
A Second Look at the Play of Young Children with Disabilities



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The authors investigate the nature of child play for young children with disabilities using two different research models—the traditional psychoeducational research paradigm and the more recent interdisciplinary approach of the childhood studies paradigm. They base their discussion on a research study of toddlers with disabilities, and they review the history of the scholarship on the issue. In considering such matters as voice, agency, identity, and equity, which are typically concerns of the more recent paradigm, they find that the need young children with disabilities have for all kinds of play has been misrepresented by the more traditional approach. In fact, when viewed from the perspective of childhood studies, play appears to be as necessary to the quality of daily life for young children with disabilities as it does for all young children. The authors advocate the same right to play for children with disabilities granted to other children by society in general, a right acknowledged and codified in the United Nations Convention on the Rights of the Child.

THIS ARTICLE EXAMINES TWO different research paradigms applied to understanding the play of young children with disabilities. Research on the play of three toddlers at home with their mothers provides a setting for a discussion of the contributions of each of these paradigms. We begin with a brief overview of the history of ways that researchers have approached the study of the play of young children with disabilities and the role of play in early intervention. Then we turn to the two paradigms to interpret findings from a study of the home play of toddlers with disabilities.

In the first interpretation of findings, we use the historically common approach to the research, a paradigm rooted in developmental psychology and early childhood special education. Throughout this article, we use the term *psychoeducational research paradigm* to refer to this type of interpretation. This paradigm encompasses learning processes and developmental outcomes for young children based on a variety of theoretical frameworks, including cognitive, developmental, social, and educational learning theories; sociocultural

theories; and behavioral learning principles. Research using this paradigm has often informed the assessment of a child's disabilities, the kind of education he or she receives, and the need for early intervention.

Next, we take a second look at the study of toddlers with disabilities through the lens of a more recent *childhood studies paradigm*. Childhood studies is a relatively new interdisciplinary field dedicated to improving the quality of childhood. The study of the everyday worlds of children is grounded in relations between people as individuals and as groups. Adopting sociological perspectives, childhood studies researchers view children as active agents in constructing their own lives and identities in relationships with others. In order to demonstrate what this childhood studies paradigm contributes to our understanding of the play of young children with disabilities, we use this new approach to examine the same data from the toddler study. This alternative perspective emphasizes social and political discourses and considers matters commonly found in them—voice, agency, identity, and equity—as fundamental to understanding the complexities of play. Our intention is to illustrate ways that both models enrich and deepen our understanding of child play and developmental difference.

Historical Overview: Understanding the Play of Young Children with Disabilities and the Role of Play in Early Intervention

Young children with disabilities are a heterogeneous group composed of unique individuals with the same varieties of personalities, abilities, values, and preferences found in the general population of children. Speaking of the play of young children with disabilities as a population, therefore, is as problematic as speaking of the play of young children as a whole. The ways in which researchers view disability as a condition of childhood drive the questions they ask in their study of play. The traditional approaches to psychological and educational studies of children with disabilities look at the impact of the disability on play development, at adult and peer interactions and relationships in play, and at the effects of a variety of physical and social interventions for facilitating and supporting play development.

Although psychologists and educators deem play central to the lives of children, they have neglected, until relatively recently, the play of young children

with disabilities. Prior to the 1980s, scant research existed on the play of young children with disabilities, and the few available studies were so methodologically flawed that psychologists John Quinn and Kenneth H. Rubin described the literature as “a veritable case of ‘The Emperor’s New Clothes.’”¹ Of the studies Quinn and Rubin reviewed that were conducted prior to the mid-1980s, most failed to control for the effects of the play setting or for the children’s familiarity with playthings. Other studies did not control for the subjects’ chronological age, nature, and degree of their developmental differences. Quinn and Rubin faulted other studies for failing to account for differences in the developmental age of research participants and for differences in gender, intervention history, socioeconomic status, and cultural background. Often, the number of subjects included in such studies was small. The studies also used inappropriate statistical procedures in data analysis. Quinn and Rubin noted that, most seriously, the researchers apparently lacked an understanding of the typical developmental progression of play in early childhood. For example, researchers mixed and equated simple, repetitive, exploratory, and manipulative play with sophisticated symbolic play episodes in their analysis of play behavior.²

Prominent play scholar Brian Sutton-Smith described the literature on the play of children with disabilities as a closed book not worthy of the serious attention of researchers. Having to take into account so many defects vitiated any interest in the study of a behavior that seemed to be of little educational value.³ In a chapter reviewing the empirical basis for play in early intervention published in 1988, Rebecca R. Fewell and Ruth A. Kaminski articulated the need for research on the play of young children with disabilities. At the same time, other leaders in the field of early intervention, such as Toni W. Linder, began making a case for using play for assessment and intervention in supporting the development of young children with disabilities. The result was an increase in the number of studies on the play of young children with disabilities and in the quality of research during the 1990s.⁴ Psychologists and educators began to explore the development of play in young children with disabilities; the impact of specific disabilities on play; parent-child interaction in play; play as a mediator for learning, social interaction, and peer relationships; the effectiveness of interventions in teaching play skills; and contextual variables, such as the settings and toys, that influenced play.

