

The “Play Deficit” Discovered by Physicians! Implications for Policy and Practice

Doris Bergen

Educational Psychology Emerita, Miami University, Oxford, Ohio, USA

***Corresponding Author:** Doris Bergen, Educational Psychology Emerita, Miami University, Oxford, Ohio, USA,
E-mail: bergend@miamioh.edu

Received: 02 October 2018; **Accepted:** 11 October 2018; **Published:** 17 October 2018

Abstract

For many years early childhood educators have expressed concerns about the loss of unstructured play time for children [1] and the United Nations identified “The Child’s Right to Play” as one of the rights children should have [2]. Evidence from brain development research shows close parallels between the course of brain development and play development during the early childhood years. Bergen [3] and therapeutic connections between mental health and play experiences also have been stressed [4]. However, this consistent, long-term support by child-oriented organizations, educators, developmental psychologists, and early childhood researchers for children’s right to have freely chosen play experiences has not prevented a gradual loss of play time for most children in this society. Now that pediatricians and other medical personnel also are raising their voices about this concern, perhaps parents, school personnel and the broader society will begin to be concerned about the increasing void of child-directed play time in the lives of many of today’s children and act to restore that important experience.

Keywords: Play time; Children; Play deficit; Outdoor Play

For many years early childhood educators have expressed concerns about the continuing loss of unstructured play time for children. Many educationally-focused authors have noted the loss of extended free play times [5-7], the lack of outdoor play time [8], the appearance of a no-play “nature deficit” [9], and the effects of technology-based play on freely chosen active play [10]. In [1], the Association for Childhood Education reprinted an earlier position paper that stated:

“Decades of research has documented that play has a crucial role in the optimal growth, learning, and development of children from infancy through adolescence. Yet, this need is being challenged, and so children’s right to play must be defended by all adults, especially educators and parents” [1].

The United Nations has identified “The Child’s Right to Play” as one of the rights children should have [2]. Also, for many years the therapeutic connections between mental health and play experiences have been stressed [4] and play’s therapeutic role in helping children with autism and other impairments has been advocated [11]. Evidence from brain development research also shows close parallels between the course of brain development during the early childhood years and the sequence of various types of play development [3]. However, the consistent and long-term support by child-oriented organizations, educators, developmental psychologists, therapists, and early childhood researchers for children’s right to have freely chosen play experiences has not prevented a gradual loss of play time for most children in this society. Now that pediatricians and other medical personnel also are raising their voices about this concern, perhaps parents, school personnel and the broader society will begin to be concerned about the increasing void of child-directed play time in the lives of many of today’s children, and act to restore that important experience.

Recently physicians such as Peter Klass [12] have discussed this “play deficit” and noted that there has been an increase in overweight, depressed, and chronically ill children. Because of this deficit, he has urged that more attention be given to children’s active, freely chosen play. In fact, he suggests that doctors “prescribe” play for play-deprived children. In a clinical report for the American Academy of Pediatrics, another physician [13] advised pediatricians to emphasize the importance of children’s active, child-centered play with “true toys” (e.g., blocks, dolls) because these experiences supported brain development, healthy bodies, and decision-making skills. He also encouraged parents to allow children to have free play time rather than continually transporting them to highly scheduled activities and lessons. Recently physicians Miller and Ginsburg [14] have discussed how play deprivation may be even greater for children from low income families due to the lack of safe and creative opportunities for play in their environments, fewer parental time and resource abilities to foster child play, and the lack of recess access and creative opportunities in many schools located in low income areas.

This loss of recess time has occurred in many schools, however, even for children in higher income areas. Another group of physicians [15] reported that when 8- to 9-year-old children had even one 15-minute daily recess period, teachers rated them better on classroom behavior. They suggested that even for children of this slightly older age level, recess is very important and should be provided. Of course, when children engage in freely chosen play activities and when they are making their own decisions about their play materials and actions, there is always some risk level. Public health researchers [16] have asserted that, although self-directed play often involves some risks, it is so important for healthy child development that there is a need for children to engage in at least some level of outdoor risky play. They suggest that children naturally are drawn to somewhat risky play activities, but that children can learn to decide on what risks to take and learn how to manage those risks.

There are many reasons why children are now being deprived of these freely chosen play experiences. Although some play deprivation is due to environmental changes such as loss of outdoor play spaces, the pervasive presence of technology-directed play experiences, pressure on schools to focus only on academics, and adults whose schedules do not have room for children’s play time, these are not the only reasons for the loss of this type of play.

Much of it has been lost due to adult concerns that “wasting” time on play will make academic learning suffer, that children need structured lessons in music, sports, or other areas in order to “get ahead,” and that if children are “on their own,” spending time out of doors or in other less-closely-supervised settings that they will be in imminent danger. Much of this fear that harm will come to children who are directing their own play time has arisen from the reports of relatively isolated instances of children being harmed in such settings. Nevertheless, this is presently a major reason why parents have internalized the message that children must be continually supervised. There have even been reports that parents who do encourage time and give space for their children’s independent play needs are often scolded by other parents or may even be reported to police!

