

## *Original Paper*

# “I Think She’s Forgiven Me”: Utilizing the Language of Play to Nurture Connection between a Nonverbal Child and Their Mother

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### **Abstract**

*The ability to communicate, to understand and share meaning, is a salient feature of human development, crucial for integration in, and acceptance by, the social group and for the emergence of a sense of selfhood. Human infants are primed to communicate through playful interaction from the moment of birth and play remains the primary mode of communication throughout childhood, accessible by all ages and abilities. Play is integral to the development of intersubjectivity on which all human connection depends, and which is vital to social acceptance and emotional wellbeing. This paper describes the way in which play represents a mode of metacommunication when a child is diagnosed with a serious illness or disability as a means of sharing meaning around healthcare experiences. A case example from the Japanese context illustrates the way in which the Health Play Specialist uses the language of play to nurture connection in a parent-child dyad living with a diagnosis of neurological impairment, reinforcing the need for wider recognition of the role of play as the universal language of childhood.*

### **Keywords**

*Communication, Health Play Specialist, Intersubjectivity, Metacommunication, Play, Wabi-sabi*

### **Introduction**

The ability to communicate is a salient feature of both animal and human evolution, “critical to facilitating [the] integration of individuals into a group and maintaining group cohesion”, and key to survival and reproduction (Gillam, 2011). For humans, the complex interplay of biological and cultural factors means that human infants are born “language ready”, primed to communicate from the moment of birth (Trevarthen & Aitken, 2001). Much human communication is nonverbal (Burgoon et al., 2016) and *play* is widely observed to be the primary mode of nonverbal communication during childhood (e.g., Landreth, 2012; Lowenfeld, 1991), both before and after the acquisition of speech. Play is

fundamental to the development of health and wellbeing (Whitaker & Tonkin, 2023) and to the emergence of a concept of self (Schaffer, 2006). Health Play Specialists are professional practitioners who meet children in playful interactions to help them process information around their healthcare experiences and to explore and express related thoughts and feelings (Whitaker & Matsudaira, 2022). In the play relationship, play becomes a form of reciprocal meta-communication through which problems can be identified, shared, and overcome. In this paper, the authors discuss the notion of play as the natural language of childhood and present a case study from the Japanese context to illustrate its role in identity formation and emotional connection.

### **Defining communication**

The English word “communication” derives from the Latin, *communicare*, meaning to share or make common. Communication may be defined as the process of understanding and sharing meaning (Pearson & Nelson, 2000) and the ability to communicate determines the quality of interpersonal interactions and social relationships (Grover et al., 2020). Language is one form of communication, but not all communication is language. Animal communication takes many forms, including vocalization, gesture, and physiological transformation. Animals communicate with their own and other species, but animal communication is a “closed” process because its meaning is constrained to limited contexts (Tallerman & Gibson, 2011).

Human communication is a more dynamic process in that it involves a flexible and open-ended process of information exchange using a common system of symbols, signs, or behavior, which we call “language”. Language can be voluntary or involuntary, simple, or complex, and may convey an infinite array of complex meanings. Language is not necessarily spoken, and much human communication is thought to be nonverbal (e.g., Burgoon et al 2016), although the extent to which this is the case has been widely debated (Thompson, 2011).

Nonverbal, or symbolic, communication can be explained as ‘what we say when we say nothing at all’ and includes bodily movement and facial expression; positioning in time and space; touch; physical presentation; and nonverbal vocalization (McDermott & Spann, 2023). Much emotional communication derives from nonverbal sources (Shrier & Shaenfield, 2016) which offer a short-cut to the expression of feelings. Play has been a feature of symbolic communication since Ancient times, used to convey important themes, to educate and amuse (Whitaker & Tonkin, 2021).

### **The language of play**

Play has been described as the universal language of childhood (e.g., Landreth, 2012; Play Scotland, n.d.1) although it is not unique to children (Whitaker & Tonkin, 2021). It is through play that children come to know themselves and to engage and communicate with the people and world around them. Play is an innate feature of the human brain (Burghardt, 2005), observable in utero (Trevarthen & Aitken, 2001), and parents’ first interactions with their unborn child are playful ones (Jennings, 2010). The continuation of this attachment play during the neonatal period becomes the mainspring of emotional and social wellbeing (Essame, 2020). A child’s physical and sensory development also has

its roots in play through which the child discovers their physical and sensory capacities (Goddard-Blythe, 2014). Essame (2020) asserts that “if we want to support social and emotional wellbeing, we need to build solid foundations pre-verbally with children before memory, language and cognition develop” – and play is the cornerstone of these foundations.

