Université de Montréal

"All work and no play … ?": A critical investigation of an emerging public health discourse on children's play.

par

Stephanie A. Alexander

Département de médecine sociale et préventive
École de santé publique

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Cette thèse intitulée:

"All work and no play … ?": A critical investigation of an
emerging public health discourse on children's play.

Présentée par :

Stephanie A. Alexander

a été évaluée par un jury composé des personnes suivantes :

Présidente du jury: Sylvie Gendron

Directrice de recherche: Katherine L. Frohlich

Codirectrice de recherche: Caroline Fusco

Membre du jury : Suzanne Laberge

Examinateur externe : Colin MacDougall

Représentante du Doyen : Catherine Ruth Solomon Scherzer

SUMMARY

In many industrialised societies a high value is attributed to children's play, mainly because it is deemed an essential component of childhood development and due to the conviction that play contributes to children's happiness and well-being. However, concerns have arisen about the changing patterns of, and declines in, children's play, especially outdoors. These have largely been attributed to increasing perceptions of risk in outdoor play and to societal changes popularising more structured and organised activities. Recently, the concerns about declining play, the mounting preoccupation with children's sedentary 'lifestyles', and the focus on childhood obesity prevention have converged in public health discourses, and public health organisations have begun to promote *active* play as a way to increase children's physical activity. What appears to be emerging is a public health discourse on children's play.

Through four articles, this thesis explores the emerging public health discourse on play and examines some of its potential effects. Article 1 is a position paper and provides a frame for the thesis findings. It presents the central argument of the research, outlines the emerging positions that public health organisations are taking on play and also discusses how these positions may be problematic for children's play. The thesis then discursively examines how the notion of play is being taken up by public health. Article 2 addresses this uptake through a discursive analysis of 150 public health documents addressing children's health, physical activity, obesity, leisure and play. This article examines what values and assumptions underlie the promotion of play for children's physical health and analyses how play is being shaped, disciplined and normalised in the public health discourse. It shows that within the public health context, play is viewed as a productive health activity for children, and that pleasure is drawn on to promote physical activity. Furthermore, children also appear to be encouraged to self-govern their leisure time for it to be health promoting.

Concerned with how the public health discourse may be shaping the way children engage and construct their own meanings and experiences of play, this thesis also examined the photographic and narrative constructions of play among 25 children 7 to 11 years old.

Children's photographs and narratives about play were analysed in Article 3. Children in this study suggested that importantly, play for them was an end in itself; that it was primarily emotionally important, intrinsically motivated and purposeless. This runs through all of the findings of the article, which suggest that enjoyable play is both active and inactive, that some children have a sense of ambivalence regarding scheduled forms of play, and that risk is sometimes considered an especially pleasurable component of play. These findings point to a dissonance between the forms of play promoted in public health and the meanings attributed to play by children.

Drawing on the Foucault-inspired analytical concept of biopedagogies, the fourth article in this thesis places the two components of this study in dialogue (i.e., Canadian public health discourse on play and children's constructions of play). The findings suggest that while the public health discourse around 'active play' is taken up and reproduced by some children, other children highlight sedentary play as important for social and emotional well-being. Indeed, while 'active play' is deemed a solution to the risk of obesity within the public health discourses, it also embodies contradictions regarding risk in play for children, which children appear to have to negotiate. This article suggests that the public health discourse appears to enable some representations of play (i.e., active) and obscure others (i.e., sedentary), and that this may be having the unintended consequence of reshaping and narrowing the meanings that children attribute to their own play.

This thesis does not aim to provide directions for how play ought to be better addressed in public health. Rather, drawing on the critical work of Michel Foucault, this thesis presents an analysis of the emerging public health discourse on play. This work underscores relevant areas upon which public health ought to further critically reflect, particularly with respect to research concerning children. Importantly, considering the possible effects of this discourse on children's play, this thesis concludes by emphasising the contingency of the current perspectives on play.

Keywords: Critical public health, children's play, Foucault, discourse analysis, sociology of childhood, biopedagogies

RÉSUMÉ

Dans de nombreuses sociétés industrialisées, une grande valeur est attribuée au jeu des enfants, principalement parce que le jeu est considéré comme étant une composante essentielle de leur développement et qu'il contribue à leur bonheur et à leur bien-être. Toutefois, des inquiétudes ont récemment été exprimées au regard des transformations qui s'opèrent dans le jeu des enfants, notamment en ce qui a trait à la réduction du temps de jeu en plein air. Ces transformations ont été attribuées, en grande partie, à une perception de risques accrus associés au jeu en plein air et à des changements sociaux qui favorisent des activités de loisirs plus structurées et organisées. L'inquiétude concernant la diminution de l'espace-temps accordé au jeu des enfants est d'ailleurs clairement exprimée dans le discours de la santé publique qui, de plus, témoigne d'un redoublement de préoccupations vis-à-vis du mode de vie sédentaire des enfants et d'une volonté affirmée de prévention de l'obésité infantile. Ainsi, les organisations de santé publique sont désormais engagées dans la promotion du jeu *actif* pour accroître l'activité physique des enfants. Nous assistons à l'émergence d'un discours de santé publique portant sur le jeu des enfants.

À travers quatre articles, cette thèse explore le discours émergeant en santé publique sur le jeu des enfants et analyse certains de ses effets potentiels. L'article 1 présente une prise de position sur le sujet du jeu en santé publique. J'y définis le cadre d'analyse de cette thèse en présentant l'argument central de la recherche, les positions que les organisations de santé publique adoptent vis-à-vis le jeu des enfants et les répercussions potentielles que ces positions peuvent avoir sur les enfants et leurs jeux. La thèse permet ensuite d'examiner comment la notion de jeu est abordée par le discours de santé publique. L'article 2 présente ainsi une analyse de discours de santé publique à travers 150 documents portant sur la santé, l'activité physique, l'obésité, les loisirs et le jeu des enfants. Cette étude considère les valeurs et les postulats qui sous-tendent la promotion du jeu comme moyen d'améliorer la santé physique des enfants et permet de discerner comment le jeu est façonné, discipliné et normalisé dans le discours de santé publique. Notre propos révèle que le discours de santé publique représente le jeu des enfants comme une activité pouvant améliorer leur santé; que

le plaisir sert de véhicule à la promotion de l'activité physique ; et que les enfants seraient encouragés à organiser leur temps libre de manière à optimiser leur santé.

Étant donné l'influence potentielle du discours de santé publique sur la signification et l'expérience vécue du jeu parmi les enfants, cette thèse présente ensuite une analyse des représentations qu'ont 25 enfants âgés de 7 à 11 ans au regard du jeu. L'article 3 suggère que le jeu est une fin en soi pour les enfants de cette étude; qu'il revêt une importance au niveau émotionnel; et qu'il s'avère intrinsèquement motivé, sans but particulier. De plus, l'amusement que procure le jeu relève autant d'activités engagées que d'activités sédentaires. Enfin, certains enfants expriment un sentiment d'ambivalence concernant les jeux organisés; tandis que d'autres considèrent parfois le risque comme une composante particulièrement agréable du jeu. De tels résultats signalent une dissonance entre les formes de jeux promues en santé publique et le sens attribué au jeu par les enfants.

Prenant appui sur le concept de « biopédagogies » inspiré des écrits de Michel Foucault, le quatrième article de cette thèse propose un croisement des deux volets de cette étude, soit le discours de santé publique sur le jeu et les constructions du jeu par les enfants. Bien que le discours de la santé publique exhortant au «jeu actif» soit reproduit par certains enfants, d'autres soulignent que le jeu sédentaire est important pour leur bien-être social et affectif. D'autre part, tandis que le « jeu actif » apparait, dans le discours de santé publique, comme une solution permettant de limiter le risque d'obésité, il comporte néanmoins des contradictions concernant la notion de risque, dans la mesure où les enfants ont à négocier avec les risques inhérents à l'activité accrue. À terme, cet article suggère que le discours de santé publique met de l'avant certaines représentations du jeu (actifs) tandis qu'il en néglige d'autres (sédentaires). Cette situation pourrait donner lieu à des conséquences inattendues, dans la mesure où les enfants pourraient éventuellement reconfigurer leurs pratiques de jeu et les significations qu'ils y accordent.

Cette thèse n'a pas pour but de fournir des recommandations particulières pour la santé publique au regard du jeu des enfants. Prenant appui sur la perspective théorique de Michel Foucault, nous présentons plutôt une analyse d'un discours émergeant en santé

publique ainsi que des pistes pour la poursuite de recherches sur le jeu dans le domaine de l'enfance. Enfin, compte tenu des effets potentiels du discours de la santé publique sur le jeu des enfants, et les perspectives contemporaines sur le jeu et les enfants, la conclusion offre des pistes de réflexion critique.

Mots-clés : Perspective critique en santé publique, jeu des enfants, Foucault, analyse de discours, sociologie de l'enfance, biopédagogies.

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Article 3

LIST OF ABBREVIATIONS

PHAC   Public Health Agency of Canada

HC   Health Canada

AHKC   Active Healthy Kids Canada

CSEP   Canadian Society for Exercise Physiology

CFLRI   Canadian Fitness and Lifestyle Research Institute

Report Card   Physical Activity Report Card for Children and Youth

For my nieces.

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CHAPTER 1. INTRODUCTION

1.1 A short prologue to the thesis

Work consists of whatever a *body is OBLIGED to do…*
Play consists of whatever a *body* is not *obliged to do*.
The Adventures of Tom Sawyer, Mark Twain (1917, emphasis in original)

I open my thesis with this quotation because, encapsulated in two short sentences, these words sum up both my interest in the topic of my thesis and a central point I would like to make.

While I do not have children myself, having six amazing children under the age of nine in my life has meant that reflections about the way children play – what they think of playing, what it means for them, how it shapes their world – and how this is distinct from how I remember playing - what it meant to me and how it shaped my world - are virtually inevitable. This has included reflections not only about what children have played 'then and now', but also about how contemporary play is shaped by adults playing and, unquestionably, by adult discourses around play. For instance, on more than one occasion have I observed myself (and numerous other adults) placing specific purposes and intentions on play (e.g., "play will help you…"), or for the benefit of efficiency, framing play as a discrete event; a time- and space-bound activity (e.g., play time).

I emphasise this quotation because, first published in the late nineteenth century, it offers a stark contrast to how play is frequently talked about today. In the quotation, play is described as "whatever a body is not obliged to do"; it is not a delimited activity and no qualifier sits before the word play (i.e., *safe* play, *active* play, *sedentary* play). The notion of 'whatever' in this sense means doing *anything* that involves a person's choice and does *not* involve a sense of obligation. My anecdotal observations mentioned above suggest that play, while often intimating this sense of freedom, is in practice rarely left up to the uncertainty and ambiguity of 'whatever'. With these observations I directly touch on a

principal concern of this thesis: the examination of discourses that inform contemporary understandings of play and how these discourses may in turn shape play for children.

And given these observations, at first blush, this thesis appears to be about playing. Certainly, this thesis is centrally hinged on the notion of play, and play is, I suggest, a seductively important topic that most people can intuitively relate to and that appears to be unequivocally valued. However, this thesis does not take the act of playing as the principal object of research. Rather, this thesis takes as its primary research object the emerging public health discourse around children's play. It critically examines how the notion of play is being taken up within this public health discourse, how it is being shaped and reshaped through such health discourses, and how this discourse on play may as a result shape the meanings and social understandings of play for children. This thesis situates itself within a body of critical public health research that is informed by the work of Michel Foucault and by numerous sociologists critically examining issues surrounding medicine, health and illness.

1.2 Critical public health scholarship: a lens for examining play in public health

It is far from novel to observe that the medical and public health sciences wield significant authority in the their role of informing and shaping the population's social and health practices (Lupton, 2003; Turner, 1997). And still today, despite common discomfort with the power of medical authorities, there remains a constant move towards, and reliance upon, biomedicine and medical sciences as guides for how to live 'well' (Hacking, 2002; Rose, 2007). However, over the past three decades in particular, critical examinations of medical practices and health issues have gained prominence especially from within social science research and disciplines such as medical sociology, medical anthropology, medical history and cultural studies (Lupton, 2003). Inherent in much of this research is a critique of 'healthism', a perspective in which health becomes central to, and the focal point of, all areas of life (Crawford, 2006). Questioning healthism also implies the questioning of the

taken-for-granted value attributed to health, a value which lies at the centre of public health research and practice (Lupton, 1997b; Nettleton, 1997).

From a concern with healthism, critiques have been launched at the expanded reach of the medical institution into people's social lives, and the placement of various social practices such as alcohol consumption, food practices, sexuality and sexual behaviours and various other leisure pursuits within a medical and health optic (Lupton, 2003; Petersen & Bunton, 1997). For example, Coveney (2006) examined the way attitudes around food practices (i.e., appetites and pleasures of eating) were disciplined through the science of nutrition. Coveney calls this the "government of food choice" (Coveney, 2006, p. 161) which outlines acceptable moral attitudes and behaviours towards food. The way food practices are governed (especially for children) through medical norms and nutrition principles is but one example of how social practices have been integrated into moral and health regimes. Is play undergoing a similar transformation as it is being taken up in public health discourses? While this thesis does not adhere to the idea that there is a pure form of play being corrupted by public health institutions, a central concern is to examine how this health discourse comes to govern and discipline appropriate forms of play for children, and how the social practice of playing may be reshaped within this discourse.

Particularly influential for shaping such critical health research were Michel Foucault's analyses of power/knowledge, his conceptualisation of biopower and governmentality (Burchell, Gordon, & Miller, 1991; Foucault, 1978, 2008), and especially his discussion of the expansion of the medical jurisdiction in the eighteenth century (Foucault, 1980a). Analysing how the health and well-being of the population emerged as an objective of power in the eighteenth century, Foucault (1980a) highlighted how a new 'medical gaze' developed which reached beyond the health of the individual's body and extended to the entire population and to all aspects of society (Lupton, 1995). Many studies conducting critical sociological health research, including this thesis, draw on Foucault's theoretical perspective to critically examine the expansion of this medical gaze as it is cast onto, and reshapes, areas of life that were not previously within the realm of health or medicine. As Turner (1997) suggests, Foucault's writings brought the field of sociology of

health and illness "towards a critical epistemology of disease categories as elements of the moral control of individuals and populations" (p. ix).

1.3 Foucauldian critique and reflexivity for examining the public health discourse on play

In a published interview with Foucault entitled *So, is it important to think?,* Foucault (1994[1981]) responds to a reproach about whether 'critique' conducted by intellectuals such as himself leads to anything:

> Above all, I don't think that criticism can be set against transformation, "ideal" criticism against "real" transformation. A critique does not consist in saying that things aren't good the way they are. It consists in seeing on what type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based. … We need to … stop regarding that essential element in human life and human relations – I mean thought – as so much wind. … Criticism consists in uncovering that thought and trying to change it: showing that things are not as obvious as people believe, making it so that what is taken for granted is no longer taken for granted. To do criticism is to make harder those acts which are now too easy (p. 456).

Adopting a Foucauldian approach to critique for the examination of public health discourse on children's play involves precisely this uncovering of thought; the identification of assumptions and familiar notions and the consideration of taken-for-granted thinking that the public health practices around play are based upon. It involves problematising thoughts and practices that are too easily held and acted upon.

The importance of reflexivity within such a critical approach cannot be overstated. Being reflexive within public health research and practice requires the ability to critically interrogate the knowledge used within the field, and to gain an awareness of the particular interests and knowledges that public health actions and interventions reproduce (Lupton, 1995). As such, the value of this form of critique for public health research and practice is quite simply the value of reflexivity: a highlighting of alternative knowledges, a questioning of normalising tendencies and binaries within practices and a recognition that a greater awareness of the values and epistemological positions upon which health research

and action are based may, at the very least, lead to more thoughtful, careful and perhaps even more enlightened practice (Lupton, 1995).

The critical analysis and reflexive stance adopted in this thesis functions to elucidate the full scope of what is being promoted to children within discourses around play. This stance compels me to recognise that current thinking around play in public health, and the knowledge and assumptions underlying it, are contingent; that the health perspective on play is, first and foremost, constructed within public health discourse, and that it is but one of many ways in which play can be conceived. Emphasising the potential discord between children's constructions of play and the forms of play promoted within public health prompts further reflection on the role that public health has in advancing values such as productivity, progress and utilitarianism as part of the social and health practices aimed at children.

1.4 What is the 'problem' with play?

Barring extreme poverty and illness, playing is a ubiquitous activity in childhood. Although play is a notion that is difficult to capture in words, children and adults alike seem able to expertly recognise play when they see it and when they engage in it. As Brown (2009) writes in his book about the prominence of play in everyday life, "of all animal species, humans are the biggest players of all. We are built to play and built through play" (p. 5).

Contemporary Western industrialised societies value children's play especially highly, and a large body of research has consequently sought to document the contributions of play for children's lives (Cheng & Johnson, 2010). The prevailing understanding, primarily stemming from research in the fields of psychology, childhood development, education, anthropology and ethology, is that play is critical for children's health and optimal development (Sutton-Smith, 1997). However, the consensus around the general importance of play for children and the ability to make straightforward claims about its value seem to end there; there is no agreement on how play should be conceptualised in

research, nor is there concurrence on what tangible and concrete advantages play fosters in children (Lillard, Lerner, et al., 2013; Sutton-Smith, 1997).

Despite debate, however, play characteristics commonly included in definitions of play are that it is pleasurable, that it includes activities that are pursued for their own sake and without promise of external rewards, and that it is often outside the boundaries and rules of everyday life (Caillois, 1961; Gordon, 2009; Hirsh-Pasek & Golinkoff, 2008; Huizinga, 1949).

Play also appears to also have a serious side. For instance, in 1990 the Office of the United Nations High Commissioner for Human Rights adopted the Convention on the Rights of the Child which declared in its Article 31 that leisure and play are a childhood right (United Nations, 1990). With this the Convention recognised "the right of the child to rest and leisure, to engage in play and recreational activities ... and to participate freely in cultural life and the arts" (United Nations, 1990). Establishing play as a 'right' of the child reflected and reinforced the growing appreciation play was receiving in Western industrialised countries as a concept and practice of critical importance for childhood development.

Also beginning in the 1990s, debates in both academic and public arenas were beginning to converge around what appeared to be the changing nature of children's play in many industrialised societies. Children, it was being argued, were no longer playing the way they used to (Burdette & Whitaker, 2005; Edward Miller & Almon, 2009). That is, there was a growing perception that the way play was being experienced in the context of children's lives was undergoing dramatic changes, and that children's everyday opportunities for play were on the decline (Singer, Singer, D'Agostino, & DeLong, 2009). Play advocates and scholars have thus increasingly voiced their concerns about children's play. For instance, popular psychology books and radio and television broadcasts underscore the importance of play (Brown, 2009; Elkind, 2007; Kennedy, 2009; McDonald, 2009), while a number of play associations, dedicated to protecting, promoting and enriching children's experiences and opportunities for play, have begun to surface (e.g.,

Right to Play International, International Play Association, Play England, KaBoom!, US Play Coalition, The National Institute for Play).

Beyond the observations of declines in play, discussions have also begun to address the varying reasons for the changing nature of children's play. For instance, these declines are attributed to the growing emphasis placed on early formal education and on the pervasiveness of structured and education-oriented activities which aim to foster children's future academic success (Pellegrini, 2009; Ramstetter, Murray, & Garner, 2010). Others suggest that television watching and electronic gaming is replacing children's time and desire to play and is thus having a negative impact on children's overall well-being (Jago, Baranowski, Baranowski, Thompson, & Greaves, 2005; Jakes et al., 2003). Additionally, a growing body of research also indicates that perceptions of risk in children's lives have placed constraints on the ways in which children are permitted to play independently (Carver, Timperio, Hesketh, & Crawford, 2010; Gill, 2010; O'Brien & Smith, 2002).

What is ultimately at issue in these debates is the concern that children may be losing the opportunity to engage in play independently, and that these narrowing play possibilities may have detrimental effects for children. What is perceived to be at stake is children's optimal cognitive, intellectual, social, physical and psychological development (Hirsh-Pasek & Golinkoff, 2008; Hoffmann & Russ, 2012; Kennedy, 2009). Advocating on behalf of the importance of play, some scholars argue that children's play must be 'resurrected' (Burdette & Whitaker, 2005).

1.5 Where has public health come into play?

There is a long history of public health campaigns addressing physical inactivity and obesity in the general population in Canada (Lamb-Drover, 2012). However, it is only over the last two decades, amid discussions of a childhood obesity crisis, that children have become the objects of efforts to prevent obesity, and even more recently that these efforts have taken an interest in children's play (Grove, 2012; WHO, 2012b; Wyatt, Winters, & Dubberte, 2006). Indeed, it was in 2008 that the Active Healthy Kids Canada's (AHKC)

Physical Activity Report Card for Children and Youth (Active Healthy Kids Canada, 2008) placed the new construct 'active play' in the category 'Physical Activity and Inactivity' where it was positioned alongside 'sports', 'physical activity' and 'screen time' as a health indicator to be evaluated. The *Report Card* indicates:

> Active play was identified as an important new indicator for 2008 because of increased observations by concerned citizens that children and youth simply don't play outside as much as they used to. Active play is critical to the healthy development of our children and youth, but are we making sufficient effort to facilitate this in their lives? Some have started to question whether society has gone too far in regulating the lives of children away from the free play that previous generations enjoyed and arguably, took for granted (Active Healthy Kids Canada, 2008, p. 23).

With this, Canadian public health and physical activity organisations have pointed to the declines in children's play (i.e., outdoor play) as a direct link to childhood obesity. Pairing the urgency to increase children's physical activity levels with the prevailing desire to resurrect children's play opportunities, public health interventions have jumped on the proverbial play bandwagon, and begun to direct their attention to helping 'bring back play' (Grove, 2012; McGall, McGuigan, & Nottle, 2011; Smith, 2008).

Furthermore, the public health attention to children's health and play has at its core a more general concern with childhood. Indeed, interventions targeting children not only regulate children's behaviours, but also function to shape contemporary childhood (Turmel, 2008). As Nadesan (2010) suggests in the opening of her book *Governing Childhood in the 21st Century*, "childhood is not a natural space but rather is carved out by culturally and historically specific technologies of government" (p. 1), and recently has become the target of increasingly numerous health interventions. As an extension of the focus on children by psychologists, social workers and educationalists in the nineteenth and early twentieth centuries, contemporary governmental forces, hand in hand with public health and medical institutions, continue to promote a 'normal', healthy and developmentally appropriate child, but now also with the aim of investing in the social and economic future of the country (Nadesan, 2010; Read, 2010; Rose, 1999; Turmel, 2008).

What makes the emerging public health discourse on play relevant for investigation is also what differentiates it from other disciplinary discourses on play (i.e., psychology, education): as a governmental institution, public health extends its reach to both science and society, and is thus distinct in its role of incorporating and regulating social practices as part of its health mandate. Informed by C.E.A. Winslow's 1920 definition of *Public Health* (Winslow, 1920), the Public Health Agency of Canada (PHAC, 2003) writes:

> Public health can be described as the science and art of promoting health, preventing disease, prolonging life and improving quality of life through the organized efforts of society. As such, public health combines sciences, skills, and beliefs directed to the maintenance and improvement of the health of all people through collective action (chapter 3).

Highlighting this definition is pertinent as it not only explicitly underscores the value-based nature of public health practice as both "an art and a science" that depends on "sciences, skills and beliefs", but it also emphasises the authority that public health wields when bringing together "organised efforts of society" and "collective action" for surveying and managing the health of the population. Situated at the intersection of scientific knowledge and skills on the one hand, and societal beliefs and values on the other, the public health discourses, directives and prescriptions addressing childhood and play thus hold significant influence over children's social and leisure experiences. Within a state apparatus such as public health, the social practice of children's playing becomes a health practice; an instrument to help fill a public health agenda regarding childhood.

1.6 Structure of the thesis: What this thesis is doing (and not doing)

This thesis takes as its focus the emergence of the public health discourse on play in the context of physical activity interventions aimed at children. As a critical project, this thesis is concerned with how the public health discourse, with its underlying values and taken-for-granted notions, may begin to shape the conceptions of play being promoted in practice, and through this, aims to examine how the discourse may also affect children's subjectivities. As such, this thesis does not aim to suggest new ways in which play ought to be addressed within public health, nor does it provide policy directions for public health research or practice around play.

In this thesis, play is recognised as a constructed notion that is undergoing constant change. For instance, as an object of research in numerous disciplines, play has been differently given shape when taken up in different disciplinary discourses. The second chapter of this thesis presents a review of the literature on play examining the varying lenses through which play is currently examined. Research themes surrounding play emerging from psychological studies, childhood education studies, and studies on physically active outdoor play are presented with a consideration of how play has emerged historically within each of these research areas. Finally, this chapter elaborates on the public health interest in play and concludes with the research questions of the thesis.

The third chapter takes the reader through the theoretical underpinnings of the project. This includes a presentation of key theoretical perspectives linked to Foucault's work and the way in which they inform and frame the research problem. Chapter four outlines the epistemological and methodological approach taken in this thesis as well as the specific methods used to discursively analyse the public health discourse on play as well as examine children's constructions of play.

Chapter five presents the four articles of this thesis. Article 1 frames the central argument of my research by first outlining the public health position on play, and second, discussing how these positions may be problematic for children's play. Articles 2 to 4 make up the findings of the thesis. Article 2 presents a discourse analysis of the public health documents using Bacchi's (2009) question-posing approach. This article traces the discursive formation of *active play* as it is emerging in public health and highlights the knowledge formations, values and normative assumptions that underlie this discourse. Article 3 examines children's photographic and narrative constructions of play in the context of this emerging public health discourse. This article points to a dissonance between the forms of play that are promoted within public health and the meanings play has for children. Finally, drawing on the analytical concept of 'biopedagogies', Article 4 places Canadian public health discourse in dialogue with children's constructions of play to examine first, how play is promoted within obesity prevention strategies, and second,

whether children take up this public health discourse. Included for reference is a 5th article, which appears in the Appendices. This article was written before the research began and provides the theoretical framing for the research problem in this thesis.

Coming back to the research questions of the thesis, chapter six includes a discussion of the research findings and considers these in light of other theoretical and empirical research on children's health, leisure and play. It also lays out the potential implications of the public health discourse on play. The thesis concludes with a seventh chapter which highlights what has been learned from this thesis, the contributions the thesis makes to knowledge and public health research, as well as several paths for future research.

CHAPTER 2. LITERATURE REVIEW

2.1 Conceptualising play

Concepts can be unruly beasts and 'play' is especially wild (Lillard, 2013)

At the outset of his book "The Ambiguity of Play" (1997) Brian Sutton-Smith cites ethologist and play theorist Robert Fagan (1981) as saying: "the most irritating feature of play is not the perceptual incoherence, as such, but rather that play taunts us with its inaccessibility. We feel something is behind it all, but we do not know, or have forgotten how to see it" (Sutton-Smith, 1997, p. 2). Noting other play scholars who have, like him, described the ambiguity in play terming it accordingly as "amphibolous" (Sparisou, 1989, cited in Sutton-Smith, 1997, p. 2), as "liminal or liminoid" (Turner, 1969, cited in Sutton-Smith, 1997, p. 2), as occupying a space at the threshold of reality and unreality (p. 1), and as "paradoxical" (Bateson, 1955, cited in Sutton-Smith, 1997, p. 2), Sutton-Smith (1997) emphasises the general impossibility of defining what play 'is'. Certainly, a singular definition of play across disciplines has been impossible (Chudacoff, 2007; Gordon, 2009; Malaby, 2009; Reilly, 1974; Sutton-Smith, 1997). As historian of play Howard Chudacoff (2007) has written, from an historical perspective, simply defining play is a "controversial and unresolved topic" (p. 1) and "articulating a single acceptable definition of play is almost impossible" (p. 1).

And play, in its assumed universality, also appears to draw universal attention. Indeed, despite its elusive nature, numerous academic disciplines have attempted to 'tame the wild concept' and delineate how play should be examined as a concrete object of research (Sutton-Smith, 1997; Sydnor & Fagan, 2012). That is, each field has adopted particular understandings of what play 'is' in order to examine and explain what play is 'good for'. This literature review does not aim to 'tame the concept' further or re-define play from within yet another field. Rather, it outlines some of the most prominent research that has historically given life to discussions around play, which shapes current research and theorising about play, and which informs and motivates the emerging discourse on play in public health.