The interest of practitioners in the use of play as a context for assessment and intervention and as a vehicle for successful inclusion in early care and education settings intensified in the 1990s. Findings from psychoeducational

research were—and continue to be—used by early interventionists to develop behavioral and relationship-based interventions to impact specific behaviors that support or hinder children's functioning in community-care and education settings. This is particularly true in the study of play and intervention for children with autism because these children often lack the typical play behaviors that serve as a medium for cognitive development and as the "glue" for social interaction with other children.

During this same time period, the field of early childhood special education began to blend several perspectives from social and constructivist developmental theories with behavioral learning theory, which contributed to a significant evolution in research and practice. Diane Bricker, a scholar in the field of early childhood special education, revolutionized the field by introducing Activity-Based Intervention as a child-initiated, naturalistic, transactional, or relationship-based approach to intervention. In this approach, Bricker encouraged practitioners to focus early intervention on supporting the learning and development of young children with disabilities in the social contexts of everyday activities such as child-care routines, child-chosen play activities and adult-planned activities. The Activity-Based Intervention approach was founded on the work of sociohistorical theorists such as Lev Vygotsky, on developmental theories such as those of Dante Cicchetti and Donald J. Cohen, on the cognitive theory of Jean Piaget, on John Dewey's philosophy of education, and on the principles of behavioral learning. Bricker's approach to intervention emphasized learning in the context of daily routines, including child-preferred activities, and, as a result, elevated the status of exploration and play in early intervention.⁵

Drawing on similar theoretical perspectives in the 1990s, Linder introduced Play-Based Assessment and Intervention and brought child-initiated play center stage in assessment and intervention. This popular approach to intervention promoted play as a medium for cognitive development and other areas of development such as communication, motor, and social interaction in young children with disabilities. Linder's work provided specific and practical strategies for assessing play development and for intervening to facilitate the development of play skills as an aspect of cognitive development.⁶

Recently, interventions emerging from clinical mental-health disciplines have grown in popularity. These early intervention practices rely on adult-child, relationship-based play activities to support healthy development. Drawing on a substantial history of infant and early childhood mental-health research and practice, Stanley Greenspan and Serena Wieder introduced a developmental

biopsychosocial model as a framework for comprehensive assessment and intervention planning for children with developmental delays and/or mental health issues. Greenspan, a specialist in the field of infant mental health, and Wieder are credited for connecting developmental disabilities with infant and early childhood mental health in the developmental, individual-differences, relationship-based (DIR) model for intervention planning. This model requires specialists to use the very play activities a child initiates to encourage his or her own emotional, cognitive, and adaptive development.⁷

The research and development of these and other approaches to intervention have validated the importance of play for young children with disabilities both as behavior highly preferred by the children themselves and as behavior that provides a means for learning, development, assessment, and intervention. Currently, early intervention practitioners from a number of disciplines embrace this view of play. For example, Anita Bundy, an occupational therapist, advocates teaching play to young children with disabilities by building on their existing abilities and capitalizing on the motivating nature of play to support development.⁸

Beginning in the 1980s, scholars applied sociological perspectives to the study of childhood, and the childhood studies paradigm emerged in the social sciences. Those following the new paradigm critiqued the social and power relations used to construct and situate “children” as a group with minority status, controlled and monitored by adults. Berry Mayall, a specialist in childhood studies, echoed other scholars in his historical analysis of the social construction of children as a group believed to need adult protection and preparation for adulthood.⁹ He proposed that constructions of childhood have historically placed children in a group viewed to be immature and rife with problems that need fixing. This subgroup of children who are developmentally different from adults seems to need interventions because of the problems created by their difference but also because they become the “others” that we adults struggle to understand. The childhood studies paradigm, instead of viewing developmental difference as problematic, sees this difference as just one more manifestation of diversity. The study of children using the childhood studies paradigm examines the quality of a child’s life, a child’s agency, a child’s identity, and a child’s equity in comparison to the lives of other children and adults. Inquiry into the play of young children from the perspective of childhood studies challenges the “grand narratives” of development and normative perspectives and seeks to understand the phenomenon of play itself for children with multiple and diverse identities. Investigations using this paradigm emphasize the *meaning*

of play for the players and play's contribution to the quality of the child's experience.¹⁰ This research paradigm has rarely been applied to the study of the play of young children with developmental differences.