Long before a child acquires the use of verbal language, play is the way in which they communicate their needs, wishes and feelings (Lepisto, 2019); how they proclaim their achievements and share their stories (Engel, 1995). As the child’s cognition and verbal language skills develop, play remains a richer and more accessible means of communication for the child compared with the spoken word alone (Lowenfeld, 1991), a metaphor or symbolic expression of what is most important to them. Freeman et al. (1997:3) suggest that “given the choice, most children prefer to interact in a playful way”. Play represents the externalization of a child’s inner world such that it can be shared and offers a ‘meeting point’ in the communication between adults and children, allowing for the free expression of thoughts, emotions, and experiences (Freeman et al., 1997).

For the child who remains non-verbal beyond infancy, play is one way in which they can converse without speech to communicate their needs, thoughts, and wishes (Mundy et al. 1987). Since playful communication does not depend on cognitive development, play “has the capacity of being highly contagious” and of encompassing all ages and abilities (Freeman et al., 1997). Daniel and Trevarthen (2017) propose that the repetition, rhythm, and musicality characteristic of children’s play and communication are fundamental to human bonding, confirming play’s function as a universal conduit of connection.

### **Defining play.**

The United Nations defines a child as any person below the age of 18 and Article 31 of the United Nations Convention on the Rights of the Child [UNCRC] grants *all* children the right to engage in play (UN General Assembly, 1989). The UNCRC defines play as “any behaviour, activity or process initiated, controlled and structured by children themselves” which may “[take] place whenever and wherever opportunities arise” (UN Committee on the Rights of the Child [CRC] 2013). It emphasizes the voluntary nature of play which is intrinsically motivated and ‘undertaken for its own sake, rather than as a means to an end’ (CRC, 2013).

Play evades more concrete description because of its potentially infinite forms, and the fact that it changes and adapts throughout the life-course according to time, place, and opportunity (Whitaker & Tonkin, 2021). In *The Ambiguity of Play*, Sutton-Smith (1997: 3) reinforces the idea that “almost anything can allow play to occur within its boundaries.” While play is commonly dismissed as non-essential (McNeill, 2020), and widely overlooked in child policy (Voce, 2015), the CRC affirms that, “Play is a fundamental and vital dimension of the pleasure of childhood, as well as an essential component of physical, social, cognitive, emotional and spiritual development” (cited in, Play Scotland, n.d.2).

Many, if not most, attempts to define play incorporate the concept of “fun” (e.g., Florey, 1981; Burghardt, 2010; De Koven, 2017) which is defined by the Oxford English Dictionary (2023) as “enjoyment, amusement, or light-hearted pleasure”. Yet, whilst children’s play is always engaging, absorbing, and may promote a sense of satisfaction or achievement, it often lacks the presumed element of fun. Gray (2013) explains: “Play is not always accompanied by smiles and laughter, and mental tension may arise as players strive to perform well; but, as play is always self-chosen, so is any mental tension that accompanies it.” For children, play is not always “playful” (Bateson, 2014) and often of a serious nature. Bruce (2018) suggests that when the serious side of play is overlooked, its importance as a self-healing mechanism is simultaneously undermined.

### **Health Play and the role of the Health Play Specialist**

All children have a right to play (UN General Assembly, 1989), regardless of who they are or where they live. For children with a medical diagnosis or disability, the right to play serves a specific function because of play’s therapeutic potential to aid coping and recovery, and to reduce the potential trauma arising from a healthcare encounter (Perasso & Ozturk, 2022). General Comment 17 on the UNCRC (CRC, 2013) acknowledges that play not only contributes to the health, wellbeing, and development of all children, but also identifies the importance of “appropriate provision for children to enjoy the rights under article 31 when they are ill and/or hospitalized”, acknowledging the role of play in facilitating recovery from ill-health (CRC, 2013: 9). This is supported by a growing body of research which reinforces the therapeutic value of play when children are unwell and/or in hospital (e.g., Gjørde, 2021; Nijhof et al., 2018; Perasso & Ozturk, 2022; Tonkin et al., 2023).

Health Play Specialists in the UK and Hospital Play Specialists (HPS) in Japan are professional play practitioners who are integrated into multi-disciplinary healthcare teams to advocate and support the child’s right to play at the interface with health services (Whitaker, 2023). The HPS uses play to communicate with child patients about what is happening to them during a hospital visit or admission (West et al., 2020), and to facilitate communication around their healthcare experiences (Matsudaira, 2022). Play is also used as a therapeutic tool to promote and restore positive physical and mental health during and after a medical diagnosis or intervention (Ullan & Belder, 2019).