In this first section, I outline a seminal dissertation on play to which much research across the disciplines refers, and complement this with more recent discussions of play. I also address a debate in play research; the role of one's discipline for how play is defined and researched.

2.1.1 A question of ontology: defining what play 'is'

While play is a popular contemporary object of study, it was only around the middle of the twentieth century that play appeared as an notion to be defined, researched, and prescribed (Chudacoff, 2007). In 1938, Dutch historian Johan Huizinga published his seminal book entitled *Homo Ludens* (1949). This foundational work on play presents an historical and cultural analysis of how Western and European civilisation and the cultural activities of society have arisen "*in* and *as* play" (Huizinga, 1949, p. 173 emphasis in original) and have developed through what Huizinga calls the 'play element'. Outlining how play permeates many elements of society, including language, myth, law, war, science, poetry, philosophy, and art, Huizinga rejected the tendency that was emerging during the early twentieth century to think of play in terms of biological telos. These biological definitions of play, he argued, are not useful as they say nothing of what play "is *in itself* and what it means for the player" (Huizinga, 1949, p. 2, emphasis in original). Huizinga thus elaborated a new conceptualisation of play.

Playing according to Huizinga (1949) is a voluntary engagement in an activity, a free choice, never a task, it is not part of ordinary life, but rather a form of pretence with an absorption in the activity with "utmost seriousness" (p. 8), and it is not connected to material gain or profit, but rather is unproductive. Play, he writes, is also secluded and limited in terms of time and place, playing itself to an end, it includes a sense of tension, ambiguity and uncertainty that aims for resolution and order (Huizinga, 1949). It is an activity with rules which cannot be broken and that promote the formation of new social communities that stress their difference from the day-to-day world (Huizinga, 1949). Huizinga's "radically new understanding of play" (Gordon, 2009, p. 2) thus addressed play

as a meaningful event for the player and as an activity that exists without an end, for its own sake.

Huizinga, who lived in the Netherlands, was strongly influenced by societal changes in early twentieth century Europe including the expansion of industrialisation, the aftermath of the First World War and the growing wave of nationalism and fascism that would eventually lead to the Second World War (Anchor, 1978). Huizinga wrote *Homo Ludens* in the Netherlands during the Nazi rise to power and just prior to the beginning of the Second World War, during which he died. He was critical especially of fascism and the cultural changes occurring in the 1930s (Anchor, 1978; Liukkonen & Pesonen, 2008). While his general critique of modern civilisation makes itself heard in *Homo Ludens* (e.g., "we have seen great nations losing every shred of honour, all sense of humour, the very idea of decency and fair play" p. 205) the critique of modern life recorded in *Homo Ludens* focuses specifically on the declining role attributed to play in his contemporary society. What thus emerges as especially prominent in Huizinga's work is his observation that the play element, something he argues has always existed in society, was beginning to wane. For example, he argues that as of the late nineteenth century there has been decline of play in academic settings and schooling, and a growing tendency to "view play as something not quite respectful" (p. 192). This work indeed foreshadows the late twentieth century fears also surrounding the disappearance of play for children, due to the modern demands of contemporary childhood.

Huizinga's work is not the earliest discussion of play. Play was a preoccupation amongst early psychologists (Jean Piaget, 1896-1980; Lev Vygotsky, 1896-1934), educationalists (Friedrich Fröbel, 1782-1852; Maria Montessori, 1870-1952) and has also emerged as a popular mid-twentieth-century topic in anthropological ethnographies (Herron & Sutton-Smith, 1971; Malaby, 2009; Roberts, Arth, & Bush, 1959; Schwartzman, 1976, 1995; Stevens, 1978; Sydnor & Fagan, 2012). However, it is perhaps precisely Huizinga's broad cultural and socio-historical approach that has given his work such wide-ranging interdisciplinary appeal and relevance; his approach does not adopt a disciplinary stance, but rather addresses the ontological question about the existence of play and its larger

meaning for the player, an approach which also opened up the dominantly biological conceptions of play that existed at the time.

Huizinga's work on play has also been an important point of departure, and point of debate, for many later play researchers (Caillois, 1961; Herron & Sutton-Smith, 1971; Malaby, 2009; Schwartzman, 1976; Stevens, 1978; Sydnor & Fagan, 2012). Sociologist Roger Caillois (1961), for instance, writes that although Huizinga "masterfully analysed several of the fundamental characteristics of play and … the importance of its role in the very development of civilization" (p. 3), Huizinga's definition of play wrongly excluded games of chance such as gambling and lotteries. Elaborating his own sociological typology of play, Caillois for his part placed play along a continuum. At one end is *paidia*, which characterises those forms of play involving "turbulence, free improvisation, and carefree gaiety…a kind of uncontrolled fantasy" (p. 13), while at the other end is *ludus*, play that follows "arbitrary, imperative, and purposely tedious conventions" and which require effort, patience, skill and ingenuity (p. 13).

A particularly noteworthy contribution made by Caillois (1961) was his argument that play and games become corrupted when the conventions and rules of play are not respected; when the "universe of play is no longer tightly closed" (p. 44). Play, he argues, becomes distorted when it is "contaminated by the real world in which every act has inescapable consequences" (p. 44). Caillois maintains that when the rules for everyday life enter the world of play, "what used to be a pleasure becomes an obsession. What was an escape becomes an obligation, and what was a pastime is now a passion, compulsion, and source of anxiety" (p. 44). As such, in terms of how play may be losing its defining qualities, he argues that it is precisely through a "contagion of reality" (p. 45) and "contamination by ordinary life" (p. 49) that the world of play becomes perverted by a non-ludic reality.

Following in the footsteps of early play psychologists such as Jean Piaget (1896-1980) and Lev Vygotsky (1896-1934), contemporary research in psychology and child development has been especially productive in defining, delineating and operationalizing

children's play. In their *Encyclopaedia on Early Childhood Development,* psychologists Hirsh-Pasek and Golinkoff (2008) maintain that although play can be demarcated according to distinct categories (e.g., object play, pretend play, physical or rough-and-tumble play, and guided play), several play characteristics intersect all play categories. Play is characterised as:

> (a) pleasurable and enjoyable, (b) have no extrinsic goals, (c) are spontaneous, (d) involve active engagement, (e) are generally engrossing, (f) often have a private reality, (g) are nonliteral, and (h) can contain a certain element of make-believe (p. 2).

While acknowledging the impossibility of a singular definition for play, a recent article by Lillard et al. (2013), also from within psychology, highlights four broad criteria that characterise play: flexibility, in that play varies from reality in form and content; positive affect, based on observation that playing is fun; nonliterality, since play behaviour lacks its literal meaning; and intrinsic motivation, suggesting that play is voluntary, engaged in by choice for its own sake (Lillard, Hopkins, et al., 2013, p. 2). Hewes (2009) cites influential work from human development research (Rubin, Fein, & Vandenberg, 1983) which brought together various psychological definitions of play in an attempt to gain consensus. Play, Hewes (2009) suggests, is defined as: "intrinsically motivated; controlled by the players; concerned with process rather than product; non literal; free of externally imposed rules; characterized by the active engagement of the players" (Hewes, 2009, p. 2).

What emerges in these recent delineations of play, and which is only implicit in Huizinga's definition (i.e., in the choice and absorption in an activity), is the emphasis on positive affect or pleasure. Perhaps this has taken on importance for researchers of childhood play specifically. However, what is missing from these contemporary definitions is the sense of ambiguity and uncertainty that characterised play for Huizinga. One could speculate that this may be due to the greater emphasis in recent play research placed on structured play that has a developmental outcome and the intolerance for ambiguity or uncertainty in children's play (Lillard, Hopkins, et al., 2013; Sutton-Smith, 1995, 1997).

Play has also been attributed rich and culturally diverse definitions in anthropological

research (Csikszentmihalyi & Bennett, 1971; Malaby, 2009; Schwartzman, 1976, 1995; Stevens, 1978). For instance, Stevens (1978) an anthropologist writing in the late 1970s, questioned the dichotomy often made between play and work. Indeed, Stevens (1978) recalls Huizinga (the man who "started it all", p. 17) and his pivotal definition, arguing that the play/work dichotomy so common in play research in fact ignores a central component of Huizinga's definition: that play involves "absorbing the player intensely and utterly" (p. 18). This component, he writes, speaks to the experiential aspect of play for the player (Stevens, 1978). Stevens (1978) thus introduces, and integrates into previous definitions of play, Csikszentmihalyi and Bennett's (1971) concept of flow. Flow according to Csikszentmihalyi and Bennett (1971) involves full immersion in an activity, regardless of reward, "when a person is in optimal interaction with his environment… when his manipulative skills and the environment have reached a balance such that neither is in command of the other" (p. 20). From this they develop a conceptual model for play, where play was defined as a:

> unified experience flowing from one moment to the next in contradistinction to our otherwise disjoint 'everyday' experiences. Play is grounded in the concept of possibility (Csikszentmihalyi & Bennett, 1971, p. 45).

The authors note that the major theoretical impetus for their position on play owes much to Huizinga's writing on play.

Contemporary anthropologist Malaby (2009), borrowing from early play researchers (Caillois, 1961; Huizinga, 1949) and anthropologists of play (Schwartzman, 1976; Stevens, 1978), has further suggested that what may be most relevant for play research is an understanding of play not as a discretely defined activity, but as a disposition; play as an attitude characterised by a readiness to improvise in the face of a constantly changing and indeterminate world. He writes that the element of indeterminacy in play is important and that this reflects the unpredictability and open-endedness of everyday life (Malaby, 2009). This view of play also aligns with the work of Sydnor and Fagan (2012) who take a broad position on play. They cite Schechner's (2006) work on performance to capture this: play, in Schechner's (2006) words is "a mood, an activity, a spontaneous eruption. Sometimes it is rule-bound, sometimes very free" (Schechner, 2006 cited in Sydnor & Fagan, 2012 p.

78). Making reference to Huizinga's original conception of play as foundational for society, Sydnor and Fagan (2012), both play researchers from different disciplines, argue that "without play, the universe would be stagnant" (p. 78). Play in this larger conception thus has a creative role for society and takes on an even larger sense of being "a limitless epistemology, ontology, method" for reconciling "our human need for story with the paradoxical, incomprehensible (plotless) nature of what it is to be human—and nonhuman" (2012, p. 79).

I have begun with these conceptual discussions because they are at the base of most contemporary debates around play; they inform discussions attempting to understand what play 'is' and in some cases what play 'is good for'. Considering the diversity of these conceptualisations of play, Lillard et al. (2013) fittingly quip: "concepts can be unruly beasts and 'play' is especially wild" (p. 49).

2.1.2 Rhetorics of play: dominance of a 'rhetoric of progress'

It is perhaps unsurprising, given the broad interest in play and its varying conceptualisations, that debates have also erupted over how play ought to be studied (Lillard, Hopkins, et al., 2013; Pellegrini, 2009; Sutton-Smith, 1997). Making these debates central to his work, prolific contemporary play theorist, Brian Sutton-Smith, examined the controversies around play in an influential book entitled *The Ambiguity of Play* (1997). In this book Sutton-Smith argues that play is virtually inaccessible as an object for scientific and social scientific study mostly due to the ambiguities that exist in play. These ambiguities, he suggests, result from rhetorical underpinnings or systems of value inherent in academic disciplines and which result in distinct disciplinary perspectives being taken on what play is, how it is studied, and how it is analysed (Sutton-Smith, 1997). In this work, Sutton-Smith (1997) discusses seven rhetorics[1] (i.e., disciplinary narratives and ideological values) underlying different approaches to play (p. 8).

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[1] Four traditional rhetorics of play - fate, power, identity and frivolity, and three modern rhetorics – progress, the imaginary and the self.

Of particular relevance to much play research today is what Sutton-Smith (1997) has identified as a rhetoric of 'play as progress' which holds that "children … adapt and develop through their play" (p. 9). He argues that this rhetoric is dominant in Western industrialised countries and that it influences how play is currently perceived and studied (Sutton-Smith, 1997). Sutton-Smith (1997) maintains that since the late eighteenth and early nineteenth centuries, educators in particular have tended to represent play and playfulness as critical components of children's moral, social, psychological and cognitive development and that play has since been primarily about child development rather than about pleasure and enjoyment. He argues that because the twentieth century notions of progress and scientific rationality are so pervasive, other rhetorics of play have been marginalised, and play that does not fit into the dominant rhetoric of 'play as progress' is denigrated as frivolity (Sutton-Smith, 1997).

Psychological and education research on play appears to provide particularly good examples of the disciplinary narrative of 'play as progress'. For instance, Cohen (2006) has suggested that there is a long tradition in psychology of viewing play as an activity done in order to learn something useful. Cohen maintains that within psychology in general "while play may appear frivolous, it has to have a proper, serious explanation. It cannot just be; it has to have a purpose" (Cohen, 1993, p. 5).

In a similar vein to Sutton-Smith's (1997) research on the rhetorics of play, in the 1970s Schwartzman (1976) reviewed a large body of anthropological research on play and found that there are implicit metaphors used by anthropologists to understand and analyse children's play. Analogous to the rhetoric of 'play as progress', she suggests that the most common metaphor of play in anthropology views it as an "imitation of and/or preparation for adult life, and therefore functional for the enculturation and socialization of children" (p. 291). A second perspective describes children's play through games and toys, where the materials are described in detail, but rarely include descriptions of children's unstructured play. The third metaphor Schwartzman (1976) describes suggests that children's play is a "projective test" (p. 292) that demonstrates children's anxieties assumed to be a result of the child-rearing practices of a particular society. The last metaphor, which she argues also

"reflects Western societies' general disregard for play phenomena" (Schwartzman, 1976, p. 292), characterises children's play as a trivial pastime. Schwartzman (1976) maintains that these metaphorical themes around play have been informed as much by the culture in which play was being observed as by the culture of the anthropologist him/herself and the theoretical approach that was adopted. As such, Schwartzman's findings resonate with Sutton-Smith's (1997) observations that particular rhetorics, metaphors or discourses underlie disciplines which inform and shape both the conceptualisations of, and the research conducted on, play.

In concluding this section, what is noteworthy is the diversity of ways in which play is conceptualised and how these conceptualisations have changed since Huizinga's (1949) early twentieth century discussion of play. For instance, contemporary work on play appears to be less frequently discussed in terms of ontology, as in the work of Huizinga (i.e., what play is *in itself* and what it *means* for the player) and Caillois (i.e., a play universe), but more frequently described and justified with regard to its usefulness. In the next section I present three contemporary bodies of literature on children's play that are roughly organised according to disciplinary foci.

2.2 What's at play in children's play?

In play, it is as though [the child] were a head taller than himself (sic) (Vygotsky, 1978).

In this section, I first discuss two central bodies of research around children's play that emerge from within the fields of psychology and childhood education. Although there is much overlap between the two fields and the disciplinary boundaries are far from distinct, for the purposes of this literature review, the research is organised according to disciplinary foci: first, psychological research demonstrating play as a foundation of psychological well-being, and second, research illustrating play as inextricably linked to education, learning and optimal development. An understanding of these two bodies of research is important as a way to identify the dominant rhetorics or 'systems of value' that

frame and define contemporary conceptions of play, and also to appreciate the social and cultural importance attributed to children's play today. Relevant for this thesis, this research collectively forms the basis for the growing discussions about the need to promote (and protect) children's play.

As a third component in this section, I discuss literature on children's outdoor play and physical activity which regroups research conducted within physical education, kinesiology, urban health/health geography and the public health sciences. This work is largely informed by the conceptualisations of play prevalent in the previous two sections (i.e., psychological and childhood education literature). However, unlike these discipline-specific investigations of play, this third multi-disciplinary body of research takes the conceptualisation of play for granted; it no longer examines conceptually what play 'is'. Rather, this research adopts from the psychological and education literature the common understanding of what play 'is' and that it is critical for childhood, and focuses further on demonstrating what play 'is good for'. In this case, play is understood from the outset as a childhood activity that contributes to children's physical health.

For each of these three literatures, I first outline some of the historical roots of the particular perspective on play. This serves to illustrate that these discourses on play are historically and culturally contingent; it highlights that the way play is currently conceived of in these fields is shaped by cultural and historical circumstances around childhood and play. Furthermore, while this thesis does not engage in a full Foucauldian genealogical analysis (Foucault, 1977) (i.e., a tracing of the emergence of a new object of interest such as play within public health), the historical and interdisciplinary work presented here nonetheless aims to situate the current project in the historical. It also functions as a way to present some of the knowledge and social influences that shape the contemporary interest in play in public health.

2.2.1 Psychological research on play

2.2.1.1 Historical background

Psychologists generally, but developmental psychologists especially, have been at the forefront of research defining childhood and children's play and in examining the central role of play in children's psycho-social development. Between the mid-nineteenth and mid-twentieth centuries, which saw enormous developments in scientific research and public hygiene, growing industrialisation, as well as two World Wars, a new social and political zeitgeist emerged, particularly in the United States and western Europe which influenced how children's roles in society were perceived (Foucault, 1980a; Nadesan, 2010; Rose, 1999; Turmel, 2008). These societal changes especially informed the psychological interest in childhood development which Turmel (2008) has called the "nascent science of childhood" (p. 3).

Indeed, the period of the nineteenth to mid twentieth century was characterised by the growth of expert knowledge about childhood and child-rearing specifically in the fields of education and psychology (Lupton, 1995; Nadesan, 2010; Reiger, 1985; Turmel, 2008). This brought with it a new attitude towards children and a new importance placed on a distinct phase of childhood (Chudacoff, 2007; Rose, 1999; Turmel, 2008). Furthermore, the growing interest in standardisation, classification as well as new forms of data collection and statistical thinking around the child led to an emergence of the notion of normalcy in late nineteenth and early twentieth century America which strongly shaped the study of childhood (Turmel, 2008). During this time, psychological expertise played a significant role in helping to construct the idea of a 'normal child' and 'normal' childhood development. Turmel (2008) writes: "developmental standards, which are produced at the same time through technologies of regulation, bring about three different forms of normalcy: the normal child as average, as healthy and as acceptable" (Turmel, 2008, p. 13).

The new importance attributed childhood meant that there was a new acceptability of, and value attributed to, children's play. The late nineteenth century produced more permissive attitudes towards children and their play, and the fields of child study and

psychology began to advocate for children to use their "play instinct" and develop their own "play culture" (Chudacoff, 2007, p. 92). For instance, American historian Howard Chudacoff (2007) writes that in 1896 psychologist T. R. Croswell conducted a survey with 2000 children asking them their play preferences, and he found that "free, unstructured play – as distinct from work or school and taking place without strict adult interference – had beneficial effects" (Chudacoff, 2007, p. 92). Crosswell had found that "what children liked to do best deviated from what the older generation created for them" (Chudacoff, 2007, p. 92).

Late nineteenth and early twentieth century research in the field of child development and psychology (i.e., Jean Piaget, 1896-1980; Lev Vygotsky, 1896-1934) thus led to a burgeoning interest in children's play which was viewed as an integral part of childhood cognitive development and learning (Boekhoven, 2009; Smith & Pellegrini, 2005). In many industrialising countries (i.e., USA, France, England, Australia among others) medical, psychological and education professionals were celebrating a new "age of childhood" (Nadesan, 2010; Reiger, 1985; Turmel, 2008) and children became "objects of serious study as educators, psychologists, and physicians moved learning and play … under the magnifying glass" (Chudacoff, 2007, p. 72). Since then, play in Western industrialised societies has not only been considered synonymous with childhood, but as it was increasingly the domain of psychologists and educational reformers, play came to be seen as critical for children's future development (Chudacoff, 2007).

However, as part of the nineteenth century appreciation of play was also a tension between the value attributed play and the desire to regulate of play. That is, the notion of childhood as a time for play was emphasised, yet play was valued only if it was in some way considered useful; frivolous play was not endorsed (Chudacoff, 2007). As implied by Cohen (1993), this tension has remained in contemporary psychological play research:

> Today, few psychologists would argue against play or fantasy but the feeling still persists that such frivolous activities need to be justified by being in the service of reality. The right games should spur the best development (p. 13).

2.2.1.2 Contemporary research

With a rich research history, the field of psychology has produced a large and important body of literature on the psychological, developmental and social role of play for children. This research often divides play into distinct categories which have specific roles for children. For instance, a prominent body of psychological research on play has examined pretend play, role-playing and dramatic play for its role in helping children develop empathy (Santer, Griffiths, & Goodall, 2007). Specifically, pretend play is often linked to children's development of theory of mind, which refers to the ability to "construe other people and their behaviors in terms of mind-related constructs, like desires, personality traits, and intentions" (Lillard, 2001, p. 496). A large body of research suggests there are at least six domains of development that are thought to be promoted by pretend play, including "nonsocial cognitive aptitudes … social cognition, social skills, language, narrative skills, and self-regulation" (Lillard, Lerner, et al., 2013, p. 2). While the universal practice of pretend play has been debated (Lillard, Lerner, et al., 2013), many researchers consider this form of playing to be important for overall early childhood cognitive, physical, emotional, and social development (Fisher, 1992; Fisher, Hirsh-Pasek, Golinkoff, & Gryfe, 2008; Hoffmann & Russ, 2012). This is also supported by Hoffmann and Russ (2012) who argue that pretend playing in childhood is linked to creativity and, importantly, to the ability to regulate emotions.

A prominent contemporary theme in psychological research has been the examination of the psychological advantages of play characterised as unstructured and free. Santer, Griffiths and Goodall (2007) have conducted a literature review of research on free play in childhood and define it as:

> children choosing what they want to do, how they want to do it and when to stop and try something else. Free play has no external goals set by adults and has no adult imposed curriculum. Although adults usually provide the space and resources for free play and might be involved, the child takes the lead and the adults respond to cues from the child (p. xi).

Boekhoven's (2009) review of unstructured, free play amongst children, youth and adolescents suggests that it is precisely free play and role playing that fosters the

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development of children's imaginations. Literature examining free play suggests that when children are engaged in play in this way, they are more likely to use their imaginations and experiment with new activities and roles, which it is argued, is deemed critical for their social and psychological development (Gray, 2011; Pellegrini, 2009; Santer et al., 2007; Singer et al., 2009). Broadly citing from the play literature, Santer et al. (2007) write that when children engage in free play they are "learning the skills that are needed to sustain sociable and cooperative intent in a problem-solving and intellectually challenging context" (p. 35), and they conclude that without opportunities to "explore their world through play" (p. 35), children will have difficulties forming healthy relationships in the future. Some research further suggests that playing in diverse, but predominantly free ways allows children to confidently navigate unpredictable and varied social situations as adults and that the more structured forms of play that are based on a priori rules do not appear to proffer the same kind of benefits (Smith & Pellegrini, 2005).

Furthermore, researchers discussing the psychological benefits of play suggest that it is especially when children engage in free and unstructured play that they experience the advantages of mental well-being that foster resilience to stressful life events (Barnett & Storm, 2009; Hirsh-Pasek & Golinkoff, 2008; Santer et al., 2007). For instance, some studies have found that creative, free play is an important way for children to cope with trauma and fear (Barnett & Storm, 2009; Frost, 2005). Indeed, Frost (2005) suggests that playing freely and creatively gives children a way to express what they feel after the trauma of experiencing disastrous events. Providing examples from various types of disasters (e.g., natural disasters, wars/genocide, holocaust, orphan), the authors suggest that play is a way for children to express feelings for which they often do not have words (Frost, 2005). Similarly, Barnett and Storm (2009) argue that free play is also a way for children to reduce the anxiety and distress of an unpleasant event that was experienced, and that children appear to initiate play to cope with distressing situations they encounter.

The psychological benefits of rough-and-tumble play have also been examined. Pellegrini and Smith (1998) review the literature on the developmental functions of rough-and-tumble and physical play, suggesting that there are physical, social, and potentially

cognitive benefits of this form of play. Comparative animal and human neuroscience research comes to similar conclusions regarding the social and psychological benefits of physical play (Bateson, 2005; Bekoff & Byers, 1998; Bell, Pellis, & Kolb, 2010; Fagan, 1981; Pellis & Pellis, 2007; Smith & Pellegrini, 2005). For example, deprivation of physical play in rats has been found to result in emotional and cognitive deficits (Bell et al., 2010; Pellis & Pellis, 2007; Smith & Pellegrini, 2005). Discussing their work on juvenile play in rats, Pellis and Pellis (2007) write that understanding the development and neuronal control of play can be used as a model for how rough-and-tumble play can lead to changes in the brain related to social behaviour. They argue that rough-and-tumble play can assist emotion regulation and social coordination in some rodents and nonhuman primates, an argument they suggest is plausible also for humans, where "experience in play fighting in childhood is causally related to social competence later in life" (p. 97).

In a volume dedicated to the analysis of play amongst humans and great apes, Smith and Pellegrini (2005) write that play manifests behaviourally in similar ways in many mammals, including the way in which social roles demarcate rough-and-tumble play from real fighting. Writing in the same edited volume, Bateson (2005) suggests that play amongst humans and animals carries some of the same psychological and developmental advantages. For instance, play allows both humans and animals to learn about dangerous situations by having simulated them during a play session (i.e., learning safely from mistakes in play), and both suffer similar social disadvantages associated with play deprivation (e.g., inappropriate socialisation).

Research examining the psychological importance of play in natural settings suggests it is particularly important for children's mental well-being. Examining the effect of natural vegetation on children, Wells and Evans (2003) suggest that playing in nature is a buffer against, or a moderator of, stressful life events on children's psychological well-being. Using maternal report and children's self-report as measures of psychological distress (e.g., family relocation, being picked on, punished, peer pressure), the authors found that children with the most nearby natural environments to play in were more protected from the impacts of life stresses than were those children with less natural

environments near their homes (Wells & Evans, 2003). Furthermore, Rivkin (2000) argues that play in diverse natural environments is not only beneficial because it is an activity children enjoy, but because the richness and the novelty of the natural play setting stimulates brain development and function. She argues that it is specifically the richness and variety in natural settings that contributes to children's "physical, cognitive, and emotional development more than manufactured indoor environments" (Rivkin, 1997, p. 63).

Examining the effects of natural environments on children's capacity for attention, Taylor and Kuo (2008) found that children who had attention deficits were better able to concentrate on a given task after they took a 20 minute walk in the park. The authors suggest that playing or moving around in nature could be seen as a potential tool for managing attention disorders in children. Mårtensson et al. (2009) similarly found that when children played for long periods of time in environments with large areas of trees, hills and shrubs, children were less inattentive when tested on an attention assessment tool.

Given these psychological benefits, a number of psychologists (Brown, 2009; Elkind, 2007; Gray, 2011) and researchers (Fisher et al., 2008; Hewes, 2009; Pellegrini, 2009) have voiced concern about the changes to modern childhood and corresponding trends they observe around the declines in opportunities to play. For instance, Elkind (2007) critically appraises the trend in childhood education that is "contributing to the suppression of curiosity, imagination, and fantasy" (p. x). In his work, Elkind advocates for the advancement of the importance of all forms of free play as a means of nourishing children's "cognitive, social, and emotional development" (Elkind, 2007, p. xii). Play in his view is "not a luxury but rather a crucial dynamic of healthy physical, intellectual, and social-emotional development at all age levels" (p. 4). Similarly, Gray (2011) has argued that declines in children's free play are causally linked to the increasing rates of child psychopathology in western industrialised countries. In a recent article Gray (2011) demonstrates that over the past decades the opportunities for children to play have been on the decline, while rates of anxiety, depression and other psychopathologies have been steadily increasing. He argues that playing freely functions as the principal means by which

children gain competencies, learn how to make decisions, problem solve, and gain self-control as well as learn how to regulate their emotions, make friends and experience joy (Gray, 2011). Without the opportunities to play, he argues, children's mental health suffers (Gray, 2011).

Brown (2009) presents a somewhat more extreme view about the importance of play for children (Pellegrini, 2009). Interested in both the benefits of play as well as the psychological disadvantages of play deprivation, Brown (2009) has collected and analysed thousands of individuals' play histories. In his book *Play: How it shapes the brain, opens the imagination and invigorates the soul*, Brown (2009) draws from these play histories and advocates not only for the importance of play as critical for our intelligence and happiness, but he discusses play more globally as key to adaptation and survival. He argues that play sets the stage for cooperative socialisation, while going so far as to suggest that the effects of play deprivation can lead to criminality (Brown, 2009).

