

## **Pediatric: Fun for Improved Function**

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Recently, I was watching the 2019 Special Olympic World Games on television. The games were held in Abu Dhabi. There were 7500 individuals competing. When describing the athletes, the term used was not people with disabilities, challenges or special needs. The term used was “people with determination”. “What a great term.” I thought. As I watched the games, I realized that people with determination were smiling, were stretching limits of personal expectations, were socially engaged, enjoying being a participant and lend support to other athletes. While engaged, athletes were demonstrating individual and team talents in a supportive, fun environment.

Then I began thinking about my service delivery. For years, I believed fun is essential in skill development. As a water safety instructor, I learned quickly that motivating children using a variety of methods produced happy swimmers. By incorporating as many learning styles as I could guaranteed each child would learn in a relaxed and positive environment. As a pediatric occupational therapist, I learned about developmental milestones, ability vs. disability, the occupation of play and skills necessary to be fully engaged in daily life. Work suddenly got serious: keep on task, get a high success rate, record outcomes, press hard to make sure children succeed. Then one day, I thought about reinserting fun. How could games, music, and social activities create a positive learning environments? Where had all the fun gone? Time to research!

First, I thought about childhood memories. I thought about the games I played and songs I sang. Each of those memories made me smile. I thought about children I have encountered over my career and how a motivation could be changed with a fun activity.

Childhood is an amazing time of life. It is filled with lots of eating, sleeping, playing, making friends, exploring the world. Motor, language, and social development change each day and children become more autonomous. The child discovers his or her mind, body and spirit through play. Music and rhythm, games and activities augment learning.

Today’s world is fast paced, visually stimulating, and offers children a plethora of options in daily life. Educational expectations have increased exponentially. With an increase in expectations and an active daily life, children can be missing out on one important developmental skill--humor.

Humor is the cornerstone to developing a sense of playfulness and engagement. Humor comes from recognizing incongruences in words, actions or situations. Humor is defined as “something that is or is designed to be comical or amusing” (Merriam-Webster Dictionary: 2019). Humor is movement, language, socialization, food for the soul and the brain.

We know a lot about play from personal experience. As professionals, we recognize the psychosocial benefits of play, we relate developmental milestones to play, we perform “play based” assessments. We play board games, sing simple action songs, play on the playground with others or in solitary play. Play is defined as “engage in activity for enjoyment and recreation rather than a serious or practical purpose” amuse oneself by engaging in imaginative pretense..., be part of a team...(Mirriam-Webster Dictionary, 2019).

Fun is defined as “enjoyment, amusement, or lighthearted pleasure, playful behavior or good humor, behavior or an activity that is intended purely for amusement and should not be interpreted as having serious or malicious purposes, playful behavior or good humor (Mirriam-Webster, 2019). Within this definition, we see play(ful) and humor. Humor, play and fun are intimately intertwined.

The development of humor comes in stages starting with infancy. Infants find humor primarily in touch and facial expressions. Infants smile in imitation of smiling, laugh when tickled or touched. As the infant stage is ending, the child laughs in anticipation of an event such as wiggling fingers to tickle, consistent vocal patterns made by a sibling or parent as laughing, sounds of anticipation or excitement, changes in vocal pitch or tone. Babies learn to do something funny or unexpected to get a laugh, especially if the action is inconsistent with daily behavior. The toddler learns that incongruities in language or actions are funny. For example, someone sneezes and the child laughs. Peek-a-boo, a game played in early childhood, elicits smiles, squeals of joy and laughter. Three year olds enjoy telling or listening to silly stories. Bodily sounds become humorous in the eyes of a four year old although he or she is not aware that everyone enjoys the humor making sounds. By kindergarten and first grade, children actively use language to create humorous statements by making silly sentences. Kindergarteners have developed motor play skills and can use those skills to create unique movements. Humor becomes part of building friendships or working in groups.