In this article, we summarize the findings of a study of the home play of toddlers with disabilities first from a psychoeducational perspective. Then we take a second look at the same data set from a childhood studies perspective. We choose this toddler study, conducted in the 1990s, because it provides a rich data set including natural observation and the voices of participants, lending itself to the diverse perspectives addressed in both research paradigms. We demonstrate the value and distinctly unique purposes of each paradigm for advancing our understanding of play and developmental difference.

The Home Play of Three Toddlers with Disabilities: A Multiple Case Study

Michelle Buchanan conducted a qualitative study of the play of three toddlers ranging in age from thirty to thirty-two months in their homes. The toddlers were chosen specifically because each had distinctly different characteristics that contributed to their identification as disabled or developmentally delayed. The study was designed to view each child as an individual player bringing his or her own unique abilities to their play activities.¹¹ It is important to note that the three toddlers chosen certainly do not represent all toddlers with disabilities. Instead, the study intended to explore the development of play behavior in three young children in their own homes, in other words, under the physical and social contexts in which they play naturally. Three major questions guided the research. What is the nature of toddler and mother-toddler play as it happens spontaneously in the home? In what physical and social contexts does play happen? How do mothers participate in their children's play, and what do they think about it?

The mothers of the toddlers were Caucasian, middle class, and married. All of them had at least a high school education. The toddlers were identified with disabilities shortly after birth, and all had similar intervention histories and services. Each toddler received early childhood special education, speech therapy, and occupational and/or physical therapy. All three attended play groups for several hours a day, two or three days per week during the study. At other times, they were at home or out in the community with their mothers. One toddler, Victoria (thirty months old), was diagnosed with Down syndrome;

another, Corey (thirty-two months), with cerebral palsy; and the third toddler, Elizabeth (thirty months), with developmental delays and a metabolic disorder that sapped her energy at various times of the day. Victoria used gestures, sounds, and facial expressions to communicate; Corey used these same means and sign language; and, at the time of the study, Elizabeth was learning to use picture communication.

The toddlers were videotaped at home for a total of six hours each. Videotape captured 215 play episodes among the three toddlers. Researchers defined a play episode as a continuous stretch of play with an object or set of objects (like a ball or a set of farm animal figures) or a stretch of play related to a central theme (like a tea party or a chase-and-run game). Short breaks from play of less than one minute were considered just digressions if the child returned to the play activity. In an analysis of the episodes, Buchanan found that the toddlers engaged in play both independently and with their mothers during all daily routines in the home. Buchanan noted the kind of play (like dressing a doll) and the type of play (like pretend play) for each episode, when and where the play occurred (such as before breakfast in the living room), and whether a child played alone or with the mother. If a child played with the mother, the researcher noted who initiated the play and how the mother participated. These observations provided the first layer of narrative in the descriptive research report.

Next, each of the three mothers was interviewed while she watched the videotape of her toddler at play, and these interviews provided a second layer of narrative for the report. Mothers were asked to describe their toddlers' play and their own motives and intentions in participating (or not participating) in the play. Their responses were recorded along with the other thoughts and judgments the mothers expressed. The result was a detailed description of the types and kinds of play, of the physical and social contexts in which the play occurred, and of the ways the mothers participated in the children's play. The mothers' perspectives, including the ways they thought about and valued their children's play, provided a critical social context for play in the home.

Psychoeducational Interpretation of Findings: A First Look

From a psychoeducational perspective, the research and findings address common interests of psychologists and educators in the study of play development and the impact of disability on types and kinds of play. The study also exam-

ines mother-child interaction in play and mothers' perspectives on the play of their children. Therapists and clinicians find this information particularly useful for child assessment and for devising parent/professional partnerships in intervention planning.

There is vast literature on the structural and functional features of play at various stages of a child's development. Four types of play are typical of youngsters transitioning from late infancy to toddlerhood. They include exploratory and manipulative play, functional or relational play, social play routines, and pretend play.¹² In early infancy, play takes the form of visual, auditory, tactile, and kinesthetic object exploration and manipulation followed by object play in which children begin to use playthings in conventional ways. Between the ages of eighteen and thirty-six months, the symbolic use of playthings emerges and becomes increasingly elaborate. A child's first symbolic acts are inspired by the properties of objects (as when a child pretends to drink from an empty cup). Later acts of pretending are decontextualized, and a child transforms one object into another (such as pretending a block is a car). Children in infancy and toddlerhood also develop ritual social play that involves coordinated and reciprocal interaction (peek-a-boo and chasing-and-hiding games).