Despite the abundance of research associating children's play with social and psychological benefits, debates have erupted about whether the psychological benefits of play are incontrovertible (Lillard, Hopkins, et al., 2013; Lillard, Lerner, et al., 2013; Walker & Gopnik, 2013; Weisberg, Hirsh-Pasek, & Golinkoff, 2013). Indeed, some research has suggested that it is unclear whether the positive developmental outcomes of play are derived causally (i.e., play leading to these benefits), whether play is necessary for these outcomes, or whether play is simply an epiphenomenon with no direct relation to developmental outcomes (Lillard, Hopkins, et al., 2013; Lillard, Lerner, et al., 2013; Walker & Gopnik, 2013; Weisberg et al., 2013). Some of this work alludes to the possibility that the unwavering belief in the links between play and psychological and developmental benefits is shaped by an adherence to the rhetoric of 'play as progress' (Lillard, Lerner, et al., 2013; Sutton-Smith, 1997), or as Roskos, Christie, Widman, and Holding (2010) write, perhaps results from the "idealization of play … the 'play ethos' which, in its warm glow, makes it politically incorrect to outwardly make negative (or even lukewarm) statements about the value of play" (p. 57).

Bordering the discipline of psychology, and linked through its therapeutic goals, occupational therapists working with children with physical or intellectual difficulties also draw on play for its therapeutic advantages (Canadian Association of Occupational Therapists, 2010; Elissa Miller & Kuhaneck, 2008; Parham & Fazio, 1997; Rodger & Ziviani, 1999; Stagnitti, 2004; Sturgess, 2002). Play is considered by occupational therapists to be "*the* occupational or life role of infants and young children" (Rodger & Ziviani, 1999, p. 338, emphasis in original). Indeed, the role of the occupational therapist is to facilitate children's ability to enter a "playful state where the challenges of the activity are balanced with the skills of the individual" (Rodger & Ziviani, 1999, p. 338). Occupational therapists argue that play is an especially important tool precisely for understanding children's cognitive, emotional, social and motor impairments (Stagnitti & Unsworth, 2000, p. 122). As an example, Stagnitti and Unsworth (2000) suggest that if a child over the age of 18 months cannot pretend play, then the child is more likely to be restricted in his/her social participation with peers which can result in learning problems and difficulties in social interactions. Understanding these problems through play, the authors suggest, occupational therapists can address play difficulties by providing opportunities for the child to engage in pretend play while also helping the child acquire the skills needed for pretend play activities (Stagnitti & Unsworth, 2000).

To conclude, within this body of research play is generally discussed and valued for its ability to improve and further develop various facets of children's social and psychological well-being. Aside from such disciplinary debates, most play researchers in the field of psychology and occupational therapy thus believe deeply in the "power of play" (Lillard, Lerner, et al., 2013, p. 4) and the general trend of this research suggests that children who are exposed to more diverse forms of play gain numerous social, psychological and cognitive advantages.

2.2.2 Education, learning and play

2.2.2.1 Historical background

The belief that play is critical for academic learning, and specifically for literacy and language development, emerged in the late nineteenth and early twentieth centuries advanced by early pioneers of childhood education such as Friedrich Froebel, Maria Montessori, and Rudolph Steiner (i.e., Montessori and Waldorf schools) (Pellegrini, 1995; Read, 2006; Roskos & Christie, 2001a; Santer et al., 2007). For instance, from the mid-nineteenth century, public and age-graded education became more common in the United States, and the idea of play as educational emerged together with a commitment to valuing play only if it was considered useful (Chudacoff, 2007). The new appreciation for play was thus imbued with the desire to regulate play to promote learning. In the United States, growing numbers of child-rearing experts advocated play with blocks and games for educational purposes while advice manuals about child-rearing and appropriate forms of play were being published in numerous industrialising countries such as England, the United States and Australia (Nadesan, 2010; Read, 2010; Reiger, 1985; Rose, 1999). Specifically in the United States and England, educational games and healthy play were encouraged to develop "the virtuous middle-class child" (Chudacoff, 2007, p. 44).

According to play historian Chudacoff (2007) the educational function of toys emerged from an American middle-class "aspiration for self-improvement" (p. 117) and as such, toys were increasingly seen as both fun and educative, but most importantly as instrumental for intellectual development (Chudacoff, 2007; Rose, 1999). Chudacoff (2007) writes that toward the mid to late twentieth century play was beginning to be used for productive purposes, to "combine supervised play with supervised education to make schools 'fun'" (p. 165). While in the early decades of the twentieth century few American children were involved in after-school or summer programmes involving "lessons, leagues, clubs, and camps" (Chudacoff, 2007, p. 100), by the mid-twentieth century the growth of playgrounds, schoolyards, organised sports and educational games had the aim of

regulating children's play and preparing children for later life (Chudacoff, 2007; Hart, 2002).

These developments appear to have shaped the dialogue about play in education research, in particular the debates around the importance of play for children's learning (Pellegrini, 1995; Roskos & Christie, 2001a), and discussions about the role of free play for developing the internal mental processes required for reading and writing (Roskos & Christie, 2001a).

2.2.2.2 Contemporary research

Following from these trends in play research and education, many child development scholars advocate for free play as critical for development and learning. Indeed, Cheng and Johnson (2010) write that there has been a steep increase in research on play in the field of education in the twentieth century, and especially since the year 2000. This increase may be a reaction to recent trends in early school settings in which play has been eliminated from the curriculum in place of academic learning and skill development (Cheng & Johnson, 2010; Elkind, 2007; Fisher et al., 2008; Hewes, 2009; Hirsh-Pasek & Golinkoff, 2008). For instance, some research suggests that school activities for children have become increasingly education-oriented (Burdette & Whitaker, 2005; Edward Miller & Almon, 2009). Burdette and Whitaker (2005) write that between the 1980s and late 1990s in the United States children's free playtime in schools had decreased by approximately 25%, and Miller and Almon (2009) have found that already in kindergartens, children spend four to six times as much time being formally taught and tested on reading, writing and math skills than they spend learning through play and exploration. Contrasting the seemingly irrefutable value attributed to play amongst play scholars with the perspective taken by some "educators and administrators and politicians" (p. 279), Sutton-Smith (1995) has argued:

> Since the death of Puritanism it has not been easy to find a self-respecting scholar of childhood who would announce that play is of no damn use whatsoever. Strangely, it is quite easy to find educators and administrators and politicians who act in a practical way as if play is of no damn use whatsoever by closing playgrounds, by

abolishing recess and by organizing children's free time in every possible way (p. 279).

This dialogue opens up a key debate within play and education research. For instance, Roskos et al. (2010) suggest there are three positions that frame discussions about the role of play for literacy in early childhood education. First, the position they call the 'left' assumes that "play is essential in development and learning. Without play, the young developing child does not thrive" (Roskos et al., 2010, p. 56). This position is endorsed by Hirsh-Pasek who critically argues that late twentieth and twenty-first century social and cultural developments, particularly in North America, have created competitive educational environments for children (Kennedy, 2009). Roskos et al. (2010) cite Hirsh-Pasek who maintains that these trends in education are "robbing young children of playtime at home and school in an effort to give them a head start on academic skills" (p. 56).

The position on the 'right', Roskos et al. (2010) suggest, holds that "play is nice, but not necessary" (p. 57). This position proposes that school time should "not be wasted on 'free play' or other frivolous behavior that children can do on their own at home" (p. 57). Indeed, it appears that some childhood education and policy practices in the United States have adopted the position that play is not essential for child development and have thus changed their foci from unstructured free play learning activities to formal learning strategies (Canadian Council on Learning, 2010; Elkind, 2007; Edward Miller & Almon, 2009; Santer et al., 2007; Smith & Pellegrini, 2005; Sturgess, 2002; Sutton-Smith, 1997). Some recent research appears to support this approach, suggesting that in contrast with free play educational environments, classrooms with more structure and with "carefully designed, challenging, hands-on activities that confer learning" (Lillard, Lerner, et al., 2013, p. 26) are most beneficial for children's learning development (Chien et al., 2010).

Finally, the middle position, as described by Roskos et al. (2010), adopts the view that "play is one among several potent proximal processes … influential in child development and learning" (p. 57). This position suggests that there are indeed many

different influences shaping learning and development for children and that play is one among them (Roskos et al., 2010).

Notwithstanding this debate, it appears that most researchers examining childhood play and learning suggest that play is important for children and that various kinds of play activities are strongly linked to social and academic development (Della Rosa, 2011; Elkind, 2007; Hirsh-Pasek & Golinkoff, 2008; Lytle, 2003; Roskos & Christie, 2001a, 2004, 2007; Youell, 2008). For example, Hirsh-Pasek and Golinkoff (2008) write in their *Encyclopaedia on Early Childhood Development* that physical play is associated with the development of the brain's frontal lobes, which are responsible for cognitive and behavioural control, and that guided play can also help young children learn how to control their impulsiveness (Hirsh-Pasek & Golinkoff, 2008). They further suggest that play "supports the burgeoning mathematician" (Hirsh-Pasek & Golinkoff, 2008, p. 3), which can be fostered during guided play with different patterns and shapes, by comparing sizes of objects, or by enumerating things during play.

Other studies specifically connect play to literacy and language learning. For instance some authors suggest that symbolic language play and pretend play (i.e., learning songs and nonsensical rhymes, playing with language) are related to children's language development and reading levels (Bergen, 2002; Bergen & Mauer, 2000). However, researchers have also highlighted the importance of offering children opportunities for literacy play without running the risk of turning this kind of play into work (Roskos & Christie, 2001b).

Given the dominant perspective advocating for the importance of play for children's learning, the elimination of recess in some schools has been considered to be especially disadvantageous for children. For instance, Ramstetter et al. (2010) have conducted a comprehensive review of studies that examined the role of recess in children's school days. The authors found that recess was a particularly important break for children from their academic work and that there were important cognitive, academic, social and emotional as well as physical benefits attributed to unstructured recess and free play time (Ramstetter et al., 2010). Similar research on play also emerges from debates about school physical

education classes. Sattelmair and Ratey (2009), for instance, argue for a greater inclusion of play in physical education programmes, and they critique the tendency in the United States towards emphasising sports and competition, or the outright elimination of physical education programmes due to the pressure to emphasise academics. At the base of their argument is that physical play as part of physical education programmes has the potential to improve children's academic performance (Sattelmair & Ratey, 2009).

To conclude, while the value of play appears to be debated within the education system in North America, the dominant assumption in play and education research is that diverse forms of playing are an important means of contributing to, and advancing, children's academic development. However, as pointed out by Roskos and Christie (2001b), pushing too hard to justify the importance of play by showing it is a useful tool for education may lead to an instrumentalisation of play, whereby play may become work.

2.2.3 Outdoor play and physical activity

2.2.3.1 Historical background

An important discussion in research on children's play centres on the perception that there are declining opportunities in which children are free to play outdoors, and the concern over these declining opportunities was already emerging in nineteenth century North America (Gutman & de Coninck-Smith, 2008). In the nineteenth century, public spaces in American and English cities, including streets and sidewalks, were a relatively common play space for working-class children (Chudacoff, 2007; Read, 2010). These children did not have access to private play areas and thus took over public spaces to create a play culture for themselves in the urban outdoors (Chudacoff, 2007; Read, 2010). The emergence of "child saving" reformers, along with the belief that children had to be protected from an increasingly complex society (i.e., growth in industrialisation, urbanisation, immigration), brought to the forefront concerns about outdoor play for children (Chudacoff, 2007; Gutman & de Coninck-Smith, 2008; Read, 2010). City streets

and the urban outdoors were increasingly considered too dangerous for children's play (Gutman & de Coninck-Smith, 2008; Nadesan, 2010; Read, 2010).

Read (2010) examined the developments around children's street play in nineteenth century England, arguing that the views towards street play were strongly shaped by the child saving movement and the development of free kindergartens for poor children. "Gutter play", as 'street play' was called, was considered risky for working class children, and was seen as a "conduit for filth, both physical and moral, and thus embodied threat, both to children and society" (Read, 2010, p 1). The aim was to relocate 'gutter children' "within the healthy, neo-rural and, crucially, morally improving play space provided by the free kindergarten" (Read, 2010, p. 4). Read (2010) cites founder of the Michaelis Free Kindergarten as having proposed: "'[w]e must go into the streets and show the children how to play'" (Read, 2010, p. 7).

Hart (2002) has conducted research on the playground movement in early twentieth century New York. He argues that playgrounds developed in part out of concern that playing in the streets, particularly for immigrant children, would be a risk for their health and safety, but also that these street-playing children were becoming a threat to society (Hart, 2002). Hart (2002) suggests that in large part, playgrounds were created as a way of getting children off the street; "away from bad influences and under the control of known socializing agents" (p. 138).

At this time the American child-study movement was also warning of the dangers of unsupervised street play (Chudacoff, 2007). Mothers were being advised that it was their responsibility to ensure their child's safety when he/she was not in school by, for instance, "encouraging [them] to be involved in youth groups and supervised playground activities" (Chudacoff, 2007, p. 106). Sutton-Smith (1997), who has also commented on the historical function of playgrounds and organised play, suggests that unlike the first half of twentieth century in the United States, in the second half there were growing attempts to "'domesticate' children through the introduction of playgrounds and playground equipment, organized sports, fenced-in school yards, organized clubs (Scouts), recreation

(dancing, gymnastics), and supervision of play" (p. 121). All of this, he argues, led to the popularity of more passive forms of children's play (Sutton-Smith, 1997).

The changes to children's play were evident in many industrialised countries by the twentieth century. Reiger (1985) writes that in early twentieth century Australia the child development experts increasingly expected parents to pay attention to the utility of their play and toys. Already at that time in Australia, Reiger (1985) writes that:

> 'children in busy cities' no longer knew how to play with freedom and naturalness, but organized games were referred to as training for 'the game of life' in which challenge and competition were seen as important (p 170).

Similarly in the United States, middle-class parents generally began to mistrust toys that were considered frivolous and which "stirred utter fantasy" (p. 83), preferring toys that would "impart useful skills" and contribute to "wholesome exercise" (Chudacoff, 2007, p. 83). As Chudacoff (2007) argues, what concerned child-study experts and reformers most was that city children were not "using their time out of school and away from parental supervision in approved ways – in a word, they were 'idling'" (109). Indeed, play advocates of the child-study movement wanted to ensure that children's play was increasingly situated under parental control, either in the home or at an adult-supervised playground and outdoor spaces for play in playgrounds were confined to precise areas for the easy supervision of safe play (Chudacoff, 2007). The growth and popularity of organisations such as the YMCA and sports gymnasiums created a space for organised play where working class children were recruited to learn middle class values of "teamwork, fair play and accomplishment" (Chudacoff, 2007, p. 115).

2.2.3.2 Contemporary research

Concerns about outdoor play, and the desire to regulate children's play for safety, are clearly not recent preoccupations. The idea that safe and supervised outdoor play should contribute to skill development and physical health is a thread that runs through much twentieth century play research, and the themes around outdoor and physically active play in contemporary research follow directly from these concerns. Much of this research

addresses the societal changes that have led to reductions in outdoor and physically active play, including changing city landscapes, neighbourhood designs, the continued and evolving perceptions of risk in outdoor play and the attempts to create regulated and supervised playgrounds and parks for safe outdoor play (Aarts, Wendel-Vos, van Oers, van de Goor, & Schuit, 2010; Ball, 2004; Barbour, 1999; Bird, 2007; Carver, Timperio, & Crawford, 2008; Clements, 2004; Ellaway, Kirk, Macintyre, & Mutrie, 2007; Eubank-Ahrens, 1985; Fjørtoft, 2004; Fjørtoft & Sageie, 2000; Gaster, 1991; Gill, 2006; Handy, Cao, & Mokhtarian, 2008; Karsten & Van Vliet, 2006; Loebach & Gilliland, 2010; Mårtensson et al., 2009; Rivkin, 1997, 2000; Sebba, 1991; Tandy, 1999; Taylor & Kuo, 2008; Valentine & McKendrick, 1997; Veitch, Bagley, Ball, & Salmon, 2006; Wells & Evans, 2003).

Following from the mid-twentieth century concern with play in urbanising spaces, what appears to have remained a main concern in children's diminished outdoor play is the contemporary nature of the urban environment and the limited opportunities children have to navigate it for play. For instance, in a review outlining the American *Schoolyard Habitats Movement*, Rivkin (1997) writes that large-scale urbanisation and industrialisation have "deprived children of outdoor, in particular nature based, experiences" (p. 61), and this especially because of the growing reliance on cars in cities. Increased transportation by cars in cities and children's increasing institutionalisation (i.e., in schools, childcare, organised sports, lessons etc.) is also perceived to be significantly impacting children's outdoor exploration and play opportunities (Rivkin, 1997). As road infrastructure and increased traffic are perceived to be dangerous, the effect has been that the range of places in which children can play has diminished (Rivkin, 1997).

Indeed, several studies have found that the space for children's play in cities has significantly declined (Bird, 2007; Clements, 2004; Gaster, 1991; Karsten, 2005; Karsten & Van Vliet, 2006; Tandy, 1999). Karsten (2005) examined changes in children's mobility in the city of Amsterdam between the 1950s and 2005. She suggests that children's "shrinking territory" (Karsten, 2005, p. 276) occurred due to changes in their freedom of movement, and that public areas in the city were transformed from spaces belonging to children into

spaces meant for adults and "accompanied children" (p. 287). While Karsten (2005) acknowledges that contemporary societies offer new activities and possibilities for children's play, she argues that the "supervised culture" (p. 289) of childhood and children's play today is increasingly "focused in terms of time, space and activity" (p. 289). The diversity of play, and the space and time in which children have to play outdoors, thus appears to have diminished greatly.

This shrinking territory for children has been observed in other studies as well. Addressing the changing opportunities for children's outdoor play, an English report claims that children's mobility has decreased over the past century and that children can no longer engage in "spontaneous unregulated play…particularly in affluent areas of cities" as the children no longer have access to traditional play spaces in the streets or in natural areas in their neighbourhoods (Bird, 2007, p. 46). Tandy (1999) examined the changes in outdoor play spaces for children in Australia, and using survey data compared information on children's current locations of play with those from children a generation ago. She found that contemporary children spent more of their time playing in their homes rather than in the outdoors compared to the children of a generation ago (Tandy, 1999). She writes that whereas in the past children would play safely on the street near their homes, street play is now increasingly deemed too dangerous (Tandy, 1999). However, a qualitative component of the study suggested that when asked what they would ideally like to do on a sunny day, a majority of children indicated that they would choose an outdoor play activity (Tandy, 1999). Tandy (1999) concludes that children play inside more often in part because, with diminishing outdoor play spaces, children do not have the choice to play outdoors.

Similarly, an American study published in 1991 by Gaster (1991) suggested that in the United States, the radius in which a 9-year-old child was allowed to travel to play had already shrunk by nearly 90% since 1970. In a more recent American study, Clements (2004) also found that children's amount of outdoor play had decreased compared to their parents. Children, she found, played more frequently indoors and with more electronic devices than their parents had, which she argues is an obstacle to playing outdoors (Clements, 2004). Clements (2004) concludes by suggesting that parents, educators and

teachers should help children develop qualities such as "eagerness, energy, curiosity, and playfulness" (p. 77) about, and in, the outdoors, as increased outdoor play plays a critical role for the well-being of future generations of children.

Concerned with the declines in children's play spaces, a number of researchers have begun to examine the various beneficial qualities that outdoor play spaces have for children. For instance, in a review of the overall benefits of free play, Boekhoven (2009) writes that interaction with grasses, soil, rocks and sand when playing outdoors allows children to manipulate, dig and create play landscapes for themselves, something that playgrounds with hard asphalt or rubber matting does not permit. Research conducted in Norway supports this, suggesting that outdoor and natural landscapes provide multiple and broad benefits for children, particularly for challenging children, for promoting physical activity and fostering motor fitness (Fjørtoft, 2004; Fjørtoft & Sageie, 2000). Fjørtoft and Sageie (2000) examined two comparable groups of 5- to 7-year-old children, one group playing in the forest and one in a traditional and less diverse playground. Testing children on motor fitness and physical activity measures after nine months, Fjørtoft and Sageie (2000) found that the natural landscapes had physical qualities that better suited children's needs for a stimulating and diversified play environment; increased interaction with the natural playscape stimulated more diverse play and was beneficial for children's motor fitness (Fjørtoft & Sageie, 2000).

There is also a significant link made in the literature between children's opportunities for outdoor play and the design of neighbourhoods, playgrounds and parks (Barbour, 1999; de Vries, Bakker, Van Mechelen, & Hopman-Rock, 2007; Ergler, Kearns, & Witten, 2012; Farley et al., 2007; Floyd et al., 2011; Gardsjord, Tveit, & Nordh, 2013; Handy et al., 2008; Parrish, Iverson, Russel, & Yeatman, 2009; Powell, Ambardekar, & Sheehan, 2005; Ziviani et al., 2008). Handy et al. (2008), for example, examined the links between neighbourhood design and children's outdoor play opportunities. The authors analysed the effect of neighbourhood characteristics (e.g., parks or play amenities, yards, street design, traffic, sidewalks, interaction between neighbours) on children's preferences for neighbourhoods and their outdoor play and found that neighbourhoods with

conventional designs (i.e., cul-de-sacs and large front yards), those with lower crime rates and more interaction between neighbours positively influenced children's outdoor play (Handy et al., 2008). The authors suggest, however, that the positive influence of conventional neighbourhood designs may be due to parents feeling safer about, and more comfortable with, the cul-de-sac and large front yard design, thus allowing their children to play outdoors more in these neighbourhoods, regardless of whether these designs were actually safer (Handy et al., 2008).

Stemming from the growing concerns about children's physical inactivity and obesity levels, a related body of research has begun to examine how physically active outdoor play can combine opportunities for increasing children's play with the possibility of decreasing children's risk of obesity (Anderson, Economos, & Must, 2008; Bringolf-Isler et al., 2010; Brockman, Jago, & Fox, 2010; Brockman et al., 2009; Burdette & Whitaker, 2005b; Burrows, 2010; Davis, 2007; Dehghan, Akhtar-Danesh, & Merchant, 2005; Farley, Meriwether, Baker, Rice, & Webber, 2008; Ginsburg, 2007; Howe, Freedson, Feldman, & Osganian, 2010; McGall et al., 2011; Skär & Prellwitz, 2008; Veitch, Salmon, & Ball, 2010). For instance, some studies frame the research on outdoor play within the context of promoting children's physical activity, arguing that public parks and outdoor play spaces have the potential to help intervene on youth physical inactivity (Ellaway et al., 2007; Floyd et al., 2011; Kimbro, Brooks-Gunn, & McLanahan, 2011; Moody et al., 2004; Potwarka, Kaczynski, & Flack, 2008; Veitch, Salmon, & Ball, 2008). In efforts to contribute to obesity prevention, Potwarka et al. (2008) examined how weight status among youth was linked to the proximity of parks to their homes. The authors found that children had a greater chance of being classified as having a healthy weight if there were park facilities near their home. What was described as most important, however, was that park facilities had playgrounds specifically, rather than just the fact of having a decreased distance between home and park (Potwarka et al., 2008). Floyd et al. (2011) also examined the availability of parks in neighbourhoods and the association with children's park-based physical activity. Similar to Potwarka et al. (2008), Floyd et al. (2011) found that it was the features of the park itself, and not the neighbourhood characteristics, that were associated with physical activity levels. However, the authors suggest that this was dependent on age;

adult supervision in the park was associated with decreased levels of physical activity for young children (Floyd et al., 2011). This aligns with studies finding that parental concerns about safety could be leading to reduced play and physical activity in parks.

Indeed, whether children have access to outdoor, physically active play is also in part determined by how safe this play is believed to be, in particular by parents (Ball, 2004; Ball, Gill, & Spiegal, 2008; Boufous, Finch, & Bauman, 2004; Brussoni, Olsen, Pike, & Sleet, 2012; Carver et al., 2008; Clements, 2004; Farley et al., 2007; Gill, 2007, 2010; Herrington & Nicholls, 2007; Holt, Spence, Sehn, & Cutumisu, 2008; Little, Wyver, & Gibson, 2011; O'Brien & Smith, 2002; Pellis & Pellis, 2012; Powell et al., 2005; Sandseter, 2009a; Sandseter & Kennair, 2011; Timperio, Crawford, Telford, & Salmon, 2004; Valentine & McKendrick, 1997; Veitch et al., 2006). For example, in a study of parental perceptions of play in England, Valentine and McKendrick (1997) made a distinction between outdoor play generally and children's independent play. The greatest influence on children's independent play, they found, appeared to be parental anxieties about safety in play and what they call the 'changing nature of childhood' (i.e., "moral panics about everything from child murderers and teenage gangs, to joy riding and juvenile crime rates … fears that public space is being overrun by violent and unruly teenagers who are a threat to the personal safety of young children" (Valentine & McKendrick, 1997, p. 223). The authors argue that overall, whether playing independently outdoors in the garden or engaged in institutionally-based play activities, children are simply spending more time under adult supervision due to parental anxieties for children's safety (Valentine & McKendrick, 1997). The authors conclude that parental anxieties about children's safety in public should be a primary area to address as "this knowledge will help to challenge and relax the shackles of parental regulation so that the opportunities embedded in every local environment will be realized by children themselves through independent exploration" (p. 232).

Later studies have supported these findings regarding parental anxieties about children's outdoor play. Veitch et al. (2006) explored a group of Australian parents' perceptions of where their children engaged in active free play and about what influenced

this play. The authors reported that the most frequently cited factor determining parental decisions about where and how their children played actively was safety. Indeed, parents expressed safety concerns such as strangers or older teen-agers, traffic/road safety and accidental injury (Veitch et al., 2006). Parents in the study lamented "the way the world is today" (p. 387), saying that they could not allow their children the freedom to play in the street the way they could have in the past (Veitch et al., 2006). As a result, parents in this study tended to limit the places their children were permitted to play actively and freely.

In an English study, Jago et al. (2009) examined parental permission for their 10 to 11 year old children to engage in independent play and physical activity, or generally in activity that is unsupervised. The authors found four principal themes that parents suggested affected their permission to allow their child to engage in independent physically active play: the perception that there were insufficient appropriate spaces for their child to be physically active; safety concerns; being with friends who had permission to play independently; and the presence of older children, which was associated with restrained permission (Jago et al., 2009). Jago et al. (2009) suggest that what parents tended to do was to restrict activity to keep children close to their homes or to restrict play to those activities that were in groups or supervised by adults (p. 475). Jago et al. (2009) suggest the promotion of children's active outdoor play should also address parents' perceptions of outdoor play in order to "build parental confidence to allow independent physical activity" (Jago et al., 2009, p. 475).

Independent outdoor play was also found to depend on the norms that exist for appropriate play. In Auckland, New Zealand, Ergler et al. (2012) examined how outdoor play differs for children and their parents according to where in the city they live and according to the different seasons. The authors suggest that what parents and children think about outdoor play depended on what was locally believed to be an appropriate play activity in the winter and the summer (Ergler et al., 2012). They found that the low rate of independent outdoor play in the central part of the city, as opposed to the suburban part of the city, normalised indoor and supervised play and limited children's opportunities to consider independent outdoor play as an alternative to their supervised play indoors (Ergler

et al., 2012). Supporting previous work on parental perceptions of safety, the authors suggest that parents' perceptions of the dangers in outdoor play and what they call the 'public gaze' devalued outdoor play as an alternative to indoor and supervised play. The authors thus emphasise that not only the availability of outdoor play spaces should be taken into account in future considerations of outdoor play, but also the values that families attribute to outdoor play (Ergler et al., 2012).

In response to this research suggesting that safety concerns may limit children's opportunities for outdoor play, a group of play scholars and play advocates have conducted research on the possible benefits of risk and risk-taking in play for children (Gill, 2007, 2009, 2010; Sandseter, 2009a, 2009b; Sandseter & Kennair, 2011). For instance, Gill has written extensively about the importance for children to experience some risk in their play (Gill, 2013). In one of his recent publications for the *English Outdoor Council,* Gill (2010) writes that children are increasingly facing adult anxiety over their safety, and argues that this leads adults to underestimate children's abilities. Gill (2010) further suggests that these anxieties may limit children's "very experiences that help them to learn how to handle the challenges that life may throw at them" (p. 1).