Humor heals. Laughing lowers painful sensations by activating endorphins. It lessens stress and depression. When laughing, breathing is more intense, blood pressure goes up and muscles tighten. Once laughter stops, breathing returns to normal, blood pressure drops and muscles relax, promoting a sense of well being. When experiencing a belly laugh, the internal organs are massaged by strong muscle reactions and blood flow increases. Healing blood cells are produced and oxygen increases during laughter. Interpersonal relations increase with laughter—people respond to laughter by laughing, laughter serves as a source of communication between people and a more positive environment is created. To laugh is to be in the moment; attention focused on the event, to share with others, to gain self-confidence and experience a feeling of well being.

#### INCLUDING PLAY, HUMOR AND FUN IN THE DEVELOPMENT OF FUNCTION

Including humor, play and ultimately fun requires time and energy---and an open mind to expanding approaches to traditional service delivery. Children are great contributors to adapting activity. Remembering that incongruences are the foundation of humor allows us to expand our thinking.

Play allows us to step out of the “daily grind” and enjoy life in a supportive environment. It is an opportunity to explore functional movement, social interaction. Language occurs in an open, uninhibited moment. When incorporating play/fun in treatment plans, there are a few rules (or suggestions) to be considered:

For the child:

1. Be safe.
2. Always stay with your partner unless you let your partner know what you are planning
3. Respect yourself and others
4. Give yourself a chance. Try everything at least once, especially with your swim partner.

For the adult:

1. There are no rules----or very few rules. Play requires trust and trust is fostered by respect. Rules define what can be done and can limit exploration or creative thought. Supported exploration is important for cognitive development and problem solving.
2. Experimentation can lead to failure. And failure can lead to learning. Failure is okay as long as it occurs safely and does not jeopardize the health of the child.
3. Learning through failure can be a positive event when the child can try something new, knows that the adult cares and the child and adult work together to be successful in attempts.
4. Include the child in coming up with modifications for activities and recognize the importance of an activity in daily life.
5. Allow time to experiment/play with movement, language and social interaction. Be aware of individual reactions to experiences: laughter, fear, anxiety, pleasure, comfort to name a few
6. Play enhances work/therapy.

Magical moments: when work turns into fun/play/humor

Many years ago, a young person came to me following a serious illness which resulted in a loss of motor control. Prior to the illness the child was active, engaged in volleyball and baseball and loved being outside. Because of limited motor control, the child was unhappy, unmotivated and was not enjoying life. I started out with traditional therapy techniques and was getting nowhere fast. He would complain of being tired, feeling sick, wanting to quit. His balance skills were compromised and the turbulence of the water created. Suddenly, in the middle of the session, I had him sit safely on the steps. I got a beach ball and volleyed it to him. He volleyed it back (still sitting), so I returned it off center. He reached out and successfully hit it back to me. He made the first step in regaining confidence in his motor control and for the first time since we had been working together, he smiled then laughed. A simple game opened the door to involvement and ultimately a return to function.

Another time, I was working with a group of 3 and 4 year olds accompanied by adult partners on goals of strength, motor integration and imitation rhythmical patterns. I chose to work on treading water to promote bilateral integration and core strength and endurance. I introduced the flutter kick and sculling hands (or as 3 year olds call it “wobble hands”). Adults provided support initially, then transitioned the children to support with noodles. To provide fun to the activity, we played “Red light, Green Light” complete with a song. Each session, we added a new twist for example adding another color (yellow to change speed or blue to check who was paying attention and challenge thinking). It was a social event because we all gathered in a circle. Changes were open ended and encouraged children to actively participate in making modifications.

The use of humor, fun and play to enhance self-confidence, create a positive, supportive and low stress environment to improve function in daily life. As with any therapeutic intervention, there is an optimal time to include play and a time to “work”. Play reinforces work and improves quality of life for everyone involved. Think back to all the skills you learned through play and humor---“Ring Around the Rosey”, playing with toys, imitating animals, dancing, playing bath tub games. Think of all the ways added to your development. Then think what we can do in the pool.

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