Toddlers in this study used these forms of play to engage in the physical and social environment in many of the same ways as their more typically developing peers. Each of the three toddlers engaged in exploration of household spaces and items of interest (such as cupboards with pots, pans, and food items; items on shelves and tables; and stashes of toys). Their explorations led to manipulative play with items and playthings including inspecting objects visually and tactilely, shaking them, mouthing them, throwing them, and tinkering with them. All of the children engaged in functional play: they used playthings in conventional ways; they pushed and threw balls; they fed baby dolls and stuffed animals; and they pushed buttons on a tape recorder to activate a recording. All three shared common social play routines with their mothers—tickling and chasing games, like "I'm gonna get you!" or other routines that generated excitement, surprise, and laughter. Pretending for the toddlers consisted of simple pretend play with the self as a referent (as in pretending to eat from a wooden spoon) to more complex pretending involving planning and acting out a sequence of actions related to a theme (as in pretending to have a tea party with several participants).

The toddlers differed in the frequency and in the amount of time they spent engaged in various kinds of play, reflecting their preferences and abilities. For example, Elizabeth, the child with a metabolic disorder, had very little energy

prior to mealtimes and did not play much prior to eating. Even though she was fully rested, she lay on the couch while her mother made breakfast, and she softly kicked her legs and sucked her thumb. After breakfast, she began exploring and playing. Corey, the toddler with cerebral palsy and significant motor impairments, explored and manipulated his physical environment by rolling from one place to another and grasping objects of interest. His mother talked about his preference for play that incorporated symbols, such as number games and word play: “Corey did not laugh until he was a year old. The first things he laughed at were the numbers going backwards on the microwave oven. Words were also funny to him. He laughs when he hears words like ‘acidophilous’ or ‘tapioca.’ So we sing and act out songs like ‘One-Two, Buckle my Shoe.’ Play with numbers and words really tickle his funny bone.”

Corey’s play took on a unique form: instead of acting out his thinking in pretend play, he used sign language and gestures understood by his mother to request that she sing about things or events on his mind. He was delighted when she sang, signed, and acted out the events he requested. He actively joined his mother in signing along with the words of the songs. In an interview, his mother reported that this singing and signing was a primary mode of play for her and her son:

If you can’t move around and act out typical imaginative play situations and you can’t tell others what you are pretending because you don’t have the signs for it, then your pretending is going to be limited. So other kids pretend to be the postman . . . and we sing about the post office; he loves the post office. We go to the post office, and we sing about what we do there. And when we go shopping, we make up songs about what we do in the store and what we have done in the past and who we go shopping with.

Corey’s play gave insight into how he used his abilities in unique ways to engage in symbolic and song play as a substitute for typical pretend play.

Researchers conducting laboratory studies of mother-child play have often concluded that mothers of children with disabilities are more controlling and directing in their play with their children than mothers of more typically developing children.¹³ Contrary to previous findings, mothers in this toddler play study were observed responding to their children’s play initiations, following their children’s leads in play, and intentionally scaffolding play to support their children’s own play goals. Elizabeth’s mother stated, “I follow her initiative. I try to formulate

games around what she is already doing or what she seems interested in. So I try to make her play a natural extension of what she is doing.”

These mothers participated in their children’s play in notably similar ways. In following their children’s leads, they helped their children when necessary, demonstrated new behaviors, elaborated on their children’s play, bumped up levels of play, commented on play, and enriched the play with relevant information. Mothers spoke of being selective in attending to their children’s play. They were more likely to comment on and participate in new play activities than in play that was familiar and well established. Victoria’s mother described this: “Yeah, when Victoria does new things, that’s when I really jump in and interact, go along with it, help her with it, whatever it is she is exploring. . . . Whatever door she is opening, I help her either go through it or find out what she wants to do with the open door.”

Social, communicative, and motor development; energy level; and child- and health-care needs all directly impacted the play of these children. They were, however, active and enthusiastic players, and their mothers nurtured and acted deliberately to support their children’s individual preferences for play. These findings can be especially useful for interventionists who wish to support children’s functioning in everyday routines in the home. By learning about familiar play in the home and ways mothers support play, interventionists better understand how to support children’s play in early care and education settings. This is valuable information, and more research within this paradigm is needed. As this research shows, psychoeducational studies contribute understanding and substantially inform practice in early intervention. Some other important perspectives, however, are not addressed in this paradigm.