Furthermore, and because much of children's outdoor active play occurs at school, a few studies have also examined educator concerns about injury in outdoor play and sports, and have shown how this may be an obstacle to children's opportunities for outdoor play at school as well (Boufous et al., 2004; Little et al., 2011). The debates around safety in play have led to questions about the negative impacts that risk reduction and safety efforts have on children's well-being and the potential limits such efforts pose for positive risk-taking in play (Little et al., 2011). For instance, Little et al. (2011) found that although parents and early childhood educators did place value on some risk in play, the play environments, which include regulations in school settings or poorly maintained and uninteresting equipment, did not allow for risky or challenging play. The authors argue that options for children to engage in play that includes risk or is challenging are limited and that "the environments have become 'risk-free' in response to the imbalance between play value and safety" (Little et al., 2011, p.127).

Sandseter (2009b) has also analysed the various characteristics and possible benefits of risky play in the Norwegian context and has examined why children engage in risky play. In her research on risk and play, risky characteristics fell into several categories: height, speed, rough-and-tumble play and environmental characteristics such as dangerous tools, physical elements (i.e., falling) and secluded areas (i.e., getting lost) (Sandseter & Kennair, 2011). However, Sandseter (2009b) writes that children tended to enjoy risky play for the "excitement and the joy of mastering a risky and potentially dangerous situation" (p. 7). She writes that it was through explorative and risky play that children familiarised themselves with their environment, "its possibilities and boundaries" (p. 7), and that they learned to judge what was a danger and how to manage it. Sandseter and Kennair (2011) further argue that by taking risks in play children in fact learn to assess risk, to master risky situations and through this can develop a "sound sense of risk which may aid survival when, later in life, watchful adults are no longer present" (Sandseter & Kennair, 2011, p. 7).

Directly relating parental fears of risk in play to children's physical health, Carver, Timperio, Hesketh and Crawford (2010) argue that if parents restrict their children's outdoor play due to safety concerns, and children are not otherwise engaging in physical activity at school or in sports, then this could have significant effects on children's physical activity and health. According to the authors, this could mean that children are not meeting the "recommended physical activity guidelines" (Carver et al., 2010, p. 1805) which have been created as guides against which children's physical activity levels are measured in the prevention of obesity and other inactivity related health problems. Overall, given the possible advantages associated with risky play and the possible deficits arising from experiencing very little risk in play, some researchers have begun to advocate for injury prevention fields to allow opportunities for children to engage in outdoor risks that still lie within more general safety guidelines (Ball et al., 2008; Brussoni et al., 2012; Gill, 2009).

Last of all, a body of literature has also investigated the link between socio-economic status (SES) and neighbourhood outdoor active play (Ellaway et al., 2007;

Kimbro et al., 2011; Veitch et al., 2008; Ziviani et al., 2008). In Australia, Veitch et al. (2008) examined children's access to places in which they could play freely and actively in their neighbourhoods and they analysed how this varies according to the child's age, sex and SES. The authors found that fewer children in lower SES areas were active in parks and playgrounds than children from higher SES areas, and they suggest that this may be due to the fact that children from lower SES areas have to travel further to access the parks (Veitch et al., 2008). Furthermore, Ziviani et al. (2008) examined how socioeconomic considerations related to the amount and the type of physically active play children engage in. In their Australian study, they found that children from lower SES areas played more often at their homes or in their neighbourhoods than did children from the higher SES areas, and that children from lower SES areas were also less able to pay for commercial leisure and physical activity amenities (Ziviani et al., 2008). The authors suggest that when children are young, not being involved in organised structured activities may not limit their physical activity, but that this might be the case when they are older, and that socio-economic factors begin to play a greater role then (Ziviani et al., 2008).

An American study conducted by Kimbro et al. (2011), however, revealed what the authors considered to be unexpected results regarding SES and play. Their study examined whether television watching and outdoor play were associated with children's body mass index (BMI). They examined neighbourhood characteristics (e.g., SES, type of home, physical disorder in the neighbourhood) in relation to BMI and as expected the authors found that the number of hours of outdoor play was associated with lower BMI, while watching television was associated with higher BMI (Kimbro et al., 2011). However, what the authors did not expect to find was that children who lived in public housing (lower SES) both played outdoors for more hours and watched more hours of television (Kimbro et al., 2011). They hypothesise that children with lower SES have more unstructured time overall, which they can then use to play outdoors more often and for longer, but which they also use to watch more television (Kimbro et al., 2011).

Emerging from the concerns about reductions in outdoor and physically active play, this body of research outlines the most prevalent themes for children's outdoor play,

including changing city landscapes, neighbourhood designs, the continued and evolving perceptions of risk in outdoor play and the resulting attempts to regulate safe outdoor play. What distinguishes this literature on outdoor and physically active play from the previous two research sections is not only its multidisciplinary nature, but also that play is no longer examined for what it 'is' or for what varying characteristics it holds. Rather, adopting the common assumptions about what play 'is', as well as the value generally attributed to play, this literature addresses play exclusively for what it is 'good for'. Frequently framed within the context of health promotion and obesity prevention, play in this literature is often equated with outdoor physical activity and understood as an area for possible physical health intervention.

What all of this literature illustrates is not only the substantial diversity that exists with regard to the definition of play (what is play?) and the role it has (what is play good for?), but it also highlights the fact that the answer to these questions depends on the underlying rhetoric or system of value of the discipline, or the disciplinary influences of the research in which play is being discussed. Indeed, the disciplines of psychology and education and the multi-disciplinary body of literature around outdoor play all appear to come laden with the assumption that play is important and that it is productive for children's development; psychological, educational or physical. Indeed, this research illustrates well Sutton-Smith's (1997) claim that contemporary play research is largely informed by a rhetoric of 'play as progress'; a productive and useful activity. What is noteworthy is that this research also highlights a paradox in much play research: while play is systematically valued as a freely chosen and pleasurable activity for children it is nonetheless predominantly studied and discussed with respect to its outcomes for children. As argued by Sutton-Smith (1995), play is often treated as "an outcome, a production or performance… a separable text" (p. 283).

In the next section, I outline the developing Canadian public health interest in children's play. I discuss what has motivated the interest in children's physical activity and highlight the particular themes that the developing public health discourse on play draws on.

2.3 Public health interest in children's play

Free play is the missing link in anti-obesity campaign (Alliance for Childhood, 2010)

A central mandate of many modern public health institutions (e.g., Canada, USA, England, Australia etc.) is the focus on childhood and on the intervention into, and promotion of, children's physical health. This emphasis can be historically traced to the nineteenth and mid-twentieth century preoccupation with childhood normalisation and the emergence of expertise and scientific knowledge about childhood (Gutman & de Coninck-Smith, 2008; Lupton, 1995; Nadesan, 2010; Read, 2010; Turmel, 2008). For instance, in the late nineteenth and early twentieth century in Canada, maternal and child health became a primary concern of the then developing public health authorities, and medical and scientific expertise led the interventions on children's hygiene and their physical health (Rutty & Sullivan, 2010). Indeed, increasing physical exercise in schools was already among actions being lobbied to the Canadian government of the late nineteenth century (Rutty & Sullivan, 2010).

The growing focus on children's health at the time, and childhood normalisation more generally, developed into what Nadesan (2010) calls a series of "formalized regimes of child discipline and character development" (p. 28). In the late twentieth and early twenty-first century, the fragmenting of traditional expertise around childhood (i.e., teachers, paediatricians) and the emergence of new and varied sources of information about optimal child health and well-being (i.e., internet sites etc.), has resulted in contemporary children being increasingly labelled at risk of afflictions such as "spending too much time in front of the computer, from obesity, from underachieving schools, and from environmental toxins" (Nadesan, 2010, p. 3). This historical focus on governing numerous facets of children's social and physical lives can thus be seen as enduring in, and expressed through, the governance of childhood within public health.

The contemporary public health interest in play appears to be informed by several converging areas of research on children's health. First, it is most directly informed by the research suggesting that there are decreasing opportunities for children to play actively outdoors, and that this changing context for engaging in leisure activities may have consequences for children's physical health. Second, growing concerns about increasing rates of childhood obesity appear to be driving public health efforts to find solutions for children's rising inactivity levels. Last, the trends showing that children are engaging in new and what are deemed risky forms of leisure inform public health interventions on children's play. The first of these three topics is sufficiently elaborated upon in the previous section, and as such, I will discuss only the two remaining topics.

2.3.2 Children's obesity and the regulation of physical activity

Since the mid-1990s one of the most significant health concerns addressed by public health institutions is that related to childhood obesity (Fox, 2004; Gard, 2010; Gard & Wright, 2005; McLaren, Zarrabi, Dutton, Auld, & Emery, 2012; Rich, Monaghan, & Aphramor, 2010; Shields, 2006; Stephen, 2006; Whitlock, Williams, Gold, Smith, & Shipman, 2005; WHO, 2010; Wright & Harwood, 2009). Indeed, obesity in childhood has become a topic of significant concern globally with prevalence measures indicating that rates of childhood obesity and overweight are steadily climbing while physical activity levels are decreasing in child populations worldwide (WHO, 2000). This has prompted suggestions that obesity levels amongst children have reached epidemic proportions (Janssen et al., 2005; Shields, 2006; Stephen, 2006; WHO, 2010).

The WHO (2012b) suggests that in 2012 there were an estimated 170 million children and youth (under the age of 18) estimated to be overweight. In Canada, an expert panel created for the *Obesity Canada Clinical Practice Guidelines* found that in 2004, 26% of Canadian children and adolescents 2–17 years old were overweight and that the rate of obesity had increased over the last 15 years to 10% among boys and 9% among girls (Lau et al., 2007). McLaren et al. (2012) have also estimated that the prevalence of obesity in Canada had more than doubled from 3% in 1978 to 8% in 2004 among children aged 2 to

17 years. Public health institutions have deemed these growing rates of obesity particularly troubling since childhood obesity is considered to be an immediate and serious threat to children's future health (Stephen, 2006; WHO, 2004). For instance, Canadian public health institutions are increasingly concerned about the health consequences attributed to childhood obesity such as cardiovascular diseases, metabolic problems, hypertension, type 2 diabetes, premature death as well as psychosocial problems that may result such as alienation from peers and depression (Fogel, Miltenberger, Graves, & Koehler, 2010; McLaren et al., 2012; Stephen, 2006; WHO, 2012a).

Given these wide-ranging health and social consequences, children have begun to be regarded as a population that is at significant health risk and thus as a population requiring increasing public health attention (Rail, Holmes, & Murray, 2010; Stephen, 2006). In many industrialised countries, public health institutions have begun to invest in efforts to address the risk of obesity for children and this has elicited discussions about the most effective treatments and interventions for preventing childhood obesity (WHO, 2000, 2010, 2012b). Two systematic reviews conducted in 2009 and 2011 for the Cochrane Collaboration examined the efficacy of a range of interventions designed to treat obesity in children and adolescents (Luttikhuis et al., 2009; Waters et al., 2011). The reviews suggest that combined dietary, physical activity and behavioural components for decreasing obesity seem effective in producing significant reductions in overweight in children and adolescents (Luttikhuis et al., 2009), and that evidence supports the beneficial effects of child obesity prevention programmes when targeted at children between ages six to 12 years (Waters et al., 2011).

Based on research addressing the prevalence of childhood obesity, public health institutions have made increasing efforts to tackle the obesity crisis through physical activity promotion. For instance in Canada, in a combined effort between the Canadian Society for Exercise Physiology (CSEP) and the PHAC, *Physical Activity Guidelines (Guidelines)* were created to be used as the basis for expansive efforts at physical activity promotion and obesity prevention amongst youth (Sharratt & Hearst, 2007; Tremblay, Kho, Tricco, & Duggan, 2010). While the first set of *Guidelines* was developed in 1995 for

adults, by 2002 a new set of *Guidelines* was released specifically for children (aged 6-9 years) and youth (aged 10-14 years). Along with the *Guidelines*, creative workbooks were written as "attractive age-specific 'magazines' with activity themes" (Sharratt & Hearst, 2007, p. S13) for children and youth while parents, caregivers, and teachers also received resources "to assist them in their roles as intermediaries" (p. S13) in helping children and youth achieve the recommended levels of physical activity.

In 2011 the CSEP and PHAC reviewed and revised the existing *Guidelines* and integrated new evidence collected through working groups and expert consultations at both national and international levels (e.g., UK, USA, Canada, Australia) in order to depict the "clear dose-response relationship between the volume of moderate- to vigorous-intensity physical activity and increased health benefits" (CSEP, 2011a, p. 2). The 2011 guidelines are based on evidence, which according to CSEP "shows that substantial health benefits can be achieved with physical activity in excess of 60 minutes per day" (CSEP, 2011a, p. 2), and are applicable to children as young as 5 and to youth 17 years of age. Most recently, in 2012, physical activity guidelines were created "for the early years, ages 0-4" (CSEP, 2012). The CSEP guidelines have been widely disseminated by governmental and non-governmental organisations to, first and foremost, promote and inform efforts to increase physical activity among children.

While the guidelines provide the measure for how much physical activity children should achieve per day, the question of how to attain these levels has become another concern, and one primary means of increasing childhood physical activity has been to decrease the amount of time children are sedentary during their leisure and play time (Booth, 2000; Dehghan et al., 2005; Janssen et al., 2005; McDermott, 2007; McGall et al., 2011; Mulvihill, Rivers, & Aggleton, 2000; Salmon et al., 2005; Wyatt et al., 2006).

2.3.3 New forms of play, new forms of risk

In tandem with the concerns around childhood obesity and the declines in play opportunities, childhood studies scholars have been discussing children's changing material

and leisure culture (Clarke, 2008; Ito, 2008). As suggested earlier, the effects of modernisation and numerous societal changes impacted children's leisure and play in significant ways and many outdoor spaces that were previously used for play by children were redeveloped for industrial structures (Chudacoff, 2007; Gutman & de Coninck-Smith, 2008). However, the growing consumer economy and the availability of mass-produced games and toys has also begun to strongly shape children's relationship to their play (Chudacoff, 2007).

One issue discussed with regard to the new forms of play emerging since the 1950s was the increasing amount of time that children began to spend playing indoors with new toys and technologies (Chudacoff, 2007). According to Chudacoff (2007), mass-produced and mass-marketed leisure objects for children narrowed the concept of play to be associated predominantly with objects and toys. Particularly with the spread of consumer society, the toys and games that children had access to increased, especially as children themselves became part of the consumer market (Gutman & de Coninck-Smith, 2008). Play was becoming commercialised and children's leisure time was being spent on new forms of leisure, including television and computers (Chudacoff, 2007; Elkind, 2007).

This new play landscape, while generating new forms of play and leisure (Karsten, 2005), was also perceived as increasingly laden with new forms of risks. As a result, new forms of safety and control around children's leisure pursuits were being sought (Chudacoff, 2007). Chudacoff (2007) notes that already in the 1960s television watching was deemed to be "destroying children's sense of values" and there was already the fear that television was beginning to replace "active healthy play with passive, sedentary apathy" (Chudacoff, 2007, p. 166). As Nadesan (2010) writes, by the middle to late twentieth century:

> middle-class and upper-class childhoods were understood as fraught with educational, cultural, and environmental risks that required careful parental oversight from early infancy onward. Children were at risk from too much television, from inadequate academic preparation, from lack of exercise, and so on (p. 2).

From a public health perspective, the fact that children were spending increasing amounts of their leisure time inside and inactive and that the sedentary nature of screen-based leisure activities was being associated with growing rates of childhood obesity became increasingly problematic (Bailey & McInnis, 2011; Fogel et al., 2010). Some researchers suggested that sedentary leisure activities were beginning to replace children's participation in physically vigorous forms of leisure and were thus contributing to rising obesity rates (Jakes et al., 2003).

As Bailey and McInnis (2011) suggest, sedentary play includes a number of leisure activities, but the behaviour that currently receives the greatest amount of attention in public health is screen time (e.g., television/videos, computer, video games) (Adachi-Mejia et al., 2007; de Jong et al., 2013; Fogel et al., 2010; Marshall, Biddle, Gorely, Cameron, & Murdey, 2004; Thomson, Spence, Raine, & Laing, 2008). Screen time is considered to have a series of potential negative health effects, but above all to be related to increasing rates of obesity (Jackson, Djafarian, Stewart, & Speakman, 2009). Viewing inactivity related to screen time as a main factor behind childhood obesity, CSEP has attempted to curb screen time by creating a series of sedentary behaviour guidelines in parallel with the physical activity guidelines (CSEP, 2011b, 2012). These guidelines suggest a limit to the amount of time during which infants, children and youth should be sedentary or engaged in screen time (CSEP, 2011b, 2012).

Given these trends in screen time, attempts have been made within public health to adapt to new forms of childhood play, and some health researchers have sought to bring active play indoors through active-gaming or 'exergaming' (Bailey & McInnis, 2011; Barnett, Cerin, & Baranowski, 2011; Fogel et al., 2010; O'Loughlin, Dugas, Sabiston, & O'Loughlin, 2012; Shayne, Fogel, Miltenberger, & Koehler, 2012). For instance, Fogel et al. (2010) suggest that while video gaming is generally considered to be a factor contributing to childhood obesity, exergaming is a newer gaming technology which reinforces physical activity in children. Comparing the amount of physical activity children engaged in during a physical education class to the amount of activity engaged in during a session of exergaming, the authors found that exergaming resulted in more physical activity

(Fogel et al., 2010). This, they suggest, might be a way to increase physical activity amongst inactive children (Fogel et al., 2010). O'Loughlin et al. (2012) similarly suggest that many adolescents exergame at intensities that would allow them to reach physical activity levels, such as those recommended, for instance, by the PHAC. The authors argue that interventions based on such exergames could potentially increase physical activity among youth and decrease the amounts of sedentary screen time that some youth engage in (O'Loughlin et al., 2012). The promotion of exergaming thus aims to turn a vice into a virtue; advancing a new form of electronic play to capitalise on children's enjoyment of video gaming while addressing the public health concern with inactivity and childhood obesity.

To conclude, overall this literature suggests that new forms of leisure and play are increasingly risky for children's health, and this due to the fact that new forms of leisure are also increasingly sedentary and engaged in indoors. Addressing children's leisure and play activities has thus become a primary area of public health attention in efforts to intervene on children's physical health.

2.4 What's the problem?

The growing discussions about children's obesity, the changing patterns of children's play, as well as concerns around children's new sedentary leisure activities appear to be intersecting within Canadian public health discourses. It is this intersection that is the point of interest of this thesis; the emerging public health discourse on play. Specifically, this thesis analyses how the notion of play is being taken up and transformed in public health interventions aimed at children's obesity.

This thesis addresses three main areas with regard to the emerging public health discourse on play. First, the adoption of play in public health risks transforming play into an activity that is laden with health ends. As the literature demonstrates, play has long been instrumentalised as an object of study and promoted for children's development in various disciplines. However, when play is ascribed a physical health goal in the context of a

powerful governmental institution such as public health, yet another layer of instrumentalisation is added to play, one which brings with it a prescriptive health quality. Of concern is that this may lead to a narrowed conception of what play 'is'. Indeed, it begs the question of whether the public health discourse on play, with its distinct system of values and health practice orientation, is itself constructing a new and potentially dominant, conception of play. If this is the case, what underlies such a new perspective on play?

Second, this thesis is concerned with the potential effects of the public health conceptualisation of play for children. For instance, writing about the salience of pleasure in play for children, Sutton-Smith argues that play quite simply, "makes them happier" (Sutton-Smith, 1997, p. 32). However, if play is couched within physical activity promotion efforts, there is the possibility that play may take on different meanings for children; productive and health-focused play may be qualitatively different for children than frivolous play. Caillois' (1961) argument, while not strictly addressing children's play, nonetheless comes to mind here: that when rules for everyday life infiltrate the universe of play, pleasure may in turn become an obligation. This observation brings to the forefront the particular relevance of considering whether play is being re-shaped (as an obligation?) when it is attributed a gainful and purposeful function within a public health discourse.

Lastly, given the possibility of play being re-shaped for children in the public health discourse, this thesis is concerned with addressing children's constructions of play. Children's voices are largely missing from the public health discourse and in discussions of children's leisure and health. Indeed, public health interventions, with their extensive reach into children's social lives and health practices, do not frequently acknowledge children as active and engaged social agents (Corsaro, 2011). Not addressing children's constructions of play thus fails to acknowledge that children have their own ideas about, definitions for, and meanings they attribute to, their play. This is relevant especially if what children highlight about play as important for their social lives is distinct from the conception of play constructed in the public health discourse. As such, to the more commonly addressed questions around the definition of play (what is play?) and its role (what is play good for?),

this thesis adds the question of how children engage with and construct their own meanings of play (what does play mean for children?).

2.5 Research question and objectives

The overall research question of this thesis is: in what ways is the emerging public health discourse on play shaping normative forms of play as well as children's discursive constructions of their own playing? To do this, the thesis addresses three specific objectives:

1) to identify the dominant positions, values, assumptions and practices underlying the public health discourse on children's play and to examine the ways in which this discourse privileges particular forms of play, while obscuring others;

2) to explore children's own discursive constructions of playing;

3) to juxtapose these two discourses on play in order to examine how the public health discourse shapes the meanings and affective experiences of playing for children, and whether children reproduce or resist this discourse.

In this thesis, Article 1 and 2 address the first objective; Article 1 positions the research argument and Article 2 empirically examines the public health discourse. Article 3 and 4 are both empirical papers, addressing the second and third objectives respectively.

CHAPTER 3. THEORETICAL FRAMEWORK

3.1 Foucault and 'Critical Public Health'

Michel Foucault's intellectual enterprise and analytical work conducted in the 1970s and early 1980s during his position at the Collège de France has had enormous influence on the social sciences, humanities and also on the study of medicine and health (Armstrong, 1997). Acknowledging his influence, numerous contemporary Foucault-inspired scholars have called this a "Foucault effect" (Bunton & Petersen, 1997; Burchell et al., 1991; Gordon, 1991). Foucault's work has been especially influential in critical health research, particularly his analytical writings on surveillance and discipline. This work helped bring about an interest in constructions of risk; specifically, critical examinations of epidemiological and medical research that was increasingly identifying new health risks in the social and physical environments, while categorizing subgroups of the population as being 'at risk' and requiring health surveillance and intervention (Armstrong, 1997; Castel, 1991, 1994; Lupton, 1993b, 1995, 1999; Nadesan, 2010; Nettleton, 1997; Petersen, 1996, 1997; Petersen & Lupton, 1996) .

Emerging strongly in the 1990s, prominent critical analyses of public health topics inspired by Foucault were conducted by, among others, sociologists such as Nikolas Rose, Peter Miller, Mitchell Dean, Alan Petersen, Robin Bunton and Deborah Lupton, Brian Turner and others (Dean, 1999; Gastaldo, 1997; Lupton, 1992, 1993a, 1993b, 1995, 1996, 1997a, 1998, 1999; Lupton, Brown, & Chapman, 1996; Miller & Rose, 1990; Nettleton, 1997; Petersen, 1997; Petersen & Bunton, 1997; Petersen & Lupton, 1996; Rose, 1999; Turner, 1997). Many of these critiques focused on how various assumptions underlying health and medical knowledges and practices (i.e., risk, rationality, objectivity, health and the body) are constructed and reproduced in the public health discourse (Petersen & Lupton, 1996), and how these forms of knowledge and practices govern the population.

Foucault's theoretical and analytical approach has been pivotal for critical examinations of public health discourses in modern industrialised societies, and the number of researchers drawing on Foucault's work within critical public health scholarship has grown significantly since his death in 1984. What is perhaps new as of the late twentieth

century, as Rose (2001) suggests, is that although the eighteenth and nineteenth century interest in 'the nation's health' remains, the reason for the interest has changed. Rose (2001) writes that more recently the rationale for the political interest in the population's health is "posed in economic terms – the cost of ill-health in terms of days lost from work or rising insurance contributions – or moral terms – the imperative to reduce inequalities in health" (p. 5). This is especially evident in contemporary public health discourses which express concern for the population's health in terms of increasing costs of healthcare, but also through the moral terms and values that are inherent in the commitment to social and health equality that make up the pillars of the 'New Public Health' (Baum, 1990; Lupton, 1996).

In this chapter I outline several of Foucault's analytical concepts that are frequently adopted in critical public health research and that are drawn on in this thesis, specifically governmentality and biopower. I outline Foucault's analysis of the development of a neo-liberal governmental rationality and examine how it relates to ideas of risk in, and individual responsibility for, health. I discuss how a neo-liberal rationality has come to shape public health practice and outline the principal elements that are fundamental to public health research and practice and how this relates to the context of the current thesis project. Finally, I outline the contemporary theorisation of 'biopedagogies' (Harwood, 2009) which has drawn on Foucault's concepts of biopower and governmentality and which informs the current analysis of play as a health practice.

3.2 Governmentality and Biopower

Foucault's concept of governmentality refers to a form of social regulation that began to dominate political power in European societies in the late eighteenth century (Foucault, 1980a) when European states became increasingly interested in the population as an entity. It was during this time that the population became an object of increased surveillance and analysis, and new forms of intervention ensured its utility and the maximisation of its capacities (Foucault, 1977, 1978, 1980a, 2007, 2008). Rose (1999) writes that governmentality is constituted by:

the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics, that allow the exercise of this very specific albeit complex form of power, which has as its target the population (p. 5).

In this sense, Dreyfus and Rabinow (1983) write that governmentality is not only the political management of a state, but began to include the particular way that "the conduct of individuals or groups might be directed" (p. 221), what has been called the 'conduct of conduct' of others – for instance, the conduct of populations such as children or families (Burchell, 1993; Foucault, 2007). Governing for Foucault meant to "structure the possible field of action of others" (Dreyfus & Rabinow, 1983, p. 221).

Important in this new form of governmentality in the eighteenth century was the regulation and management of the population with the aim of strengthening the state (Foucault, 2007). That is, the regulation and management of "the laws that modulate its wealth, health, longevity, and its capacity to wage wars" (Rose, 1999, p. 5). In his essay entitled *The politics of health in the eighteenth century* (Foucault, 1980a), Foucault describes how over the course of the eighteenth century the health of the population became a political objective, and that a medical authority developed which began to place rules and regulations on health and social life. This development was the result of the organization of a politics of health (noso-politics), in which disease was seen as a political and economic problem; through the exercise of power over economic regulations, public order and especially hygiene, health became an imperative for the population (Foucault, 1980a).

Essential to the development of this form of governmentality was the reliance on expert knowledge. Turner (1997) suggests that institutions with expertise such as the law, medicine or public health wielded increasing authority over the population, although the coercive nature of such institutions was disguised by their involvement in the problems of the population (i.e., birth and death rate, body weight, illness and so forth) for which they provided expert solutions. Relating this to the field of public health, Lupton (1995) writes that the medical expertise that informs public health can be considered a governmental apparatus involving a:

network of expert advice, embodied in professionals such as doctors and health promoters, who have dispensed wisdom directed at improving individuals' health through self-regulation (Lupton, 1995 p. 10).

The authority of this professional and health expertise is pertinent for public health efforts because such expertise and expert language helps shape the population's behaviour not by enforcing behaviour, but through their overwhelming claim to truth and rationality (Lupton, 1995; Miller & Rose, 1990); the production of expert knowledge thus urges the population to self-regulate their own behaviours. As such, one might suggest that it is by relying on 'truths' about childhood health, constructed through expert medical advice, that issues such as childhood obesity have become central to public health action, facilitating the justification to intervene on children's health and their leisure behaviours (Fullagar, 2009; McDermott, 2007).

Biopower was also a significant component of governmentality (Foucault, 1978, 1980a, 2003, 2008) designating the forms of power over people "in so far as they are thought of as living beings" (Burchell et al., 1991, p. 5). Biopower includes the efforts on the part of a state to solidify itself through the discipline of individual bodies and the regulation of the population in the name of productivity and health. It signals the expansion of the power of the state to reach all aspects of life and a taking charge of the population to ensure the maintenance of its own health (Foucault, 1980a, p. 170). According to Gordon (1991), biopower links individual bodies and the population in a particular way. Biopower, he argues, is a:

> politics concerned with subjects as members of a *population*, in which issues of individual sexual and reproductive conduct interconnect with issues of national policy and power (Gordon, 1991, p. 5).