This fear of allowing children some loosely supervised time to play and the ability to imagine and act in their own play world is a relatively recent phenomenon. In my studies of adults’ memories of their childhood play, conducted over the past 20 years, the primary types of play that were most memorable for them to recall involved relatively long time periods of play that the respondents recalled fondly were primarily out of the range of adult control or even awareness [17]. The two types of play adults usually recalled were outdoor active play and indoor pretend play engaged in when they were between ages 5 and 8 [17-18]. Their outdoor play memories were of long periods of time spent in bike riding; building forts, houses, or other structures; playing games with rules (in which the rules are adapted, depending on ages of players available), and “nature-related” activities in fields, woods, or streams. Their indoor pretense often involved long sequences of playing “school” or “church” or “doctor,” engaging in small world play with block “towns,” miniature figures, vehicles, and scripts; or designing “plays” that, after long periods of “rehearsal” then needed an audience. Most of these play activities lasted for long periods of time, over many days, and with relatively little adult monitoring.

There were a few boundaries set for the play space (backyard, basement, porch, neighborhood street, local playground) and rules such as “don’t go in any other house,” and “be home for supper.” Playmates were siblings, neighborhood friends, and pets. A common feature that adults recall about their childhood play is that they were “in charge” of it, and they felt empowered. They reported that they gained skills as they learned how to do new things and solved problems in play. They often replicated experiences that in the “real” world were somewhat out of their control and their play gave them a greater sense of control. Many of them reported that their later adult occupations were related to the kind of play they did. Interestingly, almost every adult who was asked about their favorite childhood play could think of that type of play and report it in detail within only a few minutes of thought. That is how salient such childhood play can be!

The physicians and other medical personnel who are concerned about the present “play deficit” have added their voices to a very important issue, which has been of concern to many other professionals for a long time. Because opportunities for self-chosen and wide-ranging play are gradually being eliminated in many children’s lives, a crucial aspect of children’s development—their play development -- is being diminished. Such play experiences are greatly threatened in the present world of close supervision, hectic schedules, and fearful projections of harm that children now face. However, what is being lost when freely chosen play time is diminished is one of the most valuable experiences in human lives: their play competence (and perhaps even their brain competence!). Now that more medical personnel also have identified and spoken out about this deficit, perhaps we will begin to have some

pervasive “prescriptions” that encourage and support attention to children’s need for self-directed and long-term play experiences. If parents and others in society hear this message about how essential such play is in the development of healthy and responsible adults, perhaps they will again support and foster children’s “right to play.”

References

1. Isenberg JP, Quisenberry N. Play: essential for all children. *Childhood Education*, 49, 1, (A Position Paper of the Association for Childhood Education International). (2002).
2. Hodgkin R, Newell P. *Implementation Handbook for the Convention on the Rights of the Child*. (1998).
3. Bergen D. Non-linear complexity in children’s play and brain development. Presentation at the Annual Conference of the Association for the Study of Play, Atlanta, GA. (2010).
4. Erikson EH. *Toys and reasons: Stages in the ritualization of experience*. WW Norton and Company. (1977).
5. Gray P. The decline of play and the rise of psychopathology in children and adolescents. *American Journal of Play* 3 (2011): 443-463.
6. Gray P. The play deficit. *Aeon Magazine* (2013).
7. Ramsey D. *The play deficit disorder crisis: Children's play in the age of accountability* (2014).
8. Rivkin M. Children’s outdoor play: An endangered activity. In: Fromberg D, Bergen D. *Play from birth to twelve: Contexts, perspectives, and meanings*. New York: Routledge (2015): 329-336.
9. Louv R. *Last child in the woods: Saving our children from nature-deficit disorder*. Algonquin books (2008).
10. Bergen D, Davis D, Abbitt J. *Technology play and brain development: Infancy to adolescence and future implications*. New York: Taylor and Francis (2016).
11. Wieder S, Greenspan SI. Climbing the symbolic ladder in the DIR model through floor time/interactive play. *Autism* 7 (2003): 425-435.
12. Klass P. Let kids play, doctor’s orders. *New York Times* (2018).
13. Ginsburg KR. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics* 119 (2007): 182-191.
14. Miller RM, Ginsburg KR. The importance of play in promoting healthy child development and maintaining strong parent-child bond: Focus on children in poverty. *Pediatrics* 129 (2012): 204-213.
15. Barros RM, Silver EJ, Stein RE. School recess and group classroom behavior. *Pediatrics* 123 (2009): 431-436.
16. Brussoni M, Olsen LL, Pikes I, et al. Risky play and children’s safety: Balancing priorities for optimal child development. *International Journal of Environmental Research and Public Health* 9 (2012): 3134-3148.
17. Bergen D. College students memories of their childhood play: A ten-year comparison. Presentation at the Annual Conference of the National Association for the Education of Young Children, Chicago (2003).
18. Davis D, Bergen D. Relationships among play behaviors reported by college students and their responses to moral issues: A pilot study. *Journal of Research in Childhood Education* 28 (2014): 484-498.

19. Erikson EH. Studies in the interpretation of play: clinical observation of play disruption in young children. *Genetic Psychology Monographs* 22 (1940): 557-671.
20. Ramstetter CL, Murray R, Garner AS. The crucial role of recess in schools. *Journal of School Health* 80 (2010): 517-526.

Citation: Doris Bergen. The “Play Deficit” Discovered by Physicians! Implications for Policy and Practice. *Journal of Psychiatry and Psychiatric Disorders* 2 (2018): 128-132.



This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC-BY\) license 4.0](https://creativecommons.org/licenses/by/4.0/)