Childhood Studies Interpretation of Findings: A Second Look

An alternative paradigm for interpreting the findings of this study follows lines of inquiry from childhood studies. Childhood studies advocates take critical aim at the normative narratives of child development and at the preoccupation with developmental futures. Childhood studies specialists replace the normative narratives with the examination of children’s multiple and diverse identities and with the primacy of their own experiences as the essence of the inquiry.¹⁴ We now interpret the findings from the same toddler play data set presented above giving

consideration to how the play of these young children contributes to quality of life and issues of voice, agency, identity, and equity. In this analysis, other themes come to the forefront, themes that shift the focus to the meaning of play for the players and to issues of marginalization and equity in education.

Humanizing Play: Insider and Intimate Perspectives

In a study of preschool in three cultures, Joseph Tobin, an educational anthropologist and early childhood education scholar, along with his colleagues, videotaped preschool classes in Hawaii, Japan, and China and asked administrators, teachers, parents, and children to watch the videotapes of their classrooms and explain what was happening. This method of visual and multivocal ethnography benefited from the research participants lending an “insider” perspective to the research.¹⁵ In a similar manner, mothers of toddlers in the Buchanan study watched videotapes of their toddlers’ play and provided insider perspectives on what happened and why. The mothers were eager to voice their thoughts about what they valued and tried to encourage in their children’s play. It was clear that the play itself was not only something the children highly preferred but also one greatly valued by their mothers.

Mothers were not only participants in this research, they were critical informants in interpreting the play of their toddlers and what that play meant for them and their children. They gave voice to their own values and experiences and to their toddlers’ experiences as well. Just as young children with disabilities are often marginalized by differences the rest of us see as deficits, mothers of young children with disabilities are often marginalized in dealings with interventionists and researchers. One mother in the toddler study described her experience in this way: “As a parent of a special needs child, I feel so left out of the process a lot of the time because that is the way the model is set up—the authorities, the people in charge, are the ones that do things to our children, and we may observe, but we aren’t really brought in to it very much. We don’t have the understanding or the background, and we end up feeling on the outside.”

Mothers and others who know children intimately are able to humanize perspectives on play. They know that play is not a behavior devoid of deeply personal and social character as some researchers think. Mothers understand that play has meaning well beyond the forms and qualities researchers typically look for. We encourage researchers studying the play of young children to routinely include participant’s voices, which provides an insider’s understanding of the complexities of this all-important human experience.

Play and Quality of Life

The literature on the play of young children with disabilities values play for its contribution to child development and inclusion. In a recent review of the literature on teaching pretend play to children with disabilities, Erin E. Barton and Mark Wolery, early childhood special education researchers, summed up their views on the value of play for these children: "Teaching children to play is important because play (a) is flexible and can be used in multiple settings, (b) sets the occasion for having social and communicative interactions with peers, (c) increases the likelihood of learning in natural settings, and (d) may offer a foundation for developing leisure skills. Furthermore, play is a context in which intervention strategies for other goals (social, communicative, cognitive) are embedded. . . . Additionally, play is an activity that can have reinforcing properties for other skills."¹⁶

Within a childhood studies paradigm, play itself is valued for its contribution to quality of life in the present, rather than for its usefulness to interventionists or its contributions to developmental futures. In this particular model, focus on the processes and motives for play becomes primary.¹⁷ In the study of the home play of toddlers, play contributed to the quality of life for both toddlers and mothers. Child or mother-child play occurred in all daily contexts and seemed to be central to the lives of these players. Play appeared to be most important in mother-child interaction because it provided a socially meaningful context. Psychologist Kay Mogford, one of the first to write about the play of children with disabilities, was also one of the first to observe that when children with disabilities lack play skills, others have a difficult time finding meaning in their behavior. Attempts to engage children outside of a meaningful context are frustrated rather than rewarded.¹⁸ Play also served as a mediator in mother-child interactions in care-giving or health-care routines. One-half of the play episodes researchers observed for two of the three toddlers occurred during routine instances of diapering, mealtimes, asthma treatments, and other care-giving events. Mothers used play to elicit cooperation, to sustain engagement, to make unpopular routines tolerable for their children, and to help their children recover from disappointment and distress. This function of play in daily life may be extremely important for parents of children with disabilities who require complicated child-care procedures.

Interviews with each of the three mothers in the study provided further evidence that play served a vital role in everyday child learning. Mothers spoke of play as being a valuable means for keeping their children engaged in ways

that facilitated the development of imagination and competence. When mothers talked about play, they repeatedly emphasized that their children were not “just playing, but learning,” and they spoke of how play provided “a window” into their children’s minds or worlds.