Foucault (1978) writes that biopower invokes two ways in which power has its effect: first, an "anatomo-politics of the body" (p. 139), which works on the individual body, and a "biopolitics of the population" (p. 139), which functions at the level of the species body more generally. In the *History of Sexuality (Volume 1)* (1978) Foucault explains that by addressing the population through biopolitics, political power aimed to manage life in the name of the health and well-being of the population (Rose, 2001).

Foucault (1978) writes that the concern of biopolitics embraced:

> the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary (p. 139).

Indeed, Foucault (1988) argues that various technologies of power were developed to regulate the behaviour of individuals for particular ends. These technologies of power included the power "to qualify, measure, appraise, and hierarchize" the population (Foucault, 1978, p. 144) and involved the increased surveillance and analysis of the population through statistical surveys, demographic measures and medicine (Coveney, 2006). Together this formed a set of registers for gathering knowledge about the population, producing distributions around a norm and outlining normative states against which the population was measured (Coveney, 2006). These included 'normal' health behaviours, norms for weight and for child rearing, all of which constituted the individual subject in particular ways and produced the norms of desirable behaviour for the population (Bacchi, 2009). Foucault writes that this "normalizing society is the historical outcome of a technology of power centered on life" (Foucault, 1978, p. 144). A result of these normalizing technologies of power is that individuals, adhering to these norms, became involved in self-regulation; adjusting their "ways of thinking, judging and acting upon themselves" (Rose, 1999, p. xvi). That is, the rules, regulations and health norms in the eighteenth and nineteenth century elicited what Foucault called an "imperative of health: at once the duty of each and objective of all" (Foucault, 1980a, p. 170).

It is along these two analytical axes of biopower, an 'anatomo-politics of the body' and a 'biopolitics of the population', that children's health and play has been addressed historically and in contemporary societies. For instance, children in contemporary industrialised societies are often conceived of as a population at risk of various ailments, most notably obesity, and are thus viewed as requiring society-wide surveillance, measurement and regulation for establishing appropriate norms around health and their social activities (WHO, 2000, 2004, 2012a, 2012b). Children's individual bodies and play activities can be viewed as the specific sites for public health action, the sites upon which

children (and families) are urged to act in order to self-regulate their behaviours to align with prescriptive norms. Foucault (1988) calls these self-regulating practices 'technologies of the self', which:

> permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality (p. 18).

Describing the relationship between the 'technologies of power' and the 'technologies of the self' in his genealogical work Foucault (1993) writes:

> I think that if one wants to analyze the genealogy of the subject in Western civilization, he has to take into account not only techniques of domination but also techniques of the self. Let's say: he has to take into account the interaction between those two types of techniques – techniques of domination and techniques of the self. He has to take into account the points where the technologies of domination of individuals over one another have recourse to processes by which the individual acts upon himself. And conversely, he has to take into account the points where the techniques of the self are integrated into structures of coercion and domination. The contact point, where the individuals are driven by others is tied to the way they conduct themselves, is what we can call, I think, government. Governing people, in the broad meaning of the word, governing people is not a way to force people to do what the governor wants; it is always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed or modified by himself. (p. 203-204).

According to Foucault (1988) governmentality is the point of contact between 'technologies of power' and the 'technologies of the self' (p. 19).

The economic rationalisation of health was a particularly important development of the eighteenth century and continues to be manifest in contemporary health governance. For instance, it manifests in the way in which an 'imperative of health' is placed on the population, and in this case the population of children, with regard to their everyday lives and social practices. Technologies of power, including population health surveillance, development of medical expertise and the production of norms for everything from intelligence to weight to optimal child development, and the self-regulatory practices to align one's behaviours with these norms, have become established components for governing life in modern industrialised societies (Petersen & Lupton, 1996). Drawing on

Foucauldian theoretical concepts in this thesis allows me to examine contemporary public health prescriptions, specifically around children's play, and analyse how these rely on normative conceptions of childhood, health and leisure which have been constructed as 'truths' through expert medical knowledge. Critically, drawing on the concept of biopower is analytically useful for understanding whether an 'imperative of health' around children's play may be gaining authority precisely due to the medical knowledges surrounding childhood obesity and the urgency of its prevention. A Foucauldian approach places emphasis on the critical examination of taken-for-granted assumptions and values underlying the expertise and health prescriptions targeting children, all of which are closely tied to the advancement of certain kinds of health behaviours and certain forms of play.

3.3 Neo-liberalism and Public Health

In his 1978-1979 lecture series at the Collège de France entitled *The Birth of Biopolitics*, Foucault (2008) analyses the development of a neo-liberal form of governmentality in Europe after WWII and later in North America. He describes neo-liberal governmentality as a political rationality in which the social domain was increasingly rendered into an economic one and in which there was a constant reduction in state services (Foucault, 2008). In the European model of neo-liberalism, Foucault observes that economic and market criteria began to be applied to decision-making in all aspects of life, including within the family and in social and professional life (Foucault, 2008; Lemke, 2001). *Homo oeconomicus* (economic man) emerged, representing the rational individual who calculated and economically assessed the worth of all aspects of life (Foucault, 2008; Lemke, 2001). This neo-liberal form of governmentality aimed to construct a population of careful and judicious subjects "whose moral quality is based on the fact that they rationally assess the costs and benefits" of their every action (Lemke, 2001, p. 201).

In his analysis of Foucault's lectures *The Birth of Biopolitics*, Lemke (2001) writes that a particular characteristic of neo-liberal governmental rationalities was that they developed techniques for regulating the behaviour of individuals, but without being responsible for them or their actions. Neo-liberal governmental strategies rendered

individuals responsible for their own lives and for self-governing the various forms of risk they encountered, such as illness or poverty (p. 201). Within neo-liberalism, health risk or exposure to health risk, was thus transformed into a problem of "self-examination, self-care, and self-improvement" (Lemke, 2001, p. 201).

Since the mid-twentieth century, there has been a sharp turn towards neo-liberal political economic practices, evidenced in the transformation of welfare states during the 1980s in countries such as the United States and the United Kingdom (Harvey, 2005). These new economic practices were premised on the belief that human well-being is best advanced by freeing up constraints on individual entrepreneurism and ensuring free markets and free trade through deregulation and privatisation (Harvey, 2005). This neo-liberal economic configuration, now incorporated into the ways many people understand and live in the world (Harvey, 2005), has also come to shape modern public health approaches. Individuals are increasingly required to "assume responsibility for insuring, monitoring, and acting upon their own health statuses" (Nadesan, 2008, p. 108) and are expected to live their lives in prudent and calculating ways, themselves monitoring and managing ever-present health risks (Petersen & Lupton, 1996). Petersen (1997) has argued that the preventive techniques of health promotion reflect neo-liberal rationalities that target the "individual-as-enterprise" (p. 197) who is expected to manage his or her own health to be productive, and adhere to health norms through self-regulatory practices (Rose, 1999). An important element of a neo-liberal rationality is that the individual who becomes increasingly responsible for her or his health and risk exposure is also more willing to do so, as these self-governing actions come to be equated with personal fulfilment (Lupton, 1995; Miller & Rose, 1990). Under neo-liberalism self-improvement becomes internalized "as a moral duty to one and all" (Rail, 2012, p. 24).

Understanding how neo-liberal rationalities shape public health is relevant to this thesis as it underscores the ways in which families and children are being addressed with regard to the monitoring and managing of their health and social activities and highlights the economic rationale underlying many public health interventions. The discourse on play, for example, can be situated within the larger obesity discourse in which individuals are

encouraged to monitor their behaviours in relation to exercise and diet (Rail, 2009). This prompts the question of how public health practices are encouraging children and families to manage their risk of obesity (i.e., self-govern), adopt appropriately healthy ways of playing and how these are being prescribed as part of an 'imperative of health'. Furthermore, understanding the public health discourse around children's play as existing within current neo-liberal forms of governing provides a frame for interrogating who is made responsible for children's 'appropriate', 'healthy' or 'normal' forms of play and how children and their play activities may be considered economically important in the context of children's obesity prevention.

3.4 Risk and pleasure

A 'risk logic' has begun to shape contemporary thinking, and it is based on this logic that individuals come to organise their world. For instance, risks for the population seem to be ubiquitous and proliferating in an increasing number of human activities. A particularly important task for public health institutions has thus been the development of prescriptions for how populations ought to be living in order to manage and avoid risk (Fox, 1999; Lupton, 1999). Already in the 1990s a number of sociologists, most prominently Ulrich Beck (1992) and Anthony Giddens (1991) and others (Lupton, 1999; Petersen, 1996) were engaged in discussions around the growing perceptions of risk in modern western societies. These discussions highlighted the development of an increasingly precarious and globalised, western world - a "risk society" (Beck, 1992) - in which the population was constantly faced with new risks that could not be insured against.

However, it was precisely the new developments, advances and interventions that were meant to bring the population a greater sense of certainty that have led to increased sentiments of insecurity and unpredictability (Giddens, 1991). For example, in trying to identify, anticipate and increasingly eradicate health risks, public health institutions have been involved in constructing new risks and new targets for intervention (Petersen, 1997). The efforts to protect the population from health risks has also played a role in increasing the health risks that the population becomes aware of, all of which consequently requires

further preventive action. One result is that, as Crawford (2006) suggests, the population has developed an awareness of, and a sensitivity to, the pervasiveness of possible dangers to their health. In order to avoid risks, individuals must constantly readjust their behaviours, align themselves with the latest expert knowledge and govern their health behaviours to navigate a proliferation of potential risks (Tinning & Glasby, 2002).

In her theoretical examination of risk, Lupton (1999) aligns Foucault's concept of governmentality with her analysis of risk. She writes that risk itself can be viewed as a governmental strategy through which populations are managed (Lupton, 1999). That is, health risks are increasingly constructed around social phenomena, and the 'truth' about these risks (e.g., what they constitute, what is required for prevention) is elaborated in health discourses and practices, and becomes the basis for preventive action (Lupton, 1999). For instance, when a social activity (e.g., inactive playing) is identified as being risky, then the population engaging in this activity (i.e., children) is identified as being 'at risk' and interventions based upon medical knowledge and expertise about the given risk are justified (Lupton, 1999). As such, health risk, which is central to public health action and is shaped by a neo-liberal rationality, also has implications for how various social phenomena, such as playing, may be conceived of as risky and what interventions are required to manage such risk.

Particularly relevant for an examination of children's play is that risk has also been intimately linked with notions of pleasure in public health discourses. For instance, Coveney and Bunton's (2003) work on pleasure in public health suggests that pleasure, "conceived as the other side of risk" (p. 167), has increasingly been receiving attention from scientific expertise in public health. Indeed, pleasure-seeking activities, especially for adults, are often considered to be uncontrolled and to predispose individuals to unhealthy risks. As a result, health prescriptions focus on restricting the spontaneous and unregulated (i.e., risky) engagement with pleasurable activities (Coveney, 2006). In this way, it is especially the unsanctioned pleasurable social practices (i.e., some forms of playing, eating, drinking) that have been designated risks for health in public health discourses. As Lupton (1995) has argued, it is through public health discourses that social practices have been

"colonised by the discourse of risk" (p. 87). In a statement that resonates strongly with the concerns in this thesis around children's play, Lupton (1997a) writes that where once physical activity was engaged in for "'the pleasure of functioning', it is now often understood as a medical activity, undertaken for the purposes of good health" (p. 101). Pleasurable social practices such as play and walking are thus re-written as health practices that require expert guidance, lest they pose risks for health. As such, it is in the name of health that the population is increasingly required to adhere to prescriptions and conduct "close scrutiny of all one's desires and pleasures" (Petersen, 1996, p. 44) for the potential risks that these activities may comprise. Risk-avoiding behaviour and the denial of potentially risky pleasures has thus become a form of self-government (Lupton, 1999). Implicit in health imperatives is thus a privileging of safety and rational decision-making around health above the pleasures and desires involved in various social practices (Lupton, 1995).

These theorisations highlight the need to attend to discussions of risk as part of the discourse on children's play. This is especially the case with regard to how the developments around children's play, defined in large part by the notion of pleasure, are being taken up in the public health discourse and rationalized for obesity prevention. Understanding how imperatives around health, rationality and risk operate above concerns for pleasure in children's play is important for analysing the implications that these discourses have for shaping the meanings and pleasures of play for children.

3.5 Productive children, productive citizens

As this thesis addresses children's health and play activities, it is important to note how the neo-liberal rationalities and the constructions around children's health have affected contemporary approaches to children's health more generally (Rose, 1999). As I stated earlier, Foucault (1980a) wrote that in the eighteenth century, European public health developed a new series of prescriptions that related not only to disease but also to overall behaviours. New medical and public health authorities were being created with the role of regulating the population's health as well as their economic productivity (Nadesan, 2010;

Rose, 1999). This meant an expansion of the medical reach beyond the individual to all aspects of society, including the family and especially children (Foucault, 1980a). Since population growth was an important way to ensure the state's productivity, the family emerged as an important focus of government; the family became linked to national prosperity primarily since it was considered a prominent and central site for the production of the state's future citizens (Foucault, 1980a; Nadesan, 2010).

The family was thus no longer merely responsible for producing an ideal number of children, but also for the correct management of childhood through "new and highly detailed rules" (Foucault, 1980a, p. 172). Foucault (1980a) writes that these rules:

> serve to codify relations between adults and children… invested by a whole series of obligations imposed on parents and children alike: obligations of a physical kind (care, contact, hygiene, cleanliness, attentive proximity), suckling of children by their mothers, clean clothing, physical exercise to ensure the proper development of the organism. … At all events, from the eighteenth century onwards the healthy, clean, fit body, and the interplay of the 'caring' and the 'cared for' figure among the family's essential laws. … From the second half of the eighteenth century, the family is the target for a great enterprise of medical acculturation. The first wave of this offensive bears on care of children, especially babies (p. 172-173).

By the early twentieth century, increasing numbers of health professions offered new formulations for the ways in which childhood was 'at risk' and necessitated increasing expert guidance (Lupton, 1995; Nadesan, 2010; Rose, 1999; Turmel, 2008). Rose (1999) writes that children indeed became a target of the goals of numerous authorities:

> Throughout the nineteenth century and our own, anxieties concerning children have occasioned a panoply of programmes that have tried to conserve and shape children by moulding the petty details of the domestic, conjugal, and sexual lives of their parents (p. 123).

Indeed, a large body of knowledge about childhood emerged bringing with it a growth in social technologies of child regulation and the desire to establish authoritative measures to evaluate normal growth in childhood (Turmel, 2008). Psychological expertise played a large role in constructing the 'normal child' (Rose, 1999; Turmel, 2008). Turmel (2008) argues that this increasingly dominant and normative knowledge about childhood

development shapes how we view children and what we now consider to be risks to their optimal healthy development.

Linking these developments around childhood to the state's desire for productive and healthy citizens, Nadesan (2010) suggests that it was especially neo-liberalism that shaped domestic life; neo-liberal market rationalities and 'technologies of the self' came to define prevalent attitudes towards children and child rearing (Nadesan, 2010). As Foucault (2008) suggested in his lecture series *The Birth of Biopolitics,* neo-liberal tenets outlined even the qualities of the 'mother-child relationship' as measurable through the child's potential to gain a salary later in life. Economic principles thus entered the formerly non-economic sphere of the mother-child relationship and, as a result, the mother's quality of care and affection for her child, and the amount of time and pedagogical assistance dedicated to her child, were transformed into economic calculations which had as their basis an investment in human capital (Nadesan, 2010, p. 13).

With regard to neo-liberal governance as it relates to contemporary childhood and children's health, Nadesan (2008), writes that contemporary families are made responsible for their child's exposure to numerous risk factors (i.e., inactivity and overweight) for future illness (i.e., diabetes) in order to minimize the resulting social and economic costs. Explaining the neo-liberal rational behind increased child surveillance, Nadesan (2008) writes:

> Today, vigilance is demanded of family-practice doctors, schoolteachers, and parents, all of whom are required to monitor children …for susceptibility to environmental dangers posed by 'fat,' lack of exercise, diet, television consumption, drugs, cigarettes, and so on. … these threats are believed to derive from lifestyle choices involving diet, peer selection, daily activities, and so on (e.g., as illustrated by the 'scientific finding' that having an overweight friend increases one's own risk!). The costs of these 'social contagions' are taken up within an economic calculus that includes health care, mental-health care (e.g., for depression), lost wages, disability costs, and the nation's long-term economic productivity. But it is individuals who are encouraged to take responsibility for these costs by managing their own health (p. 110).

It is thus over the course of the twentieth century then that children have been increasingly governed by what Nadesan (2010) calls an 'invisible pedagogy'. She writes that while this form of governing does not adopt the forceful authoritarianism of the past it employs "a panopticon of invisible pedagogies aimed at producing the subjects of liberal democracy" (p. 51). One way in which this thesis aims to understand the pedagogies aimed at children's health and bodies, to understand the subjects they aim to produce and to examine whether families and children indeed take up these pedagogies, is to frame these practices as 'biopedagogies' (Harwood, 2009).

3.6 Biopedagogies

Harwood (2009) has theorised the concept of biopedagogy by bringing together Foucault's concept of biopower and the idea of pedagogy as a 'pedagogy of *bios*'. This biopedagogy aims to teach people about how to live, eat and generally how to behave in healthy ways (p. 15). Harwood (2009) argues that the growing concerns with children's obesity should be understood as linked to biopower and that the various practices promoting health within obesity discourses can be understood as biopedagogies of this biopower (p. 17).

Harwood (2009) argues that 'biopedagogies' is an orienting theoretical concept that draws attention to both the disciplinary pedagogies directed at an individualised body (e.g., the child's body and activities) as well as to regulatory strategies aimed at the population (e.g., children at risk). Biopedagogies have been interpreted as an 'apparatus of governmentality' for surveying and managing bodies and for protecting populations against the 'risks' associated with obesity (Rail & Lafrance, 2009). Burrows (2009) writes that state power, represented by government programmes and documents, operates through "a diffuse set of technologies to govern the actions of families, but also constitute families' understanding of themselves as viable, good and healthful" (p. 127). One way to theorise these governing technologies (i.e., government, interventions, programmes) is to think of them as biopedagogies. As biopedagogies encourage individuals to change their lifestyles

through various disciplinary techniques, they are also conceived as operating within the neo-liberal understanding of individuals as prudent and rational (Rail & Lafrance, 2009).

Harwood (2009) suggests that a biopedagogical analysis encourages the questioning of practices involved in obesity prevention. It includes the interrogation of the ways in which individuals are informed, through biopedagogical practices, about how to be 'healthy' citizens, as well as the examination of new norms that are being constructed via biopedagogies of obesity (Harwood, 2009). An analysis of biopedagogical practices draws attention to the pedagogical practices in the *biopolitical*, those practices regulating the population's health (e.g., identifying children as a population 'at risk' needing instruction about ill effects of obesity and inactivity). *Biopolitically*, biopedagogies affect populations and target concerns about life such as birth rate and obesity rates with the aim to "impart knowledges that make meaning, and are attached to the shaping of identities and desires of life" (Harwood, 2009, p. 22). Biopedagogical analyses also provide a means of interrogating the pedagogical in practices of *biopower,* those practices that discipline individual bodies (e.g., instructing individual children and families about obesity and inactivity) (Harwood, 2009; Rabinow & Rose, 2006).

Based on the work of Rabinow and Rose (2006), Harwood (2009) suggests that an analysis of biopedagogies questions who the authorities (i.e., pedagogues) are who impart instructions, and what the instructions (i.e., truth discourses) are that are being given; it questions the strategies for intervention that ensure that individuals can become "objects to be worked on, to be pedagogized" (Harwood, 2009, p. 24); and it attends to subjectification through which individuals are:

> brought to work on themselves, under certain forms of authority, in relation [*sic*] truth discourses, by means of practices of the self, in the name of their own life or health, that of their family or some other collectivity" (Rabinow & Rose, 2006, p. 197).

This last point, an examination of the modes of subjectification, is considered central to an analysis of biopedagogies, which work not only at the level of the material body (i.e., to shape children's bodies), but also to produce subjects (i.e., parents and children), their practices and beliefs (Burrows, 2009). Biopedagogies influence modes of subjectification

by pressing the population to monitor themselves, often through knowledge on 'obesity' related risks, and by 'instructing' them on how to eat healthily and stay active (Harwood, 2009). Viewing the public health practices directed at families and children as a form of pedagogy around health and the physical body – as a biopedagogy – can reveal the direct relationship between the theoretical concept of biopower and how, in relation to play and health, this is experienced and represented by children. Indeed, biopedagogies is a valuable critical theoretical lens through which to concretely examine current interventions in Canadian public health that address children's play as part of obesity discourses and to problematise the normalising and regulating practices that inform children and families about 'how to play' properly.

Foucault's concepts of governmentality and biopower, his analytical work around the development of neo-liberal forms of governmentality as well as new conceptualisations drawing on his work (i.e., biopedagogies) thus all provide a specific theoretical framework for examining how children's play has begun to be governed by public health.

CHAPTER 4. METHODOLOGY

4.1 Research on discourse

This thesis aims to answer the overall question: how is this emerging public health discourse on play shaping normative forms of play as well as children's discursive constructions and experiences of their own playing? To do this, I restate the three main objectives of the thesis: 1) to identify the dominant positions, values, assumptions and practices underlying the public health discourse on children's play and to examine the ways in which this discourse privileges particular forms of play, while obscuring others, 2) to explore children's own discursive constructions of playing, and 3) to juxtapose these two discourses on play in order to examine how the public health discourse shapes the meanings and affective experiences of playing for children and whether children reproduce or resist the discourse.

In order to address these research inquiries, this thesis places particular emphasis on how the concept of 'play' is constructed in two fields: first, in public health discourses and second, in children's photographs and narratives of play. This thesis thus places an emphasis on 'discourse', on its construction, and on ways to analyse these discourses to address the three research objectives. Furthermore, these two discourses are not viewed as independent of one another. Rather, they are viewed as producing and re-producing understandings of play and thus co-construct the knowledge and meanings about play. As such, the way in which knowledge and meanings are constructed in discourses is critical to this study.

As Jørgensen and Phillips (2002) have argued, although analyses of discourses can be utilised in many areas of research, they cannot be conducted within every theoretical and epistemological perspective. Importantly, they argue, discourse analysis "is not to be used as a method of analysis detached from its theoretical and methodological foundations" (Jørgensen & Phillips, 2002, p. 3-4). Wanting to examine how the public health discourse and children's discourses are constructed, and how they shape the way play is understood, requires particular epistemological and methodological approaches that emphasise the role of language/discourse, social contexts and knowledge construction. This chapter thus examines the epistemological underpinnings of the study, the methodological approaches taken as well as the concrete methods used to conduct the study.

4.2 Epistemological Underpinnings

This research has been conducted from a social constructionist and a post-structural perspective. The basic tenets of social constructionism are that there are no objective truths to be discovered through research and that truths and meanings emerge in engagement with the world; truth and meaning are "not discovered, but constructed" (Crotty, 1998, p. 42). Crotty (1998) defines constructionism as:

> the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context (p. 42).

Taking a social constructionist approach means adopting the view that 'reality' is also shaped by numerous cultural, political and social norms operating within a particular social context and at a given time (Darlaston-Jones, 2007). Viewing knowledge and practices as constructed, a social constructionist approach challenges the taken-for-granted nature of discourses, destabilising the 'truths' of knowledge and practice, forcing us to think about the concepts and categories we use and where they come from (Bacchi, 2009).

Since a social constructionist epistemological perspective involves a reliance on language that emerges through conversations, interviews and narratives, adopting this epistemological approach also means adopting research methodologies that seek the historically and socially negotiated meanings of an individual's life, which are not normally uncovered with more traditional methods (Creswell, 2007; Darlaston-Jones, 2007). Burr (2003) writes that social constructionism also emphasises how forms of language and discourses that are available to us also set limits, not only on what we can think and say, but also on what we can do.

Several key premises of a social constructionist approach have been identified in the literature as particularly pertinent for discourse analyses (Burr, 2003; Jørgensen & Phillips, 2002). The first is a critical approach to taken-for-granted knowledge (Burr, 2003; Jørgensen & Phillips, 2002). This position requires the acknowledgment that the knowledge we have of the world cannot be treated as an objective 'truth', but rather that 'reality' (i.e.,

what healthy play constitutes) is a product of how we organise and categorise the world through discourse. The second premise is that the ways in which we understand the world - our knowledge, concepts and categories – is historically and culturally specific (Burr, 2003). Accepting that our knowledge is contingent reminds us that our current view of the world could be different (Jørgensen & Phillips, 2002). That is, how we as humans (and researchers) are positioned historically and culturally will shape how we examine particular concepts, such as 'childhood', 'play' and 'health'. As such, discourses that produce knowledge, concepts and categories about these issues are also considered to be contingent.

The third premise of social constructionism is that knowledge and social processes are linked (Jørgensen & Phillips, 2002). This means that our knowledge and our understandings of the world are created through social interaction with others, and it is through this that 'common truths' are constructed (Jørgensen & Phillips, 2002). Social interactions, particularly those mediated by language, are particularly important as these represent the practices "during which our shared versions of knowledge are constructed" (Burr, 2003, p. 4). Last of all, is the premise that highlights the important links between knowledge and social action (Burr, 2003; Jørgensen & Phillips, 2002). This suggests that when situated within a particular worldview, some forms of action become possible, desirable and normal, while others remain unthinkable (Burr, 2003; Jørgensen & Phillips, 2002). Given that different worldviews result in different forms of action, knowledge constructions and 'truths' available in discourses have particular consequences and effects (Jørgensen & Phillips, 2002).

A post-structuralist approach, which can be viewed as being situated within the broader social constructionist epistemology (Jørgensen & Phillips, 2002), is an expansive (and variously defined) philosophical tradition emerging from 1960s French philosophy that developed as a counter reaction to structuralism (Burr, 2003; Crotty, 1998; Jørgensen & Phillips, 2002). Post-structuralism emphasises "fluidity and contestation in social thought and relations" (Bacchi, 2009, p. 277) and highlights the politics that are involved in the processes of making meaning. Post-structuralism challenges traditional beliefs about the relationship between ideas and meanings, and places significant emphasis on language and

texts. Fundamental to a post-structuralist perspective is the understanding that the meanings found in language are not permanent, but rather are considered as temporary, and thus always open to being questioned and contested (Burr, 2003). According to Burr (2003) within this perspective language is the place where identities are created and maintained and thus also the place where identities can be challenged and modified. Foucault is one of several important scholars labelled a post-structuralist theorist, all of whom share a rejection of the idea that a text has a single purpose or a single meaning (Crotty, 1998). Foucauldian discourse analysis falls within the tradition of post-structuralism (Arribas-Ayllon & Walkerdine, 2008).

Scholars critically examining obesity discourses amongst youth, for example, have used a post-structuralist approach in their work in order to understand how differences, especially those embedded and enforced through binaries (e.g., thin/obese, active/sedentary) are constructed and maintained in discourses (Rail et al., 2010; Wright, 2009). This post-structuralist perspective thus reflects the position that the realities in which youth live, the health problems and the health prescriptions attributed to them, are part of a constructed reality and should not be seen as 'truths'.

The interest in this thesis of examining the dominant narratives, knowledges and practices underlying the public health discourse on children's play, as well as examining children's own discursive constructions of play, are inquiries that are well positioned within social constructionist and post-structuralist perspectives. For instance, what is understood to be true within public health literature regarding the constitution of a 'healthy child', a 'healthy weight' and 'healthy forms of leisure' are viewed in this thesis as contingent concepts; they provide one possible conceptualization of these notions which is informed by a particular socio-political, cultural and historical context. Critically examining these taken-for-granted understandings is important as they also inform subject positions and identities available for children as well as children's own constructions of their play. The research questions in this thesis and its epistemological approaches also guide the methodological decisions taken to bring two qualitative elements together: a Foucauldian discourse analysis of public health texts around children's play and an examination of

children's own visual and narrative constructions of play.