HPS involvement extends beyond the child patient to involve their parents, wider family, and other agencies, to inform and encourage understanding of the developmental and therapeutic value of play (Ginsburg, 2007) through observation, role-modeling, and direct coaching (e.g., Cavender et al., 2004). One technique deployed by the HPS in this endeavor is metacommunication which may be used to establish or maintain the primacy of the parent-child connection (Wallerstedt et al., 2021) in the healthcare setting.

### **Metacommunication, intersubjectivity and play**

Metacommunication is defined as communication about the communication process itself (Fogel, 1995), a link between actively attending to and interpreting a message. It involves observing and articulating what is happening in any situation, “making insights and comments about the process and

interactions and inviting open feedback” (Smith & de la Prida, 2021). Metacommunication is a component of play whereby the player may commentate on their play to maintain and transform its meaning (Clark, 2004). It is also the way in which adults convey acceptance, understanding, and empathy in response to a child’s playful self-expression. Metacommunication is a feature of the first shared, reciprocal interactions between parent and child: eye gaze, facial expression, voice tone, movement, gesture, and touch are the ways in which the dyad convey feelings and mutual understanding, long before the acquisition of cognition and speech (Essame, 2020).

Metacommunication is integral to intersubjectivity, the “I-Thou” relationship (Buber, 1937) which represents the very essence of human connection. Research by Trevarthen (2011) has shown that humans are biologically wired to coordinate their actions with others and motivated to understand the meaning of others’ actions – even when they are completely arbitrary, or appear to be so (Zlatev et al., 2008). Intersubjectivity denotes this capacity for creating a shared, reciprocal, experience with another person, whereby the experience of each has an impact on the experience of the other. Trevarthen (2011: 119) observes that humans “are born to generate shifting states of self-awareness, to show them to other persons, and to provoke interest and affectionate responses from them”. Mack (2023) identifies three components of intersubjectivity which determine the quality of the dyadic connection between parent and child:

- Shared attention – Parent and child are fully aware of each other or share a common focus on the same event or object.
- Shared intention – Parent and child want the same thing: to know, understand and learn from each other.
- Shared emotion/affect (attunement) – Parent and child are aligned in the mutual creation, matching, and sharing of an emotional state.

When a child is diagnosed with a serious illness or developmental disability, the intersubjective relationship may be aborted or disrupted due to the divergence of parental attention, intention, and emotion (Di Renzo et al., 2020). There may be a disjunction between the parent’s thoughts and actions in response to diagnosis (Barak-Levy & Paryente, 2023) and the child’s own needs and wishes (Muddle et al., 2021). When parents are emotionally overwhelmed by their own attempts to process difficult thoughts and emotions, they cannot also be attuned to their child’s own unique feelings (Muddle et al., 2021), including their desire to play (Casey, 2017).

An important aspect of the HPS role in the wake of a medical diagnosis, is to provide and support opportunities for the child’s self-directed and self-determined play through which the parent-child dyad might find or re-establish connection. The experience of playful interaction can create and restore a sense of normality and a moment of joy amidst the overwhelm of a medical diagnosis. For the child, engagement in a shared play experience nurtures “a sense of personal value and self-worth, [allowing them] to explore their own creativity and to achieve a sense of connectedness and belonging” despite the challenges they may face (Casey, 2017).

**Rika: Imperfectly perfect**

The following narrative account relates an example of HPS interaction with a child with a developmental disorder. The case illustrates the way in which a nonverbal child communicates through the language of play and how the skilled play specialist meets the child in playful interaction and uses metacommunication to open a channel of communication between the child and their mother. The account includes verbatim extracts from a reflective report on the case, written by the Hospital Play Specialist themselves (personal communication).

Rika was born prematurely with 22 pairs of chromosomes instead of the usual 23, resulting in malformation of her upper and lower limbs and intellectual impairment. She spent almost the first year of life in an incubator, and an early photograph shows her wearing only a nappy, connected to various tubes. Sharing the photo at an early consultation with the HPS, Rika's mother remarked on "the kindness of the nurses for leaving Rika's hands and feet out of the frame".

At the time of the play referral, Rika was in 3<sup>rd</sup> grade of primary school and had started to display self-injurious behavior, such as banging her head on the floor. The HPS's initial assessment included the observation that, "In spite of [mother and child] spending time together every day, and overcoming many difficulties together, they seem to have missed the opportunity to properly engage with one another."

Rika's mother recounted that she knew nothing about chromosomes prior to Rika's birth. She had initially confused Rika's condition with Down's syndrome and remembers the doctor laughing when she revealed her naivety in an early medical consultation. The doctor explained that, whereas a child with Down's syndrome has an extra chromosome, Rika was deficient. This focus on deficiency diminished Rika in her mother's eyes and set the course for their subsequent relationship. A pessimistic outlook prompted the mother to buy a dog as companion for the child because she did not anticipate her ever being able to form a human friendship.