It is important to note that young children with disabilities often face challenges in daily living beyond those of other children, and those challenges are associated with physical and emotional discomfort and stress. Everyday activities such as eating, dressing, bathing, moving from one setting to another, and communicating wants and needs can be especially difficult. The demands of early intervention and therapy can also bring stress. Mothers spoke of empathizing with their children who were “worked on” and asked to do things that were hard for them to do. Play provided much needed pleasure in these children’s daily lives. Mothers found a great deal of enjoyment in playing with their children and in seeing their children enjoy play. They not only appreciated cognitive complexity in play, they also valued the emotional intensity of the experiences. They reported that they liked to see their children have fun, get excited, laugh, and be happy. Social play routines, like “I’m gonna get you!” were particularly charged with emotion and laughter and seemed special for this reason. This play seemed especially intimate and often involved or resulted in displays of affection. This type of play may be particularly important in mother-child bonding.

In a discussion of social games in early childhood, play scholars suggested that little is known about the play of mothers and young children in natural settings. They thought that observation in such settings may reveal that play is the most common mode for mediating interaction, and they speculated that care givers may use play in instrumental ways during feeding, dressing, and bath-time routines and as a way to distract, occupy, or preoccupy children in the course of daily homelife. If this is so, they went on to say, “play has a very, very primary place in the mother-child interaction.”¹⁹ Our research supports their speculations, and we recommend further research to better understand the meaning of play for players and the contribution of play to the quality of everyday life.

Play, Agency, and Identity

In an analysis of the mothers’ interviews, several themes emerged relevant to the power of child play in providing a space for agency and identity formation. We use agency here as the capacity to choose, initiate, and act intentionally toward an individual goal. By definition, play is a generative activity, a space in which players construct and create meaning and understanding of the world

and themselves. Through play, children explore life, investigate how people relate to one another, and examine the intense emotions of their realities and imaginations. The children in the toddler study were actively creating a sense of self and identity as they interacted with their mothers and materials in play. Mothers described their children as imaginative and competent players in sharp contrast to their “given” identities as disabled. With support from their mothers, the children exercised the agency continually to create and to reform their identities through relationships, intertwining their stories with the ones their mothers told. Victoria’s mother shared insights into how she and her daughter shared power in play as the toddler took control of her body, mind, and life through asserting and exercising her agency: “In our play, Victoria learns how to be social, not just sit back and watch others. It teaches her to participate and be assertive. Victoria is assertive, and that’s starting to come out more, and I love it. She can be very possessive, and she will fight for her toys with other kids her age.”

When children play, they voluntarily enter into situations that reflect an image of themselves as powerful, active, and competent. Children have agency when they play because their actions are contextual and spontaneous, thereby they author their relationships and identities rather than have their relationships and identities made by other people. This view of children as powerful, not passive, supports their capacity to direct their actions, to make sense of events and situations, and to understand how choices affect themselves and others. Elizabeth’s mother explicitly highlighted this image of her daughter when she discussed her child’s playing with others, especially in early intervention settings: “It’s very important to me that Elizabeth be able to take initiative, to be able to be in control of the situation . . . that she is not always manipulated or worked on, but that she is the one that initiates the play and others respond to her. It all has to do with ownership, it’s important that Elizabeth feel a sense of ownership of her interaction with others and of her own learning process.”

Central to the development of children’s identities is the importance of trusting relationships that value children as equal participants in the play process. To support the desires of children for learning and engagement, adults must be willing to follow children wherever they want to lead. While Corey was often physically dependent on others to facilitate aspects of his play, his mother clearly explained the importance of being careful not to direct but to respond to his ideas and choices as a way of promoting his independence: “I’m a follower. I let him initiate and decide what we are going to do. . . . I always

try to give Corey choices. I am really a facilitator in his play. I'm more of an assistant, helping him do what he is not able to do and helping him do what he can do. I try to let him be as independent as possible." Mothers' views on play reflect the importance they place on encouraging their children's sense of independence and their identity as assertive and powerful individuals.

Play and Equity

In a critical look at cultural diversity and play as pedagogy in early childhood settings, Elizabeth Brooker, a scholar in early care and education, discussed the social essence of play and explained that, in order for play to work, it needs to be based on meaningful social interaction. She cited Vygotskian notions that play leads development during the preschool years because of the shared experience and social construction of knowledge in the context of play. In an ethnographic study in a preschool program in the United Kingdom, Brooker noted a group of Bangladeshi children who stood outside the curriculum in this classroom for some time because they were unfamiliar with play-based learning. She also observed that teachers rated these children as being less able to take turns, share, cooperate, form relationships, make choices, show initiative, persevere, and communicate. These children were marginalized in a play-based curriculum that required these forms of social behavior.²⁰ In a similar manner, young children with developmental differences who are seen to have social and communicative deficiencies and to lack play skills are also likely to be marginalized in such settings because they lack access to the curriculum.