4.3 Methodological Approach

4.3.1 Discourse à la Foucault

> … in every society the production of discourse is at once controlled, selected, organised and redistributed according to a certain number of procedures, whose role is to avert its powers and its dangers, to cope with chance events, to evade its ponderous, awesome materiality. *The Discourse on Language.* (Foucault, 1972b, p. 216).

There are many understandings of what constitutes 'discourse' in the multiple variants of discourse analysis that exist (Burr, 2003; Gill, 2000; Jørgensen & Phillips, 2002). For example, one variant of discourse analysis involves critical linguistics or critical language studies and is closely associated with the discipline of linguistics or semiotics, while another discourse analytic tradition is influenced by what is called "speech-act theory" or "conversation analysis" (Gill, 2000, p. 174). The discourse analysis engaged in for this thesis is theoretically and analytically informed by a Foucauldian post-structural perspective and therefore does not adhere to the realist view of language nor to the notion of a "unified coherent subject" speaking (Gill, 2000, p. 174). As an understanding of discourse is central to this thesis, I explicitly delineate the conception of 'discourse' according to Foucault.

Discourse for Foucault does not only represent a text or a linguistic usage, rather discourse entails all of the "rules, divisions and systems of a particular body of knowledge" (Foucault, 2008, p. 99). For instance, medical discourse represents a body of knowledge that includes rules, principles and procedures for classifying and partitioning knowledge, all of which outlines and delimits the discourse (Foucault, 1972b, 2008). However, Foucauldian discourse also refers to the practices through which certain concepts and objects are formed (Foucault, 2008). That is, discourses form relationships between things; their rules and procedures make objects and concepts thinkable and governable, and

therefore have the power to shape our understandings of the world (Arribas-Ayllon & Walkerdine, 2008; Burr, 2003; Markula & Pringle, 2006). Discourses are productive in the sense that they have discursive and material effects. In this thesis, I contend that the public health discourse has productive effects with regard to how it shapes play for children. In short, discourse is a "bounded body of knowledge and associated practices" through which we perceive and understand the social, the cultural and the material worlds in which we live (Lupton, 1999). Discourses thus constrain but also make possible what can be said and done about various phenomena (Lupton, 1999).

Foucault used the term discourse to mean multiple things, and Markula and Pringle (2006) highlight three main understandings of discourse that Foucault (1972a) put forward in his book *The Archaeology of Knowledge*. Foucault (1972a) described discourses first as "the general domain of all statements", second, as sometimes being "an individualizable group of statements", and third, as sometimes also a "regulated practice that accounts for a certain number of statements" (p. 80).

First, when considered a 'general domain of all statements', discourse indicates statements that come together in particular social contexts and, as a discourse, take on particular meanings or have particular effects such as producing understandings about a concept or an object (Markula & Pringle, 2006). Such a discursive effect of a public health discourse on children's play might, for example, produce an understanding of the concept of 'healthy play' as well as the knowledge of how to enact this behaviour.

Second, described as an 'individualizable group of statements', a discourse indicates a group of statements that all refer to the same phenomenon (Markula & Pringle, 2006). Foucault (1972a) argued that discourses should not be treated as "groups of signs (signifying elements referring to contents and representations) but as practices that systematically form the objects of which they speak" (Foucault, 1972a, p. 49). Discourse is thus not seen as a representation of reality in language, but as a series of practices that shape our perceptions of what we conceive of as real (Markula & Pringle, 2006). Discourse thus does more than simply designate objects that pre-exist and are irreducible to language

(Foucault, 1972a; Markula & Pringle, 2006). In this way, a public health discourse on the topic of children's play is not seen as simply representing the reality about 'healthy play', but as involving a series of statements and practices about this topic that shapes how we understand it.

The third usage of discourse, as a 'regulated practice accounting for a certain number of statements', refers to the unwritten discursive rules that shape particular social practices (Markula & Pringle, 2006). These unwritten rules help regulate the statements that are produced and, as such, regulate and control what can be thought, understood and perceived about the social practice (Markula & Pringle, 2006). Concerning the social practice of children's play, discourse as a regulated practice involves unwritten rules regarding 'childhood', the 'healthy child', and what is considered 'risky' for children's health and well-being. These rules delineate what can be written, said and even perceived about 'children's play'.

In summary, unlike viewing discourse as an instance of linguistic usage, Foucault (1972b) examines the procedures that govern the production of discourse, emphasising its materiality and highlighting the historically contingent rules and conditions that are a part of discursive statements (Arribas-Ayllon & Walkerdine, 2008). Examining Canadian public health texts that have begun to address children's play as a discourse will help highlight the knowledge and ideas underlying this discourse as well as the practices invoked to regulate children's behaviours.

4.3.2 Foucauldian discourse analysis: Examining problematisations, technologies of power, technologies of the self, and subjectification

The way that a discourse analysis should be conducted is an issue that is highly contested, especially as it has been viewed principally as a theoretical approach and not a concrete method per se (Arribas-Ayllon & Walkerdine, 2008; Burr, 2003; Gill, 2000; Jørgensen & Phillips, 2002). As Gill (2008) points out, conducting discourse analysis does

not only require a definition, but also involves taking up a theoretical position and set of arguments. This thesis is theoretically informed by Foucault's post-structural approach to discourse, and in this section I will outline the main elements of a Foucauldian discourse analysis.

Arribas-Ayllon and Walkerdine (2008) suggest there are "no set rules or procedures for conducting Foucauldian-inspired analyses of discourse" (2008, p. 91), and discourse analysts do not adhere to a distinct method or technique (Alldred & Burman, 2005; Jørgensen & Phillips, 2002). According to Alldred and Burman (2005), however, most discourse analyses agree:

> first, that language is structured so as to produce and constrain sets of meanings; second, that the social world can only be accessed and interpreted via language; and third, that this therefore means that it can only be studied via an approach that explores the work done by language (p. 178).

Indeed, several discourse analysts have outlined applications of Foucauldian discourse analysis (Alldred & Burman, 2005; Arribas-Ayllon & Walkerdine, 2008; Bacchi, 2009, 2012; Jørgensen & Phillips, 2002; Markula & Pringle, 2006; Rose, 2007; Wright & Harwood, 2009) and these applications (or methodological 'guides') share several commonalities. For instance, they include attention to: 1) 'problematisations' (i.e., putting into question of accepted 'truths' or making discursive objects and taken-for-granted practices 'problematic') (Arribas-Ayllon & Walkerdine, 2008; Bacchi, 2012); 2) the examination of subject positions and subjectification (i.e., repertoire of discourses made available, and the examination of how subjects are constituted through the availability of particular discourses) (Arribas-Ayllon & Walkerdine, 2008; Bacchi, 2009; Harwood, 2009; Jørgensen & Phillips, 2002); and 3) technologies of power (i.e., those that govern human conduct at a distance) and technologies of the self (i.e., techniques by which individuals regulate their own conduct) (Arribas-Ayllon & Walkerdine, 2008). I will outline these three commonalities below.

With regard to problematisations, Bacchi (2009) has created an analytical question-posing guide for conducting discourse analysis which she calls a "What's the problem

represented to be?" approach (see Appendix A). This analytical guide is based on Foucault's discussion of problematisation and is a "way into the thinking behind particular forms of rule" (p. 30), and a way to call into question the taken-for-granted assumptions in institutional documents and policies (Bacchi, 2009). Bacchi (2009) writes that problem representations include the ways "a particular policy 'problem' is constituted *in the real*" (Bacchi, 2009, p. 35, emphasis in original). These representations of problems are elaborated in discourse, and to understand the ways in which we are governed, we have to examine the problem representations that exist in discourses such as particular policies or interventions. This involves questioning the 'problems' that are presumed to exist and interrogating the way these 'problems' are thought and written about (Bacchi, 2009). Bacchi (2009) argues that the dominant conception of a problem is but one of many possible ways a problem can be constructed, and that it is through discourse analysis that one can challenge the assumption that governing practices are merely reacting to problems that already exist 'out there' in the world.

Foucauldian discourse analysis also maintains that subjects are created in discourses and that discourses make subject positions available through the discursive construction of certain forms of knowledge (Markula & Pringle, 2006). A subject position identifies a "location for persons within a structure of rights and duties" for those who take up the subject position (Arribas-Ayllon & Walkerdine, 2008, p. 102). In the case of this thesis, subject positions include the repertoire of discourses (i.e., about healthy play, the 'healthy child' etc.) that are available for children and families (Harwood, 2009). A discourse analysis examines the taken-for-granted assumptions that exist in the formations of these subject positions. For instance, Foucault (1980b) has suggested that the analysis of discourse involves examining:

> how things work … at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours etc…we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts etc (p. 97).

A Foucauldian discourse analysis would therefore include an examination of the discursive construction of the public health knowledge that makes particular subject positions available for children, and would involve the questioning of taken-for-granted notions that underlie the formation of specific subject positions regarding children and their leisure activities.

Relatedly, Arribas-Ayllon and Walkerdine (2008) write that a discourse analysis also has to examine the modes of subjectification. Modes of subjectification refer to "the making of subjects through two kinds of technologies: power and self" (Arribas-Ayllon & Walkerdine, 2008, p. 103). Technologies of power are practices that govern our actions from a distance; subjects are constituted through these technologies of power "by acts of 'subjection'" (Arribas-Ayllon & Walkerdine, 2008, p. 103). As mentioned in the previous chapter of this thesis, technologies of power include the practices through which people are categorised, disciplined and normalised, and over which they themselves have little influence (Markula & Pringle, 2006). For instance, two significant technologies of power include the scientific classification of people and the practices that divide people into groups (Markula & Pringle, 2006). In this thesis, modes of subjectification include the kinds of subjects or 'citizens' that the public health discourse aims to produce through various technologies of power. For instance, classifying children as at risk for obesity, or dividing children according to the categories of sedentary/active, healthy/unhealthy works to constitute children as particular subjects.

Furthermore, it is through the technologies of the self that subjects are constructed through the action they take on themselves, for instance, by engaging in practices of self-regulation (Arribas-Ayllon & Walkerdine, 2008, p. 103). This relates to Foucault's understanding of power as productive and relational, in which an individual is at once subjected to certain controls but also has agency to use this power (Markula & Pringle, 2006). Individuals are influenced by, and also influence, power relations and thus become subjects within these power relations (Markula & Pringle, 2006).

Methodologically, Foucault (1980b) suggests that conducting discourse analysis involves an "*ascending* analysis of power" (p. 99, emphasis in original) which would start from the local mechanisms of power to see how these are "invested, colonised, utilised, involuted, transformed, displaced, extended etc." (p. 99). He writes that an analysis of discourse would involve:

> studying power at the point where its intention, if it has one, is completely invested in its real and effective practices … at the point where it is in direct and immediate relationship with that which we can provisionally call its object, its target, its field of application, there – that is to say – where it installs itself and produces its real effects. …we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts etc. (Foucault, 1980b, p. 97).

4.3.3 Discourse analytical approach for the study of the public health discourse on play

In line with the four premises underlying social constructionism, a Foucauldian discourse analytic approach demands a critical approach to taken-for-granted knowledge, understanding this knowledge as historically and culturally contingent and thus problematising knowledge within discourse. It requires the acknowledgement of the socially constructed nature of 'truths' and knowledges and the recognition that there are important links between this knowledge and the actions that are possible within particular discourses. Furthermore, it recognises that such discourses make available certain subject positions through modes of subjectification.

Taking a Foucauldian discourse analytical approach in this thesis means adopting a critical stance towards the relationship between the public health discourse on children's play, the practices that are emerging as part of this discourse, and the various effects this may have for children's play. Conducting a discourse analysis highlights how public health identifies, constructs and gives shape to discussions addressing children's play. It emphasises the way the public health discourse is embedded in political, social and historical processes, and is shaped by scientific knowledge and health-oriented messages

more generally. Importantly, it underscores the creation of particular subjects (i.e., children, experts) through discourse.

4.3.4 Children's accounts of play in a discourse analytic approach

The inclusion of children's constructions of play is a way of examining the discursive and material effects of the public health discourse on play. For instance, this would include examining whether children take up the messages and subject positions that are available in the public health discourse with regard to health and play.

To integrate children within the research project, this component of the thesis draws on a sociology of childhood approach which implies the adoption of specific epistemological and methodological positions (Balen, Blyth, Calabretto, Horrocks, & Manby, 2006; Christensen, 2004; Darbyshire, MacDougall, & Schiller, 2005; Matthews, 2007; McNamee & Seymour, 2013). Matthews (2007) has written that contemporary sociology of childhood emerged with the 1989 United Nations Convention on the Rights of the Child (1990), after which children's rights began to be viewed as independent of adults' interests and activities. This 'new' sociology of childhood distinguished itself from the 'old' through several epistemological shifts (Darbyshire et al., 2005; Matthews, 2007; McNamee & Seymour, 2013). First, children came to be viewed as competent social actors who make sense of, and affect, the societies in which they live, as opposed to being passive recipients; second, childhood began to be characterised by plurality and children as heterogeneous, as opposed to the previous position which viewed children as a singular group; and third, children's relationships with peers, families and adults also began to be addressed, as opposed to addressing an individual child him- or herself (Matthews, 2007).

The sociology of childhood approach adopted in this thesis thus takes the view that research concerning children should be conducted with, as opposed to simply on, children by not "ignoring the views of children as active agents and 'key informants' in matters pertaining to their health and wellbeing" (Darbyshire et al., 2005, p. 419). Taking this approach reinforces the necessity of giving 'voice' to children's concerns and experiences

(Corsaro, 2011; Darbyshire et al., 2005; Matthews, 2007; McNamee & Seymour, 2013) and also implies acknowledging the importance of children's agency. It involves viewing children as creative and social agents that "produce their own unique children's cultures while simultaneously contributing to the production of adult societies" (Corsaro, 2011, p. 4). This means placing emphasis on a child's definition of an activity or situation and acknowledging that children are active in constructing their own meanings of the world (Burr, 2003) - in this case, their meanings of play.

Given the post-structural approach of this thesis, there is no aim to essentialise children's experiences of play, nor to present one particular 'children's truth' discourse on play. As highlighted by Alldred and Burman (2005), although analyses that give 'voice' to children are a way of treating children as active agents with distinct perspectives and that these analyses importantly recognise that dominant understandings of a topic might be "adultcentric" (p. 192), the authors suggest that this approach should not assume that a given child's perspective indicates a particular, uniform identity (Alldred & Burman, 2005). The authors argue that from a post-structuralist perspective, language (e.g., accessed through interviews) is a means of occupying a 'subject position' (rather than a 'perspective') and that different 'subject positions' may be occupied by children depending on time and context (Alldred & Burman, 2005). This challenges the notion that children as a group occupy one uniform identity and hold perspectives on a given topic that are "unitary, stable and consistent" (Alldred & Burman, 2005, p. 179). The aim of asking children about their ideas on play is thus not to produce a definitive understanding of 'what children think about play'; rather, it highlights the fact that children's meanings of play are connected with broader meanings attributed to playing which are embedded in other discourses, including that of public health.

Furthermore, Alldred and Burman (2005), argue that inconsistencies and contradictions in children's narratives should not be attributed to the 'less developed capacities' of children (Alldred & Burman, 2005). Instead, a discursive approach would locate children socially and culturally and acknowledge that these 'inconsistencies and contradictions' express features of the culture in which children are living, indicating that

there are a "multiplicity of discourses in circulation" that children can take up (Alldred & Burman, 2005, p. 180). From a post-structuralist perspective, children's narratives illustrate the different discourses and subject positions available to them; discourses that are, in turn, also indicative of concerns and themes that are currently culturally important (Alldred & Burman, 2005). The authors maintain:

> by not assuming that the accounts children give us simply tell us what is going on inside their minds, discursive approaches interrupt the temptation either to over-attribute to the particular individuals or to romanticize 'children's perspectives' (Alldred & Burman, 2005, p. 180).

Such an approach would mean connecting individual children's constructions of play with the broader social context and meanings attributed to play, including those made available through public health discourses.

Another concern raised with regard to approaches aiming to 'give voice' to children is that these may simultaneously alienate the group being represented. For instance, despite the wish to research and hear children's voices on particular issues, Alldred and Burman (2005) claim that we must "guard against the risk that, by drawing attention to them as a particular social group, we construct children as 'little aliens'" (p. 192). With regard to play research, Sutton-Smith (1995) has similarly argued that there is a tendency to apply an "exaggerated dichotomy of children and adults" (p. 280). However, in this thesis, hearing and giving voice to children's constructions of play is relevant not simply because they are children as opposed to adults, but because it is their experiences of play (and not those of adults) that have substantively become the target of public health interventions and which are possibly being reshaped.

Overall, while viewing children as producers of meaning and knowledge, this thesis rejects the idea of children having uniform views about play. Rather, hearing from children about their play informs me about the diversity in, and the particularity of, children's constructions of play. Furthermore, this perspective highlights children's narratives, and the knowledge gained from children, as contingent upon the multiple discourses they are exposed to and the subject positions available to them. The approach in this thesis thus

seeks to gain children's multiple discursive constructions of play through the use of various methodological tools: child-guided photography of play and open-ended interviews with children about their play.

4.3.5 Photography and interviews: addressing children's discourse

Discourse is not only articulated in texts but also in visual materials and in the practices that are shaped by the discourse (Rose, 2007). As such, in order to explore children's constructions of play, multiple qualitative methods were used, including photography, as well as open-ended interviews. Using participant-driven photography together with open-ended interviews was based on the argument that as opposed to interviews alone, including photographs in research with children enables them to represent a greater variety of elements of their lives (Wang, 2006) and allows discussions to go beyond the question-answer interview. It also shifts control from the researcher to the participant through which the "the subject becomes the teacher" (van Auken, Frisvoll, & Stewart, 2010, p. 375).

Photography as a method, in which the child guides the photograph-taking process, has been deemed particularly appropriate for gaining children's perspectives (Clark, 1999; Darbyshire et al., 2005; Orellana, 1999). Several studies have successfully documented how the use of photography gives children the opportunity to voice their perspectives on social issues (Berinstein & Magalhaes, 2009; Clark, 1999; Orellana, 1999; Wang, 2006), their perceptions of their urban landscapes (Leavitt, Lingafelter, & Morello, 1998; Mitchell & Reid-Walsh, 2002; Rasmussen, 2004) and their conceptualizations of health (Hume, Salmon, & Ball, 2005; Morrow, 2001).

Specifically regarding play, photographs have been shown to generate different ideas and meanings about play from those derived singly from verbal interviews and they allow for the depiction of a variety of features and characteristics of play to be shown (Berinstein & Magalhaes, 2009; Darbyshire et al., 2005). Furthermore, drawing on methods whereby photographs are taken during child-led walks allow children to choose the context

and places of play that are relevant to them and to photograph these, while at the same time allowing for informal and 'in context' conversations that provide a wider contextualisation of the meanings attributed to the photographs taken (Ross, Renold, Holland, & Hillman, 2009). Photographs also allow for the spontaneous and unpredictable moments of play and the "emotional and exuberant aspects of play" (MacDougall, Schiller, & Darbyshire, 2009, p. 424) to be recorded.

Clark (1999) has argued that because of its ability to "portray behaviors in context, as well as to explore the meaning of those behaviors to the actors" (p. 40), interviews that are based on photographs allow children to visually depict and then to talk about their experiences (Darbyshire et al., 2005; Hume et al., 2005; Rasmussen, 2004). Furthermore, this methodology is an appropriately 'fun' and engaging way of having children visually "show and tell" (Clark, 1999, p. 40) about aspects of their play. As such, open-ended, photo-elicited interviews are chosen in this thesis to give children the opportunity to take photographs of their choice, to explain the photographs and to understand the meanings they constructed about play through their photographs.

4.3.6 Levels of reflection: on wearing several hats

Throughout my doctoral research, I have consistently worn two hats. One as a doctoral student within a department of public health where I was initially introduced to, and trained in, the dominant epistemological and methodological perspectives common to the health sciences; perspectives that are principally positioned in post-positivist objectivist traditions and which conduct research through experiment and measurement (Crotty, 1998). In conducting my doctoral research, however, I have donned a second hat, this one as a discourse analyst in which I have adopted the epistemological and methodological perspectives more common to the social sciences. This is also where I have positioned my research project. Given the multiplicity of hats, several levels of reflexivity are assumed.

According to Deborah Lupton (1995), for researchers in public health to engage in reflexivity involves the "ability critically to interrogate their use of knowledge and to

become aware of the interests they serve and reproduce as part of their working lives" (p. 13). This requires an awareness and critical examination of how dominant forms of knowledge on which public health draws are accepted and taken for granted (Lupton, 1995). Wearing the hat of a researcher within the field of public health, this engagement with reflexivity comes in the form of my doctoral thesis project itself.

Wearing the second hat warrants an altogether different level of reflection. Indeed, Rose (2007) cites Tonkiss (1998) who has written about the role of the discourse analyst:

> the discourse analyst seeks to open up statements to challenge, interrogate taken-for-granted meanings, and disturb easy claims to objectivity… it would therefore be inconsistent to contend that the analyst's own discourse was itself wholly objective, factual or generally true (Tonkiss, 1998, p. 259).

In order to engage in this form of reflexivity Rose (2007) suggests including "modesty in our analytic claims" (p. 168); making clear that there can be no claims to truth in a discourse analysis. As language and images are the basis on which this thesis interprets constructions of play, there can be no claim within the thesis to be "revealing the truth" (p. 168) about play either in public health or for children.

I also recognise that I have made interpretive decisions and choices throughout the research process and analysis, including choices about what to analyse, what to discuss, what emphasis to give certain materials, while leaving aside others (Rose, 2007). (Some of the details pertaining to choices and decisions are elaborated below in the 'Research Design and Method' section of this chapter). These choices have been informed not only by the theoretical interests of the thesis (outlined in the 'Theoretical Framework' chapter), but also by my background training in public health and my interest and training in social science research – all of this amounts to a set of assumptions that I bring to this research project. For instance, unlike some of the critical obesity scholars on whose work I draw (Fullagar, 2009; Harwood, 2009; Rail, 2012), I have chosen not to interrogate the assumption that obesity is a health concern for children, but rather to interrogate the way this problem assumption is represented and how children's play is integrated as a solution to this assumed problem. Another example is my assumption about childhood and research

participation. I have not included children who are younger than 7 years of age, the assumption being that they would be less able to engage, and less interested, in participating in research (i.e., handle a camera, enjoy discussing play). As Alldred and Burman (2005) have suggested, such discursive approaches highlight the interpretive nature of all stages of the research processes: from defining which texts to examine and which participants to interview, which occurs this well before the data analysis occurs, right to the written components of the research. This is why the authors suggest it is important for the discourse analyst, or any researcher, to highlight their own interpretive bent (Alldred & Burman, 2005).

A last level of reflexivity involves recognising that by conducting this research project, I am actively involved in the discursive formation of the notion of 'play for health' itself. That is, through the choice of research topic, my thesis is complicit in the construction of 'play for health' as an object of study around which concerns, discussions and debates collide. As my doctoral research is housed within a public health department, the discussion and findings around play in public health further bring the discussion of 'play for health' to life. Moreover, this thesis is written for a particular audience (i.e., public health researchers), an audience who may identify with the object of analysis in this thesis (i.e., public health interventions for children's physical activity). As such, not only am I wearing the hat of public health researcher and critical discourse analyst, but I am also asking my reader to reflect with me; I am asking that they wear several hats as well. This consideration of the institutional context in which the thesis is being created, interpreted and written is especially important, as Rose (2007) suggests the "institution and its audience are the co-authors of the analysis" (p.169)

4.4 Research Design and Method

4.4.1 Bringing two study components together

This study involves a qualitative research design that includes two empirical components. The first component is a discourse analysis of public health texts that

addresses children's play and the second involves an examination of children's visual and narrative constructions of play. These two components have first been examined individually in order to gain a deeper understanding of the two discursive constructions of play. These, respectively, satisfy the study's Objective 1 which aims to identify the dominant positions, knowledges, assumptions and practices underlying the public health discourse on children's play, and Objective 2 which is an exploration of children's discursive constructions of play. Finally, in order to juxtapose the two distinct constructions of play, these two components are put in dialogue with one another. This addresses Objective 3 of the study, which investigates how the public health discourse shapes the meanings and affective experiences of playing for children while examining whether children reproduce the public health discourse. These different analytical components allow for the authority of public health texts to be disrupted and the assumed lack of expertise of children to be questioned (Fullagar, 2009).

4.4.2 Quality Criteria

The longstanding debate over the necessity of outlining quality criteria for qualitative research has meant that there is no consensus about how to evaluate 'quality' or rigour as it is commonly done in quantitative research (Creswell & Miller, 2000; Guba & Lincoln, 1985; Tracy, 2010). For instance, quality in traditional scientific research (i.e., natural sciences, epidemiological research) is evaluated on the basis of the validity and credibility of the knowledge and findings produced (Gendron, 2001; Guba & Lincoln, 1985). Creswell and Miller (2000) discuss a set of four criteria as a way to establish validity in qualitative research. These criteria include credibility, transferability, dependability and confirmability and parallel those used in quantitative research (i.e., internal validity, external validity, reliability and objectivity) (Creswell & Miller, 2000). First, credibility seeks to gain the readers' confidence in the findings, and might include prolonged engagement with the field or the triangulation across methods and across investigators. The second is transferability, which includes the provision of a detailed picture of the research setting to allow for the applicability of findings to be judged. The third, dependability, includes the keeping an audit trail, documenting data collection, the methods, and the

decisions made along the way. Finally, confirmability is a type of self-critical reflexive analysis of the methodology used (Creswell & Miller, 2000; Guba & Lincoln, 1985).

Creswell and Miller (2000) regroup these criteria into a useful framework which aligns the paradigmatic assumptions of the research and the particular lens for examining validity. Although the authors outline the validity procedures according to three particular qualitative research paradigms (i.e., post-positivist, constructivist, critical), this thesis, which is positioned within a post-structural (and critical) perspective, employs multiple procedures from the different paradigms outlined by Creswell and Miller (2000). I will discuss the procedures I used in my research (i.e., researcher reflexivity, audit trail, peer debriefing and triangulation), and will also present a brief critique of the reliance of such quality criteria.

First, according to Creswell and Miller (2000), researcher reflexivity involves the process by which researchers report on personal beliefs, values and biases that might influence their analysis. As I consider reflexivity important in research generally, I integrated reflexive thinking – and emphasised the value of critical reflexivity – as a fundamental component of my doctoral work. This was specifically relevant in reflecting on my role as researcher as it relates to my field of research and my topic. Second, Creswell and Miller (2000) suggest that an audit trail provides clear documentation of research decisions and research activities and may include such processes as keeping a journal or fieldnotes, keeping a log of research activities and a chronology for data collection and analysis. In this thesis, I took detailed fieldnotes during and after my data collection sessions with the children. For both the recruitment of children and the collection of public health documents for the discourse analysis, I kept a log of my activities: contacts made, recruitment efforts and websites consulted. Decisions about which documents or organisations to include in the study were noted, as were, for instance, decisions made about families who were interested in participating, but who did not meet inclusion criteria (e.g., living off the island of Montreal). Notes for each analytical stage were also kept and decisions made in that regard always noted.

Third, Creswell and Miller (2000) discuss peer debriefing. This includes the review of the material collected by a peer who is familiar with the research phenomenon being explored. Both of my research supervisors provided such debriefing about decisions made at all stages of the research process, and they challenged my assumptions and my thinking as well as the interpretations I made about my material throughout. Another critical source of peer debriefing was a group of research colleagues to whom I frequently presented, and with whom I often discussed, my research. These colleagues also provided important critiques and interrogations of my epistemological assumptions, methodological choices, and analytical interpretations. Last, triangulation is the procedure by which researchers examine their research themes using multiple sources of information, for instance, across data sources, across different methods, and among different researchers. In this thesis, and within each of the study components, I relied upon several data sources. For the public health discourse analysis, I searched broadly in nine different public health organisations for texts relevant to children's health and play. Furthermore, in order to understand children's constructions of play, I relied upon several methods, including photographs taken by children, interviews with children about their play, as well as extensive fieldnotes taken during both data collection sessions.

