 2013; Ring et al., 2015). This suggests that for children with ASD who find pretending difficult, other symbolic forms of play, such as play with visual media, might offer a more accessible mode of expression and communication. However, this is not to dismiss the value of teaching pretend play skills given the contribution of this type of play to language, self-regulation, symbolic thinking and emotional well-being (O' Sullivan and Ring, 2016). Finally, when the conditions support them to do so, children with ASD can

demonstrate an active non-stressed mind-set when they become deeply absorbed in activities. The autobiographies of adults with ASD suggest, however, that the extent of absorption in sensory play activities can go somewhat beyond that experienced by neurotypical children with many recalling difficulties disengaging from such activities (Conn, 2015; 2016). Supporting children with ASD framing their play experiences may be of particular pedagogical relevance in this regard. Overall, it is clear that children with ASD demonstrate the motive or attitude we define as play and can benefit from play in several ways. Consequently, including play in their curriculum should be an educational priority.

The Perspectives of Children with Autism Spectrum Differences on Play

As part of a mixed methods national evaluation of education provision for children with ASD at early years, primary and post-primary levels in mainstream and special education settings (in which one of the present authors was a principal investigator), conversations were conducted with groups of children, augmented by a draw-and-tell approach (Daly and Ring et al., 2016). Data were collected across 24 sites representing the continuum of education provision available for children with ASD from pre-school through to secondary school (see Daly and Ring et al., 2016 for further detail on the sampling framework adopted). Across these sites 29 child conversations were conducted with 41 children. The inclusion of the drawing activity embraced an approach, which was non-hierarchical, inter-subjective and potentially collaborative while affording participants the opportunity to articulate their views in a non-verbal and concrete way (Lewis, 2003). As the images in Figure 1 and Figure 2, illustrate, children with ASD saw opportunities to play, particularly outdoors with friends, as an important part of their educational experience.

The conversations with children provided further evidence of the importance of play in these children's education experiences. One child spoke of enjoying being able to 'play with people

in yard' while another who drew a picture of the school playground and described each piece of equipment and his favourite places in the playground as he drew. The findings from this research contest the view that children with ASD are less motivated to engage in play, particularly in social play with peers. Critically it suggests that the reason many children with ASD engage less frequently in play is, more related to social, communicative, cognitive and sensory differences than to a lack of motivation per se. Participants in this research clearly valued the contribution of play to their emotional well-being and to their opportunities to connect with others. Acknowledging that wellbeing is a 'multidimensional construct' (Smyth, 2015:1), nevertheless the clear influence of social and emotional relationships on wellbeing is clearly communicated in children's responses and drawings.

Play and Emotional Wellbeing

For play to promote emotional well-being children need to be offered genuine choice, opportunities to practice self-control, a variety of ways to represent ideas and time and space to become absorbed in activities. Crucially, play as an intrinsically motivating activity should not be accompanied by rewards or external evaluation (Gray, 2013). In terms of the type of play which promotes wellbeing, the autobiographical literature suggests that sensory based play activities, in particular, can be associated with feelings of security and wellbeing (Conn, 2015). Spinning, listening to gravel, following the lines of a fence are all examples of experiences recalled as having been deeply pleasurable by adults with ASD (Conn, 2016). It seems that children with ASD value opportunities to make sense of their world through their sensory interactions with it (Conn, 2015; 2016). Consequently, freely chosen play can support wellbeing in a differential way to teacher structured play activities and therapeutic interventions through allowing children engage in play which is pleasurable rather than play which is instrumental in achieving external goals. While the type of play which promotes wellbeing and allows children with ASD make meaning of their world might appear different

to the play which meets these needs in neurotypical children, children with ASD are entitled to enjoy the type of play experiences which meet their unique emotional needs. Where the curriculum privileges a narrow range of play experiences, to potential of play to promote wellbeing may not be fully realised for children with ASD (Jarrod & Conn, 2011).

Play and Connections with Others

Children with ASD experience challenges understanding, initiating and maintaining social interactions with others (Papacek, Chai and Green, 2015). They are not less motivated to play with others or to develop friendships, they may simply have a different way of being with others and of being friends (Jarrod and Conn, 2011). Physical proximity, for example, might be more important for some children with ASD than a mental form of companionship (Chamberlain et al., 2007). The autobiographical literature also suggests that despite finding socialising incredibly demanding, many adults with ASD recount their desire for friendship during their childhood years (Conn, 2015; 2016). Teachers generally use a range of strategies to support children with ASD developing communication and social skills and to support peers developing understanding, empathy and tolerance of the diverse interests and behaviours of children with ASD (Papacek et al., 2015). Moreover, through the provision of resources and activities which expand upon individual interests, teachers can encourage children to engage in play which contributes more to learning and social involvement. There is evidence to suggest that incorporating restricted interests can actually decrease stereotyping and increase functional play and social play (Josefi and Ryan, 2004; Watkins et al., 2017). Many adults with ASD report recall finding it easier to socialise with those peers who shared their own interests in some way (Conn, 2015). Given the diversity of children's social and communicative differences, observation and assessment are crucial to matching support to the needs of the learner (Ring et al., 2015). In the absence of adequate supports for children with ASD, the quality and range of connections with their peers decrease with age. However,

opportunities for play remain both important and essential throughout early years, primary and post-primary education (Rotheram-Fuller, Kasari, Chamberlain and Locke, 2010).

Conclusion

From the perspective of the development of the whole child, social and emotional development are as important as cognitive development which is often and inappropriately given priority. Cognitive development and associated academic success are, in fact, dependent on emotional well-being and connections with others in the learning community (Deci and Ryan, 2008; Whitebread and Coltman, 2011). Child-directed play makes a unique contribution to these important aspects of development and should be a core feature of educational provision for children with ASD. As play becomes more dominant in educational provision, educators in collaboration with parents need to reflect critically on the purposes for which play is cultivated. While play-based interventions are an invaluable part of educational programmes for children with ASD, they clearly need to be balanced with opportunities for child-directed play. Opportunities for children to direct their own play make a powerful contribution to emotional well-being which is critical to overall learning success. As skill generalisation is a key aim of curricula for children with ASD, child-directed play can complement teacher-led activities as it gives children with ASD an invaluable context in which to practice emerging social and communication skills. Children participating in the national evaluation (Daly and Ring et al., 2016) provided constructive insights into the power of play to support their emotional well-being and connections with others. The voices of these children and the emerging research should be considered by policy makers, educators and parents to increase the responsiveness of the curriculum to children's needs, particularly their needs in relation to emotional wellbeing and connections with others.

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