It is vital that researchers take into account the qualities of social experiences in the study of young children's play. In our toddler play study, mothers were very cognizant of the social behaviors they encouraged in play. Victoria's mother demonstrated how important it was that Victoria made choices and actively participated in play:

Victoria is sitting on top of her slide and [her] mother is sliding stuffed animals up to her. At first, mother is having Victoria choose by verbalizing or pointing to the animal she wants. Victoria is sitting on the slide with stuffed animals around her but begins to stare off and stops responding to her mother. Her mother lies down at the bottom of the slide motionless, feigning sleep. When her mother doesn't respond, [Victoria] begins throwing stuffed animals down the slide to land on her mother. Her mother awakens, and the play resumes.

The children of the study engaged in each of the behaviors Brooker identified as the foundation for social play (sharing, cooperating, making choices, persevering, and communicating) while playing with their mothers. In the interviews, mothers shared their understanding that social play was essential for their children's successful inclusion in early childhood settings, particularly in settings where play was the medium for interaction and learning.

Researchers investigating the play of young children with physical disabilities have concluded that these children lacked curiosity and persistence, particularly when they had to structure their own play activities.²¹ Corey was not observed to lack curiosity and persistence, nor was his play less complex than that of other children. His play repertoire was limited in range rather than complexity or depth, and he relied on his mother as a play partner. His mother knew his favorite activities, understood his communicative attempts, helped him access the environment, and helped him act out his thoughts through social play routines. In the absence of familiar support for his play in other settings, he appeared to lack curiosity, initiative, persistence, and the ability to play. Each of the mothers in the toddler play study reported that her child was more competent at home than in early intervention settings. One mother commented that she wondered if others believed her when she told them what her child did at home because her child did not show that same competence in the play group. When such differently abled children move from the home into the community, social justice concerns become pronounced especially as they enter early childhood programs reflecting the life experiences of typically developing children.

Educational equity begins with including a child in community settings. While inclusion gives access to peers and learning opportunities, it does not ensure educational equity. Equity is tied to socially just educational practice and occurs when adults provide opportunities for children of different abilities to exercise their agency and create their own identities as learners and members of the early childhood community.

Conclusions and Future Directions

This article examines two research paradigms for understanding the play of young children with disabilities or developmental differences. Psychoeducational research has proven to be useful in contributing to our understanding of the development of play and of the impact of disability on types and kinds

of play. This research provides insight into ways to assess and support play in homes, communities, and classrooms. It furthers our understanding of how social and cultural perspectives influence play in the home. These understandings have informed—and continue to inform—early education and intervention practice in significant ways. This line of research is ongoing, and it can be enriched with perspectives from childhood studies.

We used the childhood studies paradigm in this article to illustrate the personal and social meanings of the play of mothers and toddlers with disabilities. The issue of play and quality of life for young children with developmental differences needs to be explored further. Play proved to be central in the daily lives of mothers and toddlers in the Buchanan study, and mothers gave voice to this in powerful ways. In a moving reflection on her son's early intervention experience, Pam Steeves wrote about Matthew, her son with multiple disabilities, and a "fix and serve" educational tradition that can overwhelm a disabled child's progress in identity formation and agency. In an early intervention program, Matthew was denied the opportunity to play because professionals decided he was not learning enough in an unstructured environment. She asked the question: "What if children, particularly those with disabilities, were given opportunities to connect their inner knowing with their outer experiences in school through an imaginative dialogue of play and improvisation? Traditionally children with disabilities have been the receivers of continual remediation. There is little consideration of what the child might draw on from his or her own experiences. There is no consideration of imagination, the most human of all our tools."²²

Mothers in our toddler play study protected and nurtured their children's play in the home hoping their children would use their play experiences when engaging in play with others. We argue that the right to participation, including participation in play, is as essential for young children with disabilities as it is for other children. This right is acknowledged and codified in the United Nations Convention on the Rights of the Child.²³

Advocating for the right to play, though, raises a whole new set of questions that need to be addressed. What are the many ways that families and care givers value and respond to the play of young children with developmental differences? Is this play a priority for families and communities? Mothers in the toddler play study obviously valued and supported play in the home, but play is likely to look different to others in social settings outside the home. Some children choose not to play, or they play in unconventional ways that others find hard to understand. In order for these children to be included in early childhood settings where play

is the context for social connection, they *must* learn to play. What happens to play when play becomes another deficit in a child's development and a cause for intervention? For children to be treated equitably in inclusive settings, they not only need to play in conventional ways, but they need to "play well" to attract and sustain the engagement of their peers. What does this all mean for play and the players? These are not questions that can be addressed without considering the lived experiences of those involved.