Having outlined these quality criteria, I would like to present a caveat to the discussion, and consider the argument about whether aligning post-structural research with quality criteria is entirely appropriate (Alldred & Burman, 2005; Fusco, 2008). That is, do such quality criteria represent the desire to reach a form of 'truth' which post-structural perspectives tend to reject (Fusco, 2008)? Fusco (2008), for instance, has questioned whether adopting and presenting research according to such methodological procedures as described above moves the research away from a defining characteristic of post-structural research: the rejection of the need to produce, or suggest to have a claim to, the 'truth'. Fusco (2008) argues that these quality procedures, such as triangulation are in fact positioned within a positivist framework "that has an 'obsession for completeness'" (p. 162). While triangulation, for instance, aims at establishing multiple perspectives and multiple 'truths' on a research object, Fusco (2008) cautions that adherence to these quality criteria should not be viewed as a tool that will bring us closer to a particular 'truth'.

Rather, it should be viewed as a way of considering different kinds of questions from different perspectives about a same topic and "making some accurate comments about the everyday world" (Fusco, 2008, p. 163). As such, while having adhered to several of the procedures for quality in my research, as noted above, I also do not suggest that these have brought me closer to a 'truth' about the construction of play in public health, or the truth of what play means for children. Rather, I see these procedures as allowing me to make careful and partial observations about one of many ways in which play is currently being constructed in Canadian public health and the diverse ways in which it is being constructed by the children in my study.

4.4.3 Public health discourse on children's play

In order to examine the public health discourse, a decision about what represents 'public health discourse' had to be made. At first, public health academic literature discussing play and health for children was to be the source of public health texts. However, as this literature stemmed from a wide range of health-related disciplines (e.g., psychology, kinesiology, physical education, occupational therapy), a cohesive body of public health academic literature could not be constructed. Furthermore, after initial searches online, Canadian public health organisations and related sites whose aim is to directly teach, encourage and promote public health activities in the population emerged as important. Indeed, the public health organisations that produce health-related websites, reports and campaigns are the most direct and widely accessible sites of pedagogy for the population and thus would most directly shape families and children's information with regard to health and play. As such, these organisations and the materials they produce became the focus of the public health discourse analysed. The influence of the academic public health literature was not lost, however, because this literature informs and is brought together in the public health grey literature upon which health campaigns or recommendations around children's play are made.

4.4.3.1 Public health organisations

The decision of which organisations to target for the document search was done in consultation with my research supervisors who have expertise in public health and physical education research. The first step was to identify national organisations most pertinent to Canadian public health that address children's health, physical activity, obesity, children's leisure and play. The identification of relevant organisation, began broadly, and first included the two principal Canadian public health organisations, the PHAC and Health Canada (HC). The Québec provincial public health institute *Institut National de Santé Publique du Québec* was also included as a possible place for additional texts that may reach the Montréal families and children who participated in this study.

Two affiliated intervention-oriented organisations focusing on children's physical activity and health were also included: AHKC and ParticipACTION. AHKC is a national charitable organisation producing "knowledge, insight and understanding that influences thinking and action" to increase physical activity among children (Active Healthy Kids Canada, 2013). AHKC produces yearly *Physical Activity Report Cards for Children and Youth* which report on the state of physical activity among Canadian children and youth. ParticipACTION calls itself the "national voice of physical activity and sport participation in Canada" and supports AHKC's work by creating physical activity campaigns, providing communications strategies, marketing and public relations. ParticipACTION also provides research and intervention resources for other interested groups (i.e., schools, parents, community) (ParticipACTION).

Lastly, a not-for-profit voluntary association representing public health in Canada, the Canadian Public Health Association (CPHA) was included as well as three research institutes that provide the evidence base for interventions on exercise, physical activity, fitness and health: CSEP, CFLRI and Canadian Institute for Health Information (CIHI).

Once the nine organisations were identified, each was examined for its relevance to health, physical activity, obesity, leisure activities and play as applicable to children aged 7 to 11 years old. In the end, two organisations (CIHI and CPHA) were eliminated from the

study because these sites provided little information that was not redundant with the information available on the principal public health sites (PHAC and HC), and the information provided did not, for the most part, address children's leisure or play. The INSPQ was included in all the searches, but much of the information available on their site about children's health, physical activity, obesity, leisure activities and play reflected what was also available on the federal Canadian organisation websites, and so it was decided that there would be no need to specifically examine the provincial public health organisation as well.

In the end six organisations were searched for texts relating to my topics of interest (Table 1 below. For descriptions of the organisations, see Appendix B). The texts collected were analysed in Article 2 and addressed Objective 1 of the thesis.

Table 1. Research Organisations Consulted

Federal Governmental Organisations	Website
1. Health Canada (HC)	www.hc-sc.gc.ca
2. Public Health Agency of Canada (PHAC)	www.phac-aspc.gc.ca
Intervention oriented organisations	**Website**
3. ParticipACTION	www.participaction.com
4. Active Healthy Kids Canada (AHKC)	www.activehealthykids.ca
Research institutes	**Website**
5. Canadian Society for Exercise Physiology (CSEP)	www.csep.ca
6. Canadian Fitness and Lifestyle Research Institute (CFLRI)	www.cflri.ca

In order to address Objective 3, which is analysed in Article 4 of this thesis, the two research institutes (CSEP and CFLRI) were omitted. Only the two principal federal public health agencies, HC and PHAC and the two principal promoters of physical activity and 'active play', AHKC and ParticipACTION, were consulted for texts. It was most pertinent to focus on the intervention organisations (AHKC and ParticipACTION) for Article 4

because their intervention and campaign materials explicitly target children and families and thus engage most directly in biopedagogical practices.

4.4.3.2 Text sampling

Each organisation's webpage was first systematically and broadly searched for information that related to children's health, obesity and the promotion of physical activity. These themes were identified based on the focus of the thesis and general observations about the way play was being taken up in the context of physical activity promotion in Canadian public health. Within these searches, an additional search included the themes of play and risk/safety. In order to find as much information about these themes as possible, the searches included the keywords: children; child; youth; health; obesity; physical activity; sedentary; inactivity; leisure; games; sports; play; risk; safety; pleasure/fun. To allow for a comprehensive representation of public health documents, the search for documents continued until commonalities and similarities were found between documents and additional texts did not add new information concerning the public health discourse around children's play, often referred to as saturation (Creswell, 2007). Furthermore, sites were searched for links to other sites with related information. Each site was searched twice to avoid information and documents being missed during the first search.

The types of texts collected included: informational webpages, reports, workbooks for parents and children and media releases. Documents already available as pdfs on webpages were downloaded as such, while texts available only on the webpages were transformed into pdf and saved electronically. All texts were publicly available online and written/published between 2004 and 2012. This time span was selected because it signalled the time at which 'play' was established as a strategy for preventing obesity and a focus of Canadian public health interventions aimed at children.

After a broad search of the six main organisations, 321 documents relating to at least one of the main topics was downloaded. Each document downloaded was read, but was only selected for further analysis if it related to children *AND* health *AND* one of more

of the other keywords. From these, 150 documents were selected to make up the body of texts for the discourse analysis in Article 2 (see Appendix C for list of documents). The first search for texts began March 2011 and was completed on October 2011. A second search was conducted in July 2012 because AHKC had released its most recent *Report Card* with the theme of the *Report Card* specifically promoting 'active play'. As such, this *Report Card* and related promotional materials were included in the study.

For Article 4, which examines both public health texts as well as children's narratives, fewer, texts referring specifically to active play were included from the four organisations. Three texts were included from HC and three texts from PHAC based on their relevance for children's obesity, physical activity, risk and play. Five texts were included from AHKC, which specifically referred to their *Report Cards* (2010, 2011 and 2012) and seven texts were included from ParticipACTION which also referred to AHKC's *Report Cards,* physical activity campaigns, worksheets for children and tips for families about how to engage in active play.

4.4.3.3 Data management and coding

A coding scheme was developed based on the theoretical aims of the project, but also based on multiple readings of the texts and on discussions with my supervisors (see Appendix D for codes and definitions). The codes were developed from the project's theoretical interests in such a way that they would also be comparable with the analytical aims of photography and interviews with children, this way enabling theoretical and analytical coherence between the two study components.

The coding scheme was first developed deductively based on the overarching themes developed from my theoretical approach. For instance, the initial coding themes were informed by the project's aim to examine the cultural and political assumptions inherent in the public health discourse around children's play. The codes were also based on how the texts, as technologies of power, invoke strategies that govern children's behaviour at a distance and how these are imposed as imperatives of health on children's play activities.

From these aims, three main themes were developed and provided the frame of the coding scheme: "Imperatives of Health"; "Technologies of power"; "Cultural and political values and assumptions" (Appendix D).

Each of these broad themes was developed into more specific codes, and sub-codes (Appendix D). These were developed iteratively through readings of the documents and further discussions around the theoretical aims of my project. When considering the theme "Imperatives of Health" the codes developed helped interrogate the public health texts for the prescriptions, recommendations and expectations with regard to children's health, play and physical activity, as well the justifications for these prescriptions, recommendations and expectations. The codes developed from this theme thus touched on how children's leisure activities were framed within a physical health imperative. Seven codes and two sub-codes were developed from this theme. One example of a code developed in this theme includes the central code "Physical Activity = Play". This code included any instance of play which was equated with physical activity in the public health documents.

When considering the theme "Technologies of power", the codes developed helped interrogate texts for the public health strategies, interventions and discursive practices aimed at regulating children's physical bodies as a way to ensure that the population of children become sufficiently (i.e., normatively) healthy, productive members of society (Appendix D). The codes developed from this theme addressed the surveillance strategies applied to children's health, the normative judgments made about children's health and behaviours as well as the ways in which categories and divisions were created to position children as particular subjects as a way of encouraging desired behaviours and discouraging undesirable behaviours. For instance, an example of a code developed in this theme includes "Risk/ Safety around play". This included any discussion of risk and safety in reference to children's play within the public health documents.

Lastly, when considering the theme "Cultural and political values and assumptions", the codes developed helped interrogate texts for the taken-for-granted knowledge, political and cultural values and assumptions that are the basis of many public health discourses

(Appendix D). The codes thus identified particular terms or rationalities that recurred frequently in the discourses on children's health and play, the use of which would underscore certain assumptions and values. For instance, several codes identified the reliance on particular forms of scientific and biomedical evidence and ways of conceiving of health and the body. Furthermore, because neo-liberal values underlie much public health research and practice (Nadesan, 2008; Petersen & Lupton, 1996), several of the codes recall concepts that are prevalent within a neo-liberal political rationality. An example of a code developed in this theme includes "Productive, Utilitarian Activities". This included any discussion of children's play or leisure as useful or productive for health, society or for economic reasons.

Several codes were also developed inductively based on topics that recurred in the documents (Tesch, 1990). For instance, recurring concepts relating to children's play were noted and when occurring in more than five documents, were defined as codes. These included: active gaming; sedentary play; socio-economics; social changes; gender. The final coding scheme was validated with a colleague familiar with, but uninvolved in the project. This included going through the coding scheme together and then coding several texts separately. Afterwards we discussed the texts and the codes used. There was not substantial disagreement, although when there were small differences in coding technique used or uncertainties with regard to the codes and their definitions, the discussion allowed the codes to be clarified and refined for the coding of the remaining texts. The documents were first coded by me, then discussed with my supervisors and then further analysed through multiple readings of the texts.

4.4.3.4 Analysis

Each text was uploaded into a qualitative software analysis programme, TAMS Analyzer. TAMS Analyzer was primarily used to facilitate the organisation of the textual data, but it also allowed for large amounts of data to be visualised, examined and easily coded. The programme also permitted me to regroup and search all of the textual material

afterwards according to code and thus to examine how any particular code emerged across all documents.

For the discourse analysis in Article 2, Bacchi's (2009) analytic question-guide for discourse analysis was used to further analyse the material (see Appendix A). Bacchi (2009) suggests beginning an analysis by identifying a central prescriptive text in a discourse to examine the actions proposed regarding a given problem. I identified the government-commissioned *Canadian Physical Activity Guidelines* (CSEP, 2011) as a central prescriptive text. The *Guidelines* were selected since they have been widely disseminated by all Canadian public health organisations. The coding of the *Guidelines* fell under the sub-theme: "physical activity promotion", subsumed under the broader theme "*Imperative of Health*". This document is the starting point for addressing Bacchi's (2009) first analytic question, '*What's the problem represented to be?*'.

To address Bacchi's (2009) second question, '*What assumptions and values underlie the discourse?*' I examined the documents that disseminate the *Guidelines*. Specifically, I analysed the coded text segments that were subsumed under my broad theme "*Cultural and political values*" covering the sub-themes: "utilitarian, productive activities"; "pleasure/fun as physical activity"; and "responsibility for activities". Addressing another of Bacchi's (2009) questions, '*What discursive and subjectification effects are produced in the discourse?*' involved the analysis of the coded text segments that were subsumed under the broad theme "*Technologies of power*" covering the sub-themes: "normalisation", "surveillance", "obesity epidemic", "subject categories", and "dividing practices". For more information on the analytic process taken, see Appendix E.

These three questions taken from Bacchi's guide to discourse analysis refer to the questions 1, 2 and 5 as listed in Appendix A. However, there remain three questions which I have not addressed. That is, while her question 4 (*What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?*) and her question 6 (*How/where is this representation of the 'problem' produced, disseminated and defended? How could it be questioned, disrupted or replaced?*)

are not explicitly addressed as questions in Article 2, they nonetheless constituted part of the overall question-posing and analysis undertaken; they are not part of the explicit frame the article's analysis, but these questions were implicit in the analysis of the literature. The only question that was omitted was question 3 (*How and where has this representation of the 'problem' been produced, disseminated and defended?*). Answering this question was not possible because it would have required a complete Foucauldian historical tracing of active play (*genealogy*). Although this historical perspective was touched on as part of the thesis as a whole, the inclusion of this analytical question was not possible in the analysis of Article 2.

4.4.4 Children's narratives

4.4.4.1 Recruitment and participant profile

Children and families were recruited through a number of avenues, including snowball sampling and recruitment posters displayed in youth centres (i.e., YMCA, day camps, recreation centres, libraries, youth centres in various parts of the city of Montréal) (see Appendix F for the list of recruitment sites). Since activities such as playing are contextual and socially situated (Coveney & Bunton, 2003), efforts were made to recruit children from different socio-economic backgrounds. For instance, the recruitment through posters and active handing out of flyers (e.g., youth centres, libraries and convenience stores) targeted Montréal neighbourhoods characterised as both high- and mid socio-economic status (SES) (i.e., Mile End, Outremont, Rosemont-Petite Patrie) and low SES Montréal neighbourhoods (i.e., Pointe St. Charles, Parc-Extension, Hochelaga-Maisonneuve, Verdun).

A sample of 25 English and French speaking boys (10) and girls (15) aged 7 to 11 years living on the island of Montreal were recruited for the photography and interview sessions. Four children were 7 years old, nine children were 8 years old, seven children were 9 years old, two children were 10 years old and three children were 11 years old. Of the 25 interviews, 22 were conducted in French and three in English and five children spoke a language other than French or English at home (i.e., Bengali, Armenian, Chinese,

Spanish and Greek). The sample included families from different neighbourhoods in Montréal and had a diverse SES (see Appendix G for socio-demographic information). While the sample was socio-economically diverse, most families were from middle to high range SES, and as such the findings may reflect this bias. The sample size of 25 was deemed sufficient given the amount and richness of the material collected which included children's photographs, interviews and the field and analytical notes taken during the two sessions. This permitted a diversity of play perspectives to emerge.

4.4.4.2 Photography and interviews

Parents/guardians who were interested in participating in the study contacted me by email or by telephone at which point I explained the study to them in detail and a first meeting for was arranged at a time convenient for the family. Data collection included two meetings with the child and a parent/guardian spaced approximately two weeks apart. Both sessions took place at the family's home and each lasted approximately one to one and a half hours.

During the first meeting the child and parents/guardians were given a verbal introduction to the study at which point the child or parent could ask any questions about the study and procedure. After the study was introduced and any questions had been answered, the consent forms were discussed and signed by parents (see Appendix H). Each child was loaned a digital camera, given instructions about its use for the study, and allowed some time to practice taking photographs. This was done so that the child could familiarise him/herself with the camera and think about what he/she might want to photograph. The child was then instructed to take photographs of anything inside and outside the home that he/she felt represented his/her play. The child was accompanied to all locations where photographs were taken and detailed observational fieldnotes were taken about the child's photography and any conversations had with the child (see Appendix I for details about observational fieldnotes). No limits were placed on the number of photographs children could take. Photographs were uploaded onto a laptop and viewed together with the child who was asked to select six favourite photographs. These were

printed and brought to the second meeting. For a complete list of photographs and their descriptions, see Appendix J, and for a selection of photographs taken by children additional to those analysed in Article 3 of this thesis, see Appendix K.

The second meeting included an open-ended interview with each child about play, using the six printed photographs he/she took during the previous session as the basis for conversation. Although it was important to collect as much data as possible, I was mindful that focussed discussion with children may be interrupted by their wish to play or they may become tired (Darbyshire et al., 2005; MacDougall, Schiller, & Darbyshire, 2004; Wang, 2006). As such, an informal setting was created (e.g., sitting on floor, photographs laid out) so that the child was able to handle the photographs, move them around and re-order them as he/she wished and could feel comfortable interacting with me; this as done so that the conversation was as playful as possible (Harrison, 2002).

A semi-structured interview guide was created to facilitate conversations around the analytical themes of the research project (see Appendix L for interview guide). Each interview session began with the question: "What do you think of when you think about playing", after which each child was free to direct the conversation or to enact elements of play. This component of the interview was then followed up by a series of question prompts. The interview prompts were based on the general interests of the study around play, physical activity and risk (Appendix L). As such, the first set of question prompts was created to gain children's own descriptions of what they consider play. The second set of question prompts related to the study interest in pleasure, risk and normative restrictions around play. The last set of question prompts was based on children's impressions of 'imperatives of health' in play and other health prescriptions for play. There was an attempt in these interviews to address some of the themes that were relevant in the public health discourse on play. For instance, because physically active play was emerging as important in the public health texts, this became part of the prompt for the interviews with children about their physical activity and play.

After completing data collection with the first four participants, some of the prompts were adjusted and some re-worded in consultation with my supervisors, because the question had either fallen flat with the children or was not sufficiently clear in the way it had initially been stated. Each child was given a disposable camera to thank them for their participation. All interview sessions were digitally recorded.

4.4.4.3 Data management and coding

As this study component produced a large amount of material, an important first step was to organise the visual and textual material for each of the 25 children, as well as the fieldnotes that provided contextual material for each child's two data collection sessions. All interviews were transcribed verbatim by two professional bi-lingual (French/English) francophone transcribers. After receiving the transcripts, I spot checked each transcript with the audio recordings for accuracy of the transcription, and also checked the segments of the transcripts that had been unclear and marked as such by the transcriber. These were verified with the audio recordings of the interviews. The audio recordings as well as the researcher fieldnotes were frequently consulted during coding as well, in order to be sure that the transcribed textual narrative was indeed representing the nature and meaning of the interviews.

Although children had been asked to select their six favourite photographs, they had been encouraged to discuss any photographs they had taken during the first session. As such, up to 14 additional relevant photographs (i.e., a maximum of 20 photographs per child) were included in the analysis to more fully capture children's visual representations. This resulted in a total of 418 digital photographs (see Appendix J). The interviews, photographs and fieldnotes were all labelled with an identifying pseudonym and number belonging to each child, and were also identified by their gender and age.

For an initial coding, the complete set of 418 digital photographs was systematically labelled according to its visual content (i.e., activity, setting) (Appendix J) and was linked with the corresponding interview transcripts and fieldnotes. These themes included basic

descriptive elements (Miles & Huberman, 1994) of the photographs, including the setting and the context (e.g., place, people in the photograph). This allowed me to get an overview of all of the photographs, especially regarding the forms of play children were representing in their photographs. These themes could be grouped in order to descriptively examine how often particular themes emerged across all children's narratives (e.g., how often animals or televisions had been photographed).

Before engaging in a second level of coding, the photographs, transcribed interviews and researcher fieldnotes were all entered into the qualitative data analysis program TAMS Analyzer. The programme was especially useful for organising the textual and photographic material together, and it allowed both the texts and the photographs to be easily visualised, examined and coded. For instance, viewing and coding each child's photographs immediately with his/her interview and corresponding fieldnotes allowed the analysis of themes emerging around play for each child to be more closely linked. However, the programme also permitted me to regroup and search all of the material (i.e., photographs, interviews and fieldnotes) according to individual codes and thus to examine how codes emerged across all of the material.

For the second level of coding, a coding scheme was developed for the children's photographs and narratives which was first developed deductively from the project's interest in investigating children's own constructions of play (see Appendix M for codes and definitions). These codes were developed in such a way that would allow them to be comparable to the themes examined in the discourse analysis of public health texts. They were not exactly parallel, but were linked sufficiently to the project's theoretical interests so as to enable theoretical and analytical coherence between the two study components.

For instance, three broad themes were created from the project's aim to account for children's diverse perspectives on play, their constructions of meanings around play, and also to examine whether their narratives about play are shaped by public health prescriptions about health, physical activity and play. From these aims, I developed the overarching themes as the frame for the coding scheme, which included: "Play

experiences"; "Types of play" and "Prescriptions for play". Each of these broad themes was then developed into more specific codes, and sub-codes. These were developed iteratively through readings of the texts and discussions around the findings of the discourse analysis of the public health documents (Appendix M).

When considering the theme "Play experiences" the codes developed helped examine children's photographs and narratives for their affective experiences playing, their varied descriptions of their daily play, as well as their views and experience of risk in their play. The codes developed from this theme thus touched on how children represented and constructed their experiences of play 'in their own words'. Four codes and four sub-codes were developed from this theme (Appendix M). For instance, an example of a code developed from this broader theme includes "Risky/ Safe play". This included any discussion of risky and safe play that children mention themselves or identify in others' play.

When considering the theme "Types of play" the codes developed helped examine children's photographs and narratives for the different ways in which children's play can be classified as structured or unstructured, as occurring in different places, as sedentary or active and the restrictions and permissions which are applied to children's play according to these different types of play. Seven codes and six sub-codes were developed from this theme (Appendix M). An example of a code developed from this broader theme includes "Non-organised leisure activities". This included any mention of leisure or play that children describe as unstructured by others (e.g., street hockey, knitting).

Lastly, considering the theme "Prescriptions for play" codes were developed to help examine children's photographs and narratives for the way in which children discussed or represented play as being scheduled, or as requiring their own self-management, or as an activity done as a means to a particular end. Four codes were developed from this theme (Appendix M). An example of a code developed from this broader theme includes "Play as means to end". This included any mention children made of playing for a particular purpose, or for a particular outcome (e.g., to learn, for fitness).

For this component of the study, codes were also developed inductively based on topics that recurred in children's photographs and narratives (Tesch, 1990). Several recurring concepts were noted and created into codes. These included: animals and play; creative crafts; nature play; play as challenge; reading; notion of resistance to prescriptions or rules (Appendix M). The final coding scheme was discussed with my supervisors and codes and code definitions were refined according to these discussions. Textual narratives and photographs were first coded by me, then discussed with my supervisors and then further analysed through multiple readings and the combination and re-combination of interview segments and photographs.

4.4.4.4 Analysis

The photographic and interview material as well as fieldnotes were analysed in an iterative process with the theoretical and analytical themes of the research that had also been developed for the discourse analysis.

TAMS Analyzer was used to help analyse the children's photographs and interviews and with this programme, textual reports were created for each code. This produced a single document (i.e., code report) that included all text segments and references to photographs that were labelled with a particular code for all 25 children. The individual code reports were then grouped into larger themes. These themes were based partly on the original themes (i.e., Play experiences, Types of play, Prescriptions for play), but after re-reading and re-organising the code reports, new themes were created. These themes included: play as an end in itself; play as emotionally relevant; play as physically active; structured and unstructured play; risk and play. These themes thus created the basis for the analysis presented in Article 3 of this thesis. For more information on the analytic process taken, see Appendix E.

4.4.5 Bringing the two data components together

A final analytical component of the study juxtaposes the public health documents with the children's narrative accounts of their play. For this analysis, the material from both components of the study was brought together in order to examine the commonalities and divergences within them. The themes that were identified in both study components included: structured/unstructured play; playing for physical activity; sedentary play; risk and play; self-governing play. In order to examine these concretely, text reports were created with the programme TAMS Analyzer for each theme individually for both the children's narratives and for the public health texts. This effectively resulted in two text reports (i.e., one for children's interviews and photographs, one for public health texts) according to each code which I then regrouped according to the larger themes mentioned above. Doing this I was able to examine the textual material coded within each theme and to determine how the two discourses on play compared to one another along similar themes. Furthermore, it permitted me to examine whether these two constructions of play, regrouped according to similar themes, had commonalities or divergences. That is, I identified some of the principal themes of the public health discourse on play and examined whether these same themes, as they were discussed in children's narratives, did or did not reflect the public health discourse. This provided the basis for how the two study components could be placed in dialogue with one another. This analysis is presented as the analysis in Article 4 of this thesis.

The analysis of these two components was further informed by a consideration of biopedagogies. This is one of this study's orienting concepts to help draw attention to the disciplinary pedagogies aimed at children's bodies and their play activities. The biopedagogical analysis for this study first questioned the knowledge and the authorities (i.e., pedagogues) who were providing 'instructions' to children and families, and the instructions (i.e., truth discourses) that were being given; second, it questioned the intervention strategies aimed at children and families regarding leisure and health; and third, it attends to the modes of subjectification through which children are brought to work on themselves through practices of the self.

4.5 Methodological Limitations

First, with regard to the photography and interview sessions with children, one limitation is that, while SES is deemed an important factor in shaping children's free leisure time and play experiences, I did not have a very socio-economically diverse sample. While there were significant attempts made to recruit a socio-economically diverse sample of children and families (see Appendix F for recruitment sites), families from the more disadvantaged socio-economic groups were more difficult to reach and engage in a research study. This may have resulted in a recruitment bias.

Furthermore, children spoke a great deal about their play experiences and preferences during their walking photography sessions, some of which was not captured again in the interview sessions. While I took as many notes as possible during the walking sessions and wrote fieldnotes directly after the sessions, some of the non-visual information about children's tone, excitement, and vocalised interest about play might have been lost. Recording these sessions might have been an advantage with regard to children's spontaneous reactions to the topic of play. That being said, recordings, while they were novel and seemingly interesting for many of the children, may also have hampered the freely flowing discussions I had during the first photography sessions with children. Given that the walking photography sessions were the first time I interacted with the child, recordings might have added an additional layer of novelty, and the spontaneous discussions about play during the walking photography sessions may have been lost altogether.

A limitation with regard to the discourse analysis of public health documents relates to the method of choosing the organisations that comprehensively represented the public health discourse on play. Public health, although briefly defined for this thesis, is nonetheless in its concrete form, expansive and relatively ambiguous; the decision as to whether an organisation belonged within public health or not was therefore not evident. Having taken a broad approach for the initial search of the nine organisations was an attempt to represent the scope and reach of public health in Canada, while the decision to

eventually limit these organisations to six was an attempt to create boundaries around the object of interest. Searching widely and exhaustively within these organisations and searching for the links between these organisations was also an attempt to identify a semblance of cohesion around the object of public health.

4.6 Ethical Discussion

With regard to ethical considerations of research conducted with children, every precaution was taken to ensure that children were kept safe and their identities confidential. For example, all verbatim responses once transcribed are reported through the use of a pseudonym. Only I have access to the personal information and identifying details of the participants (i.e., 'real' name, telephone number or address) and access to the digital recordings. In this thesis as well as any publications the names of all participants are replaced with pseudonyms.

Particular care was also taken with the digital photographs and their use. Photographs depicting the faces or other identifying information concerning the children remained confidential and none of these photographs has been used in publications. All electronic files (digital interview recordings and digital photographs) have been kept on a password-protected personal computer and I do not have hardcopies of the interview transcripts or photographs. No information that discloses the identity of the children has been released or published. Lastly, with regard to possible unintended consequences, parents/guardians partaking in the study were informed that the project is not intended to establish preferred or correct forms of playing for children, but that the project sought to understand a diversity of children's perspectives on play. Ethical approval for this study was received on February 25, 2011 from the University of Montréal's Health Research Ethics Committee and data were collected between April 2011 and March 2012.

