Assessing Cultural Differences In Play: A Cross Cultural Comparison
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Background

- In the summer of 2020, graduate students in the Master of Science in Child Life program at the College of Charleston will travel to Florence, Italy and design and provide culture-free play activities for hospitalized children.
- Child life specialists promote healthy coping and development in hospital settings by providing medical, therapeutic, and child-directed play activities for children. The hospital is often an unfamiliar and stressful environment in which children may experience anxiety, regression, and a loss of their independence. Providing child-directed play gives children the opportunity to achieve a sense of mastery and control in the hospital. This can lead to a state of flow, in which children are fully consumed in play and intrinsically rewarded by the feelings that accompany it (Csikszentmihalyi, 1997).
- Providing culture-free play materials when a language barrier is present allows children to explore their environment and freely express emotions independent of expressive language.

Objectives

- To use evidence-based, theory-driven practices to understand how children approach and communicate through play independent of culture or expressive language.
- To examine the effects of play materials and the way in which children engage with these materials in different cultures in which children do not speak the same language.
- To analyze if and how the essential aspects of therapeutic, expressive, and developmental play are culturally adaptable across diverse play settings.

Graduate Student Roles

Students will:
- Observe in the Play Atrium at MUSC Shawn Jenkins Children’s Hospital as well as at Ospedale Pediatrico ADU Meyer in Florence, Italy
- Provide play materials that are adaptable across different ages, cultures, and health-related limitations
- Assess how children approach play using the Play Observation Scale (Rubin, 1989)
- Evaluate how children approach and use play through a variety of culture-free toys in a child-directed environment

Culturally Universal Materials

**Playdoh:**
- **Play Type:** Sensory Play
- **Purpose:** Play materials that are sensory-rich and open-ended provide an inclusive learning opportunity with potential for improving skills such as problem solving, exploration, creativity, and fine motor function (Gascoyne, 2011)
- **Age and Health-Related Adaptations:**
  - Playdoh in plastic bag for younger children

**Art with Medical Supplies:**
- **Play Type:** Expressive
- **Purpose:** Indirect medical play can decrease anxiety, distress and pain and allows for the non-verbal expression of complex feelings (Moore, Bennett, Dietrich & Wells, 2015; Gaynard, Wolfer, Goldeberger, Thompson, Redburn, Laidley, 1998)
- **Age and Health-Related Adaptations:**
  - Variation of materials based on:
    - the location of activity
    - physical abilities of the patient

**Faceless Medical Doll:**
- **Play Type:** Role-Rehearsal Medical Play
- **Purpose:** Provides children with a sense of control, familiarization with medical supplies, and the opportunity to express thoughts and feelings regarding their medical experience in a non-threatening setting (Davis & Burns-Nader, 2019)
- **Age and Health-Related Adaptations:**
  - Medical materials provided vary based on diagnosis
  - Dialogue will vary based on child’s developmental level and understanding of the symbolic representation of the doll

**Small World Play:**
- **Play Type:** Imaginative/Symbolic
- **Purpose:** Allows children to build fantasies that help them cope with difficult situations, which in turn, leads to a reduction in stress and anxiety. Empowers children to actively experiment with new roles and cause and effect. Encourages language development (Wenner, 2009)
- **Age and Health-Related Adaptations:**
  - Size of play items
  - Alternative sensory materials
  - Rice, noodles, water, sand, clay

Measures

Play Observation Scale (POS; Rubin, 1989)
- Relates Parten’s social play theory (Parten, 1929) to Piaget’s stages of cognitive development
- Standardized coding scheme used to record children’s play or non-play behaviors by observing free play preferences, social interactions, and purpose of play activities
- Coding schema incorporates cognitive play behaviors by nesting them within social play categories

Broader Implications

Play is the universal language of children. It can be used to bridge potential language barriers between children and medical personnel in the hospital. Child life specialists are an important part of the medical team, and must be culturally competent in their approach to working with diverse populations. According to Sheridan, Howard & Alderson (2010), “although the content of play may differ, both boys and girls across all cultural contexts demonstrate progression through sensory, symbolic and role types of play”. This research will compare how play behaviors differ cross-culturally between hospitalized children in Italy and the US. Future research should further examine cross-cultural implications on the universality of play by implementing and observing play in contexts such as pediatric settings in developing countries. Although child life is a growing profession, it is not universally present internationally. Child life services are not culturally bound, and therefore can be incorporated in pediatric settings worldwide to enhance child development and decrease medical stress.