NOTES

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2. *Ibid.*, 63–80.

3. See "Play for Children with Special Needs: Introduction," in *Play and Intervention*, ed. Joop Hellendoorn, Rimmert van der Kooij, and Brian Sutton-Smith (1994), 109–12.

4. Rebecca R. Fewell and Ruth A. Kaminski, "Play Skills Development and Instruction for Young Children with Handicaps," in *Early Intervention for Infants and Children with Handicaps: An Empirical Base*, ed. Samuel L. Odom and Merle B. Karnes (1988), 109–28; Toni W. Linder, "Identification of Developmentally Delayed and At-Risk Children: The Case for Non-Test-Based Approaches," *New England Journal of Human Services* 10 (1991): 36–43; Margot Kaplan-Sanoff, Arlene Brewster, Jim Stillwell, and Doris Bergen, "The Relationship of Play to Physical/Motor Development and to Children with Special Needs," in *Play as a Medium for Learning and Development: A Handbook of Theory and Practice*, ed. Doris Bergen (1988), 137–61.

5. Diane Bricker, *An Activity-Based Approach to Early Intervention*, 2nd ed. (1998), 199–237.

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7. Stanley I. Greenspan and Serena Wieder, *Infant and Early Childhood Mental Health: A Comprehensive, Developmental Approach to Assessment and Intervention* (2006), 3–12.

8. Anita Bundy, "Measuring Play Performance," in *Measuring Occupational Performance: Supporting Best Practice in Occupational Therapy*, 2nd ed., ed. Mary Law, Carolyn Baum, and Winnie Dunn (2001), 129–50.

9. See William A. Corsaro, *The Sociology of Childhood* (1997); Allison James, Chris Jenks, and Alan Prout, *Theorizing Childhood* (1998); Chris Jenks, *Childhood*, 2nd ed. (2005); Berry Mayall, *Towards a Sociology for Childhood: Thinking from Children's Lives* (2002).

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12. Deborah Rosenblatt, "Developmental Trends in Infant Play," in *Biology of Play*, ed. Barbara Tizard and David Harvey (1977), 33–44; Kenneth H. Rubin, "Play, Peer Interaction, and Social Development," in *Play Interactions*, ed. Catherine C. Brown and Allen W. Gottfried (1985), 88–96; Kenneth H. Rubin, Greta Fein, and Brian Vandenberg, "Play," in *Handbook of Child Psychology: Socialization, Personality, and Social Development*, 4th ed., ed. Paul Mussen and E. Mavis Hetherington (1983), 693–774.

13. Charles E. Cunningham et al., "Behavioral and Linguistic Developments in the Interactions of Normal and Retarded Children with Their Mothers," *Child Development* 52 (1981): 62–70; Martin A. Fischer, "Mother-Child Interaction in Preverbal Children with Down Syndrome," *Journal of Speech and Hearing Disorders* 52 (1987): 179–90; Rosemary Tannock, "Mothers' Directiveness in Their Interactions with Their Children with and without Down Syndrome," *American Journal on Mental Retardation* 93 (1988): 154–65.

14. See Erica Burman, *Deconstructing Developmental Psychology* (1994).

15. Joseph J. Tobin, David Y. H. Wu, and Dana H. Davidson, *Preschool in Three Cultures: Japan, China, and the United States* (1989), 2–8.

16. Erin E. Barton and Mark Wolery, "Teaching Pretend Play to Children with Disabilities: A Review of the Literature," *Topics in Early Childhood Special Education* 28 (2008): 109.

17. Tobin, *Preschool in Three Cultures*, 4–5.

18. Kay Mogford, "The Play of Handicapped Children," in *Biology of Play*, ed. Barbara Tizard and David Harvey (1977), 170–84.

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21. Jodi R. Hanzlik and Marguerite B. Stevenson, "Interaction of Mothers with Their Infants Who Are Mentally Retarded, Retarded with Cerebral Palsy or Nonretarded," *American Journal of Mental Deficiency* 90 (1986): 513–20; Kay Donahue Jennings et al., "Mastery Motivation in Young Preschoolers," *Journal of the Division for Early Childhood* 9 (1985): 162–69.

22. Pam Steeves, "Sliding Doors—Opening Our World," *Equity & Excellence in Education* 39 (2006): 105–14.

23. See United Nations Office of the High Commissioner for Human Rights, Convention on the Rights of the Child, Article 31 (November 20, 1989).