

Healing With(in) Imaginative Play

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Anthony Perone, PhD, University of Memphis, Memphis, TN

There is a rich and varied literature on the presence and value of imaginative play to contend with issues of effective and physical significance. Conceptually, developmental psychologists Jean Piaget (1962) and Erik Erikson (1976) contend that young children engage in imaginative play to illustrate mastery over experiences, including those that have affective significance. For example, children may “play out” a visit to the doctor’s office in their imaginative play to feel more comfortable than they might during a “real” visit to the doctor. Empirical work by scholars such as Cindy Dell Clark (2007) explores children’s psychological healing and stress reduction via imaginative play. Clark studies the value of imaginative play for children living with ailments such as diabetes and asthma. In her work, children who live with these physical challenges and who engage in imaginative play around themes of their illness and/or treatment are calmer and more empowered during the process. Applied work by individuals such as Patch Adams (www.patchadams.org) illustrates that children’s well-being, particularly when their health is compromised, benefits from playful interactions.

While I applaud theory, research, and applications in this area, I contend that the presence and value of imaginative play in the context of health and treatment should not be limited to young children. The play-based activities we support for children who are coping with physical and psychological stressors should be extended across the lifespan and include the multiple partners who advocate for the health and care of children. Across conceptual, empirical, and applied contexts, imaginative play is no longer “just for kids”; motivations for imaginative play and examples and benefits of it are present throughout the lifespan (e.g., Freysinger, 1998; Holzman, 2009). For example, in my interviews with adults about their life-span imaginative play (Perone, 2013; Perone & Göncü, under review), participants shared how imaginative play beyond early childhood helped them deal with issues such as feeling depressed or lonely or to contend with family issues such as domestic abuse or divorce.

For the purposes of this commentary, I would like to share the potential for imaginative play for adult health care professionals. The value of imaginative play for these professionals not only provides them with self-care and stress reduction, but also makes them more present for, vulnerable with, and supportive of their colleagues, their patients, and their patients’ families. While there are many forms that imaginative play can take, such as young children who play dress up or adults who attend Halloween parties or Comic Con, I would like to focus on one particular example: improvisational theater activities (improv), where people engage together in imaginative and spontaneous games and scenes. Indeed, some authors (e.g., Göncü & Perone, 2005) consider improv to be an adult version of the pretend activities children do. What’s more, evidence suggests that improv is not only relevant for actors or other creative types; rather, it is a form of engagement that is invigorating, adaptive, self-caring, and relational for people of all walks of life (Holzman, 2009).

For example, Performance of a Lifetime (www.performanceofalifetime.com) conducts improv-based workshops for adults across a host of different fields and with a range of different goals: to build teams, to address workplace concerns in new ways, or to improve the health and well-being of staff. As an illustration of such goals, Performance of a Lifetime worked with members of the staff of oncology nurses at The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University. As is often the case for health care professionals, the nurses at Johns Hopkins have found themselves stressed out or otherwise taxed by the demanding work they perform on a regular basis. As well, factors such as long

hours, isolation from other professionals, and emotionally challenging work environments are often present. How might these adults contend with their work-related issues of affective significance? Might improv be a way to address these issues? The Performance of a Lifetime (POAL) team thought it might.

According to literature provided by Cathy Salit (2011), chief executive officer of POAL, the oncology nurses at Johns Hopkins engaged in improv activities over the course of eighteen months that provided them opportunities to act out the “scenes” of their work and lives, explore how they interact with each other and their patients, and experiment with new ways to perform their daily activities to become more resilient. For example, these nurses improvised many different hospital situations such as the loss of patients with whom they had developed close connections, interactions with distressed family members, “learning the ropes” as a new nurse, and experiences with serious illness in their own lives. Taking part in these improv activities, according to Salit (2011), created play spaces for the nurses to let go of their more constrained and “scripted” performances, to have more open and honest dialogue, to be of greater support to one another, and to better handle the stressful and painful circumstances they were dealing with on a daily basis.

From this example, it seems that imaginative play can be a social and developmental activity for adults in the health care field. Imaginative play can provide opportunities to heal and cocreate new experiences and new ways of relating with others. Based on the work of POAL, I encourage adults in the helping professions to perceive imaginative play as not only of benefit to the health and well-being of their patients, but also of themselves. Imaginative play, as seen in the form of improv, can be a means to contend with issues of affective experience, and in doing so, build support, create and sustain community, and develop new relationships with ourselves and others.

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