The HPS recalls, "I knew that the way to recalibrate the mother's perception of her child would be through playing with Rika to reveal the child behind the disability. I did this with three aims in mind. The first was to reveal as many of Rika's potentialities as possible. The second, to improve the relationship between the mother and daughter. The third, to communicate to Rika that she is a wonderful child."

"When I first visited the family at home, Rika was sitting in front of the fridge, shaking her head, and laughing out loud. She then crawled over to the television set, which was switched off, and again repeatedly shook her head and laughed aloud. It was plain to me that Rika was speaking and laughing at her own reflection in the fridge door and television screen. "Look," I said to her mother, "Rika is playing with her friend. She is playing with her own reflection."

"I wanted to show Rika's mother that her daughter was able to communicate despite being nonverbal.

As I carried Rika in my arms and observed her subtle reactions and facial expressions, I meta-communicated with her. When she jumped about, I said: “I know Rika, you’re happy, aren’t you?” and she responded by jumping again. When she rested her face on my breast, I said: “I see, Rika, you’re feeling tired.” When Rika made an “Ooh, ooh” sound, I said: “Rika, you’re telling me what you did today, right?” and when she looked towards her mother, I commented: “You’re looking for your mummy? She’s over there, so you’re happy.”

“As I played with Rika over the course of several months, I discovered that she was a jolly child with a sense of humor. Despite being unable to speak, she was still very chatty and sociable and demonstrated creativity in the various sounds she made in response to my voice. When I sang, she would sing together with me. When she felt curious, she would put her fingers into my mouth to explore how a sound is made. She enjoyed the texture of whipped cream and put it in her mouth to taste it. I determined that Rika had all four of the skills necessary for a child’s healthy development: the ability to connect, to challenge, to enhance one’s skills, and to recognize oneself as irreplaceable. To me, she was not a child with a chromosome deficiency and intellectual impairment, but a unique and vividly living child named Rika.”

“Some might challenge my assessment of Rika as a jolly and funny child and ask for evidence to justify my opinion, but that strikes me as a strange request. Do we usually require evidence when referring to someone as jolly or funny? Is it not that we naturally sense such qualities through our interactions with the person, in the same way that I sensed Rika’s jolly nature and inner strength through interacting with her.”

“Gradually, more toys appeared in the home and Rika’s mother informed me that she was planning to build a playroom for her. She said that “Little by little, I have started to feel Rika is adorable”. She started speaking more to Rika and the atmosphere of their home became warmer. Other people also seemed to notice the change: a staff member at the after-school service reported that Rika had begun to join other children in a circle, and the family doctor also said that Rika looked “cleverer” than before. Along with these positive changes, Rika’s self-injuring behavior decreased.”

Rika’s mother liked watching Rika playing. She said that she felt relieved when she saw Rika playing with me because her daughter looked happy: “When I see Rika enjoying life, I feel like she has forgiven me for giving birth to her.”

### **Summary and conclusion**

The difficulties faced by parents of a seriously ill or disabled child have long been recognized. Olshansky (1962) writes of the “chronic sorrow” of being the parent of a child with a developmental impairment, and sorrow is also commonly accompanied by feelings of guilt and self-blame (Pawlus, 2016). Early professional intervention and support are essential if a family is to adjust to the circumstances of a medical diagnosis or disability and to find “a sense of coherence” (Antonovsky,

1980). Parents need to find a way of reconciling the sense of loss associated with disrupted or unfulfilled expectations of parenthood with the need to modify these expectations to accommodate and accept the changed circumstances (Hughes & Cardwell, 2011).

For parents to be able to recognize and nurture the full potential of their disabled child, they need others to model an attitude of hopeful acceptance. The “kind” nurses who avoided showing Rika’s deformed limbs in a photograph and the doctor who focused on her chromosomal deficiency, denied Rika’s mother the opportunity to know and accept her as a whole person. Rika was fixed inside her mother as incomplete before she was able to encounter Rika simply as her own child. The Japanese concept of *wabi-sabi* is used to denote the beauty which can be found in imperfection. It is about accepting what is and appreciating the transient nature of life. Meeting Rika in a play relationship liberated parts of the child that had previously been obscured or misunderstood. By modeling genuine acceptance of Rika as a “jolly, funny child” with creative powers of communication, the HPS re-introduced the child to her mother as a complete person, despite her differences.

Humans, like all mammals, are essentially social beings and our emotional satisfaction derives from the connections we make with other people. The ability to engage in reciprocal communication is fundamental to the development of a sense of selfhood and to finding the joy that makes life worth living and, for children, play shows the way.

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