CHAPTER 5. ARTICLES

Article 1. Playing for health? Revisiting health promotion to examine the emerging public health position on children's play (reprint copy)

Stephanie A. Alexander[1]*, Katherine L. Frohlich[1] and Caroline Fusco[2]

[1]*Department of Social and Preventive Medicine, IRSPUM, Université de Montréal, Pavillon Mont-Royal, 1430, boul. Mont-Royal, Montréal, QC, Canada H2V 4P3*
[2]*Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord Street, Toronto, ON, Canada M5S 2W6*
Corresponding author. ▉▉▉▉▉▉▉▉▉▉

Note regarding contributions to the article:

This article is based on the arguments made in my PhD proposal and it was written to clearly position the argument being made in my PhD thesis. My contribution to the article: I conceived of the argument and ideas of the article and wrote the entire manuscript. Drs. Frohlich and Fusco contributed through numerous discussions to the conceptualisation of the article's argument and provided feedback on several drafts of the manuscript.

Abstract
Concerns over dwindling play opportunities for children have recently become a preoccupation for health promotion in western industrialised countries. The emerging discussions of play seem to be shaped by the urgency to address the children's obesity epidemic and by societal concerns around risk. Accordingly, the promotion of play from within the field appears to have adopted the following principles: 1) particular forms of play are critical for increasing children's levels of physical activity; and 2) play should be limited to activities that are not risky. In this article, we argue that these emerging principles may begin to re-shape children's play: play is predominantly instrumentalised as a means to promote children's physical health, which may result in a reduction of possibilities for children to play freely and a restriction of the kinds of play designated as appropriate for physical health. We argue that within this context some of the social and emotional elements of health and well-being that children gain through diverse forms of playing are neglected. This has implications for health promotion because it suggests a narrowing of the conception of health that was originally advocated for within the field. Additionally, this reveals a curious paradox; despite the urgency to promote physical activity through play, this position may limit the range of opportunities for children to freely engage in play, in effect reducing their activity levels. We propose an example that promotes play for children and better aligns with the conception of health as outlined in the Ottawa Charter.

INTRODUCTION

The vision of health elaborated in the Ottawa Charter (WHO, 1986) centred on a "concept emphasizing social and personal resources, as well as physical capacities". This marked an important turn in public health signalling a move away from a primary focus on physical health and lifestyles to a vision that, while still promoting physical health, newly emphasized the importance of the "social, mental and behavioral domains" (Breslow, 1999)[p1032]. Health was envisioned to be more than just the prevention of illness, and the potential for creating health was seen to exist in all places in which people "learn, work, play and love" (WHO, 1986). This 'new' conception thus attached value to the day-to-day life experiences of enjoyment, pleasure and well-being as relevant contributors to health. This is particularly pertinent for children precisely because the elements of pleasure and enjoyment that are often part of children's play activities are important contributors to their overall health and well-being (Ginsburg, 2007).

Recently, discussions around children's play have begun to enter public health actions targeting children's health. Indeed, it seems an interest in play is beginning to emerge in these fields, one which emphasises: 1) the promotion of children's play (i.e., active play) as critical, primarily for increasing children's physical activity; and 2) increased efforts to promote structured active play for children, in which the control of risk is paramount. We believe that this may be cause for concern, and therefore in this paper we problematize public health's emerging position on children's play. First, we suggest that such a position demonstrates a narrowing of the conception of health (i.e., when children's play is instrumentalised for health, it appears to be promoted primarily for children's *physical* health). This seems to neglect the importance of play for children's social and emotional health. Second, we suggest that the emphasis on risk-avoidance in children's play may limit the diversity of children's play experiences and, moreover, it may sideline the potential benefits that exposure to some elements of risk in play activities have for children's health and well-being.

We argue that overall this emerging position on play may be neglecting some of the fundamental characteristics of play such as pleasure, freedom, creativity, adventure and risk. This is significant, since these characteristics are deemed particularly critical for children's social, psychological and physical well-being (Gill, 2007, 2010; Ginsburg, 2007; Gordon, 2009). Indeed, the broader health benefits of playing seem to align precisely with the conception of health as outlined in the Ottawa Charter (1986). Play (i.e., without explicit physical health goal or risk-regulation) may well exemplify the kind of activity that has the potential to promote health in more holistic and comprehensive ways. We conclude with an example of play promotion for children that we consider to be more in line with the Ottawa Charter's conception of health promotion.

This conceptual paper represents the analytical starting point for a larger research project we are conducting that involves a critical discourse analysis of public health documents addressing children's play. Here we present the main arguments and analytical findings that are further being developed in our research project.

BENEFITS OF PLAY

While there is no formal definition of play (designated free-play[i]), many researchers suggest that playing involves an activity that is pleasurable and enjoyable, unstructured and intrinsically motivated and is spontaneously pursued for its own sake without promise of external rewards (Caillois, 1961; Csikszentmihaly & Bennett, 1971; Garvey, 1977; Huizinga, 1949; Malaby, 2007; Pellegrini & Smith, 1998; Santer, Griffiths, & Goodall, 2007; Statler, Heracleous, & Jacobs, 2011; Sutton-Smith, 1997). Play is considered imaginative and creative, concerned with process not outcome, is often uncertain and ambiguous, and has few formal rules or constraints. In contrast with more structured or regulated forms of playing (e.g., adult organised activities, supervised play) which are often based on a priori rules and fewer options, playing *freely* provides children with greater opportunity to use their imagination, be creative and experiment with unfamiliar and challenging activities and roles in their environments (Smith & Pellegrini, 2005).

A relatively large body of research in the field of childhood education and development has established the importance of diverse forms of playing for early learning (see Cheng & Johnson, 2010). This research suggests that some forms of playing are important for academic learning, particularly for the development of language skills and understanding mathematical concepts, but also for learning social skills, for making friends and learning to negotiate with peers (Hirsh-Pasek & Golinkoff, 2008; Roskos, Christie, Widman, & Holding, 2010). Furthermore, research conducted in the field of occupational therapy has demonstrated the benefits of play for children's skill development (Rodger & Ziviani, 1999; Stagnitti, 2004; Sturgess, 2002). Indeed, this research has shown that both free and structured forms of play are critical in therapeutic settings with children to promote motor skills, sensory processing and perceptual abilities, for fostering cognitive and language development, while also being valued simply as an end in itself for children's well-being.

Another large body of research has specifically investigated the psychological benefits of free play during childhood (Elkind, 2007; Hart, 2002; S.M. Pellis & Pellis, 2007). For example, responding to debates around whether children should have time for play at school, some research has suggested that opportunities for children to play freely, especially during recess, are critical for their creative development and for their social and emotional well-being (Brown, 2009; Ramstetter, Murray, & Garner, 2010). As play theorist Brian Sutton-Smith (1997) has suggested, a principle value of play remains that "play for children, quite simply makes children happier"[(p32)].

Importantly, some researchers have found that the social, emotional, cognitive and physical benefits that children appear to gain from playing freely early in life come from engaging in play that is less supervised, less structured, more adventurous and that includes elements of challenge and risk (Gill, 2007; Hart, 2002; Sandseter, 2009; Sandseter & Kennair, 2011). A case in point for the critical role of play for children's health and well-being (i.e., physical, cognitive, emotional and social) is that it has been declared a fundamental right of every child by the Office of the United Nation's High Commissioner for Human Rights (1990).

DWINDLING OPPORTUNITIES FOR PLAY

While a growing body of research across a range of academic fields (e.g., psychology, childhood development, physical education, occupational therapy, evolutionary biology) has pointed to the benefits and important role that play has for children's life experiences (Cheng & Johnson, 2010), some literature has also pointed to the perception that children's free play is becoming a thing of the past, particularly for children living in western industrialized societies (Burdette & Whitaker, 2005a; Frohlich, Alexander, &

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[i] "Free-play" refers to play that is intrinsically motivated with limited adult intervention (Santer et al., 2007) and is used in contrast to increasingly dominant forms of play that are pre-structured and adult-guided.

Fusco, *in press;* Ginsburg, 2007; O'Brien & Smith, 2002; Sturgess, 2002). For example, in their research on parents' views of children's free play, Veitch, Bagley, Ball, and Salmon (2006) found that there are currently fewer opportunities for children to play freely outdoors due to parents' fears about unsupervised play. Similarly, Carver, Timperio, and Crawford (2008), who examined neighbourhood safety and active play possibilities, found that despite opportunities for active play in neighbourhoods, many children, especially those living in western industrialized cities, can increasingly be labelled "indoor children" and are becoming what has been called a "backseat generation" (Karsten, 2005)[p 284] because they are driven from one supervised and adult-structured activity to another.

Karsten (2005) has examined the historical changes in children's mobility in the city of Amsterdam, in the Netherlands between the 1950s and 2005. She explored what she called children's "shrinking territory"[p276] occurring due to changes in their freedom of movement. She found that public space in the city had been "transformed from a space that belongs to children…into one meant for adults and accompanied children only" [p287]. While Karsten (2005) acknowledges that contemporary societies can offer new activities and possibilities for children's play, she argues that the "supervised culture" of childhood and children's play is now "more focused in terms of time, space and activity" [p289]. As a result, children are exposed to less diversity in their play as they "meet a smaller number and variety of children"[p289] and social interactions are more limited. Similar conclusions have been drawn from research conducted on children's play in other western industrialised countries (Burdette & Whitaker, 2005a; Ginsburg, 2007; MacDougall, Schiller, & Darbyshire, 2009).

PUBLIC HEALTH POSITION ON CHILDREN'S PLAY

1. Physically active play

The dwindling opportunities for children's play have invigorated research interest and a renewed focus on finding opportunities to resurrect children's free play (Brown, 2009; Burdette & Whitaker, 2005a; O'Brien & Smith, 2002). It is within these contexts that discussions of play and its benefits have entered public health activities targeting children's health. Particularly, increasing discussions around the importance of 'active' play have begun to emerge because of widespread concerns for childhood obesity in western industrialised nations and the belief that children's body weights may be tied to reduced opportunities to play (Harten, Olds, & Dollman, 2008). Consequently**,** there has been increased motivation to promote play and advocate for more play spaces, such as playgrounds and parks, as "prominent places for children to engage in regular bouts of physical activity" (Potwarka, Kaczynski, & Flack, 2008)[p345].

Public health's concern for children's play has also led to an increase in research that seeks to identify and intervene on barriers to children's outdoor active play. All this attention has one main goal: to ensure increases in children's overall levels of physical activity. The new importance attributed play within public health can thus be viewed as primarily directed towards efforts aimed at reducing childhood obesity (Bringolf-Isler et al., 2010; Davis, 2007; de Vries, Bakker, Van Mechelen, & Hopman-Rock, 2007; Floyd et al., 2011; Kimbro, Brooks-Gunn, & McLanahan, 2011; Lumeng, Appugliese, Cabral, Bradley, & Zuckerman, 2006; Moody et al., 2004; Veitch, et al., 2006; Veitch, Salmon, & Ball, 2010).

For example, Farley, Meriwether, Baker, Rice, and Webber (2008) emphasize the importance of designing "activity promoting playgrounds" [p319] and suggest that it is critical to better understand the kinds of play spaces that are "most effective at stimulating physical activity in children"[p319] if obesity among children is to be addressed. Floyd, et al. (2011) have also examined the association between playgrounds, park characteristics and levels of physical activity. They recommend that play modules promoting park-based physical activity be structured and tailored to different age groups in order to enhance the activity levels of all children. Children's play opportunities in these instances are conceived of as ways to promote physical activity and, consequently, play environments and playgrounds come to be seen as "intervention sites for promoting physical activity among youth" (Moody, et al., 2004)[p438].

Within Canadian public health discourses, and equally observed in the American, Australian and UK public health discourses (Brockman, Fox, & Jago, 2011; Floyd, et al., 2011; Salmon et al., 2005; Veitch, Salmon, & Ball, 2008; Veitch, et al., 2010), there is a specific emphasis being placed on the amount of time during which children should be engaged in physically active play, on the appropriate

types of activities for children and the locations in which active play should take place. For instance, national public health agencies in both Australia and Canada have created recommendations for the number of minutes that children should be active each day (ADHA, 2004; PHAC, 2010). The Public Health Agency of Canada (2011) suggests that children should engage in "60 minutes of physical activity every day: at home, at school, at play" in order to meet the standards for healthy childhood development. To achieve these goals parents are urged to limit children's sedentary activities and "balance the day with play" through increased physical activities (Government of Canada, 2011).

Emerging public health discourses, then, have begun to actively discuss and address children's play, and have done so in a way that explicitly considers play as a means for increasing children's physical activity. One prominent organisation conducting and disseminating research on children's health and physical activity - *Active Healthy Kids Canada* – suggests that "for our children, the direction to go and play more after school should be a welcome prescription for a healthy active life" (Active Healthy Kids, 2010). Underlying this prescription is the conviction that healthy play for children must be physically active play.

Problematic position?

The desire to promote physical activity through play is somewhat compelling given the concerns about children's health and the growing rates of childhood obesity. However, this public health position has several implications. First, when physical activity and health are considered the primary goals of children's play, playing essentially becomes an outcome-oriented physical health practice. This focus on play as a means of attaining particular health ends results in a discourse in which play is largely being instrumentalised: playing is re-shaped as a purpose-oriented activity to promote children's health. Such an understanding of play seems to run counter to the process-oriented, free and unstructured conceptualisations of play. Through the promotion of a goal-oriented play, public health efforts may potentially limit precisely those elements of play, such as pleasure, freedom and spontaneity that have been viewed as critical to the social, physical and emotional well-being of children. These are also elements that appear to be valued within more holistic conceptions of health.

Second, and more specifically, the emerging public health discussions of children's play are predominantly oriented towards activities that promote *physical* health; playing seems to be valued most highly if it aims to improve children's physical fitness. This emphasis on 'play for physical health', while ostensibly considered important from the perspective of preventing childhood obesity, nevertheless implies a narrowed conception of health. When the primary focus of public health rests on the physical benefits of play, the social, psychological and emotional components of health, to which play also contributes, tend to be neglected.

As we stated above, research in the fields of psychology and childhood development have suggested that playing freely (both inactively and actively) increases the possibility for children to be creative and to discover and experience adventure through their play. Not acknowledging this is potentially troubling, since it fails to account for the fact that activities during which children engage freely and creatively in "simply pleasurable" play, even if it is less active, may significantly contribute to children's psychological, emotional and social well-being.

2. Controlling for risk in children's play

Within the fields of health promotion and public health, children's active outdoor play is generally accepted as beneficial for their health because it is viewed as having the potential to increase physical activity and to prevent health problems associated with obesity and sedentary behaviours. Yet, within this same discourse outdoor play activities seem to be laden with fears about child safety and with societal preoccupations with risk more generally in children's lives (Brockman, Jago, & Fox, 2011; Gill, 2007, 2010).

For instance, one study by Jago et al. (2009), which investigated parents' willingness to allow their 10 and 11 year old children to engage in outdoor physical play activities without adult supervision, found that parents were hesitant due to a number of fears: lack of appropriate space for their children to

play in urban environments, their children's lack of friends nearby, perceived crime, older children. Generally parents were afraid of "the way society is"[p.474] today. Parents dealt with their perception of these risks by limiting their child's playtime, restricting activities to the proximity of the home and supervising their child's activity. Similarly, research conducted by Veitch, et al. (2006), O'Brien and Smith (2002) and Carver, et al. (2008) found that parents curtailed their children's independent play due to "fear of an uncertain world" (O'Brien & Smith, 2002)[p.124]. Acknowledging these changing societal attitudes, *Active Healthy Kids Canada* also writes that "concerns about safety have had a profound impact on physical activity levels" (Active Healthy Kids, 2010) and that safety concerns cannot be ignored as barriers to the promotion of children's active play.

Aligning with this research, public health institutions appear to also be concerned with the perceived risks involved in children's play (Carver, et al., 2008; Farley et al., 2007; Jago, et al., 2009; Veitch, et al., 2006; Veitch, et al., 2008). For example, in their research Jago, et al. (2009) acknowledge that although increasing supervision does not "build children's capacity to be independently active"[p475], responding to parental concerns about play and risks would require interventions to ensure and facilitate outdoor activities for children that are perceived as safe. Jago, et al. (2009) conclude that parents' fears can be relieved by "providing structured, supervised locations in which children can be physically active"[p475].

In attempts to address the perceived risks in children's play, public health research and practice has also highlighted and issued precautions about risky play activities (Child Safety Link, 2009; Gill, 2007; Health Canada, 2011). For example, *Active Healthy Kids Canada* suggests that "families, child care centres, schools and community settings need to provide safe, supervised yet unstructured play spaces for active play where children and their peers can engage in physical activity of their own design" (Active Healthy Kids, 2010). Related recommendations for children's safe play urge parents to "ensure there is access to safe, local places to play outside" and that children should be closely supervised when using playground equipment and to "make sure the playground has handrails and barriers to prevent falls and no sharp objects or spaces where your child's head could get stuck" (ParticipACTION, 2011).

Public health efforts to diminish the perceived risks in children's play have also tended to support the safety standardisation of playgrounds. In an examination of outdoor play spaces for children, Herrington and Nicholls (2007) outline the tendency for industrial safety standards (typically used for electrical devices, natural gas production etc.) to be applied to the design and construction of playgrounds and play equipment. Although the authors express concern that safety standardisations may in effect "institutionalize caution" by offering "security in exchange for lowering expectation, limiting growth and preventing experimentation and change" (Herrington & Nicholls, 2007)[p129], overwhelmingly, they report that the desire for physical safety remains paramount for public health organizations. Indeed, the Public Health Agency of Canada has supported these playground safety standards, suggesting that "promoting safer environments is believed to be easier than changing behaviour and therefore will likely be more effective in further reducing the incidence of injuries" (Herrington & Nicholls, 2007)[p131].

Problematic position?

Efforts to reduce risks in children's play and to advocate for safe forms of playing are evidently intended to benefit children, and we do not aim to criticise these intentions. However, we propose that the over emphasis on risk avoidance and safety standardisation may contribute to the over-regulation of childhood by placing limits on the ways in which children play (Gill, 2007). In the worst case, some have suggested that this may produce a generation of children who are less able to cope with the unpredictability of the world they are being protected from (Ball, Gill, & Spiegal, 2008; Gill, 2010; Hart, 2002; S. M. Pellis, Pellis, & Bell, 2010). Indeed, Ball (2004) and Herrington and Nicholls (2007) have argued that some of the safety standards applied to playgrounds are based on overestimations of risk and injury. Ball (2004) argues that standardising play spaces and playgrounds according to risk minimization regulations may actually come "at the expense of other fundamental objectives such as the right to play, the need for interesting and challenging play environments, and the opportunity for children to learn about risk in a reasonably safe environment" (Ball, 2004)[p661].

Hart (2002), who investigated the history of planning for children's play in New York city, also highlighted this increasingly common tendency, suggesting that "what began as a concern for safety has become a paranoid attempt to create no-risk environments"[(p144)]. Moreover, he argues that the focus on playground safety has in some cases come at the expense of interesting and challenging play equipment (Hart, 2002).

In Norway, Fjørtoft and Sageie (2000) have explored the importance of diverse natural landscapes for children's play. They suggest that outdoor play areas that have the highest controls for safety tend to also offer the lowest level of challenge for children. One young child quoted in their article asserts: "climbing rocks is more fun than climbing trees but climbing trees is more fun than the boring playground equipment"[(p83)]. This child's statement exemplifies their argument that playing in diverse ways in natural landscapes (*not* standardised for safety) is important for promoting children's sense of inventiveness, creativity, and the possibility of discovery and excitement in their play (Fjørtoft & Sageie, 2000). Sandseter's (2009) research into the characteristics of risky play for children in Norway has also illustrated that part of the reason children engage in risky play is to experience the "excitement and the joy of mastering a risky and potentially dangerous situation, and the thrill of being on the dangerous edge"[(p7)]. In addition to the emotionally salient experiences that children gain through play, Sandseter (2009) suggests that it is also precisely through explorative and risky play that children become familiar with the boundaries of their environments and are able to learn how to handle the risks they encounter. The opportunity to master risk and negotiate boundaries are also skills that are particularly relevant for childhood and for later navigating the world as adults (Sandseter, 2009).

We suggest that if public health's concerns about risk reduction and their efforts to standardise play and playgrounds in the interests of safety come to dominate public health agendas, this may leave less room for children to experience the same degree of excitement, challenge and pleasure in their play, qualities which have been established as important contributors to children's well-being. Furthermore, over-structuring play and standardizing playgrounds for safety may mean that children are less exposed to even minimal risk and thus may not have the opportunity to gain some important life skills related to risks and challenges in play (Hart, 2002).

While the public health efforts to reduce risk may be aimed at preventing physical injuries, raising risk avoidance and safety standardisations above other considerations may strip play of some of the characteristics inherent in freer and less regulated forms of play (i.e., those including adventure, unpredictability, elements of risk). This, we suggest, may limit children's abilities to creatively, confidently (and ironically more safely) approach future challenges.

DISCUSSION

In this paper, we have outlined an emerging public health position on children's play. This position emphasises the physical health benefits of active play while highlighting the need for risk prevention. We argue that this position may be problematic for several reasons. First, we argue that it indicates a narrowed conception of health because it focuses primarily on children's physical health. This is problematic because it minimises the relevance of children's emotional and social well-being to which other characteristics of playing (i.e., adventurous, creative) can contribute. Second, we consider the tendency to over-emphasise safety standardisation in play problematic. This not only limits the possibility for children to experience the social and emotional benefits of less regulated play, but it also limits the benefits that explorative and risky play can have for children, as they navigate the boundaries of their environments. Taken together, we consider it a potential concern that a focus on play that is necessarily physically active and explicitly controlled for risk may curtail some of the richness in children's play experiences, as well as the social and emotional elements of health and well-being to which less goal-directed and regulated play can contribute.

Additionally, in our examination of the public health position on play, we observed that a physical activity paradox seems to emerge. Despite urgent desires to increase children's physical activity levels through play, what this position omits is the possibility that playing more freely (i.e., in less regulated and goal-directed ways) can in fact provide other significant occasions for children to be active. Indeed, urging

all play activities to be explicitly physically active in prescribed ways, while also standardising play for safety, may have the consequence of reducing the range of opportunities that children have to engage in spontaneous active play; the forms of active play that may emerge when play is not *intended* to be physical nor *directed* towards physical health. In effect, we suggest that the promotion of play 'for physical health and safety' may paradoxically result in a reduction of children's overall opportunities to be physically active in their play.

Considering this paradox, as well as our concerns regarding the new health position on play, it is pertinent for us to offer an example which we believe has the potential to encourage diversity in children's play and to promote children's overall physical, social and emotional health and well-being. In a recent United Nations Children's Fund report entitled "The State of the World's Children 2012: Children in an Urban World" (UNICEF, 2012), the need for children's play spaces in urban environments is addressed. Increasing the number of public play spaces in urban settings is suggested as a means of providing children with a wide range of diverse benefits. The report states that:

"… exposure to trees, water and other aspects of the natural landscape has positive impacts on children's physical, mental, social and spiritual health. Contact with nature has been found to restore children's ability to concentrate, which is the basis for improved cognition and psychological well-being. Measures that bring nature and its benefits to children include tree-planting programmes in urban neighbourhoods, incorporating green areas into municipal housing and using plants, sand and water in children's playgrounds."[(p63)]

In the report the Dutch *Woonerf* (trans. 'living street' or 'home zone') is proposed as a concrete practice, which we suggest might enhance a holistic health promoting space for children's play.

Originally introduced in the Netherlands, and later taken up as the *Home Zone* in the United Kingdom (Ben-Joseph, 1995; Gill, 2006), the *Woonerf* is a street design in which parts of a street are closed to traffic or traffic is reduced. The streets are often 'greened' with plants, grass or trees to be available for social uses, especially for children's play (Gill, 2006). Research conducted on *Woonerf* streets designs (Eubank-Ahrens, 1985; Hart, 2002; Karsten & Van Vliet, 2006) have found that the numbers of children playing outside was increased, that a greater diversity of play options for children became available (e.g., role and fantasy play, music, dancing, play with balls moving toys etc.), and that children made use of a diversity of objects for their play (e.g., street furniture). Another significant advantage of the *Woonerf* was the possibility of increased play interactions and communication between children from varied backgrounds (Eubank-Ahrens, 1985).

While the benefits of such street designs extend well beyond children's play and safety concerns, the *Woonerf* does provide a local outdoor space for children's active play which may alleviate concerns for parents who tend to limit their children's outdoor play because of the imagined and real risks of playing in urban environments. As Gill (2006) has suggested, the *Woonerf* or *Home Zone* concept awakens broader discussions about "car-dependence, the meanings of "community" and "safety," social values, the relationship between local government and residents, and the balance…between public and private space and between individual and collective well-being"[(p100)]. Although this has been a brief introduction to the concept of the *Woonerf* street design, we believe that this kind of initiative could be key to promoting a wide range of health and social benefits for children through its ability to provide of a diversity of play opportunities, including the positive challenges of risk, social negotiation amongst peers, various forms of active play and the pleasures that go along with free, less regulated play.

Importantly, the social and health benefits gained through play in environments such as the *Woonerf* or *Home Zone* seem to align with the Ottawa Charter's conception of health and with some of its mandates for health promotion action (WHO, 2009). Indeed, the development of local environments to promote play through initiatives such as the *Woonerf* exemplifies health promotion's emphasis on creating health through supportive social and physical environments and settings in which "people live, work and play" (Baum & Palmer, 2002). Furthermore, the reduction of traffic, the increase in green spaces and the promotion of children's local and social play, all of which are characteristics of *Woonerf* style streets, have the potential to enhance the quality of life of all residents of a community or neighbourhood. Such a

community level initiative thus also aligns with the health promotion commitment to strengthening and empowering local communities (Laverack & Mohammadi, 2011).

CONCLUSION

In this paper we have argued that there is a need to re-examine the emerging public health position promoting play for children. If public health and health promotion aim to create health in the places in which we "live, work and *play*" (WHO, 1986), and if these fields advocate for a broader conception of health that goes beyond physical fitness (including social and emotional well-being), then the benefits of pleasure, creativity, discovery and risk in play must also be attended to as important contributors to children's health and well-being. Recognising these characteristics of play would necessitate a move away from the promotion of play from within the context of the obesity epidemic, where play is promoted explicitly to increase physical activity, and toward the promotion of a greater diversity in children's play, which can encompass a wider range of benefits for children's health and well-being.

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Article 2. "Active play may be lots of fun ... but it's certainly not frivolous": The emergence of active play as a health practice in Canadian public health.

This article is currently in press in the journal Sociology of Health and Illness

Stephanie A. Alexander[1]*, Katherine L. Frohlich[1] and Caroline Fusco[2]

[1]*Department of Social and Preventive Medicine, IRSPUM, Université de Montréal, Pavillon Mont-Royal, 1430, boul. Mont-Royal, Montréal, QC, Canada H2V 4P3*
[2]*Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord Street, Toronto, ON, Canada M5S 2W6*
*Corresponding author. ███████████████████

Note regarding contributions to the article:

This empirical article is based on the discourse analysis of public health documents. My contribution to the article: I conducted all of the data collection and analysis, fleshed out the argument and wrote the entire manuscript. Drs. Frohlich and Fusco contributed through discussions about the analyses and provided feedback on several drafts of the manuscript.

Title: "*Active play may be lots of fun ... but it's certainly not frivolous*": The emergence of active play as a health practice in Canadian public health.

Abstract:

In the context of what has been termed a childhood obesity 'epidemic', public health institutions have recently begun to emphasise 'active play' as a means of addressing childhood obesity, thus advancing play *for* health. Drawing on Foucault, this paper problematises how children's play is being taken up as a health practice and further considers some of the effects this may have for children. Six Canadian public health websites were examined from which 150 documents addressing children's health, physical activity, obesity, leisure activities and play were selected and coded deductively (theoretical themes) and inductively (emerging themes). Bacchi's (2009) question posing approach to critical discourse analysis deepened our analysis of dominant narratives. Findings suggest several taken-for-granted assumptions underlie this discourse: a) play viewed as a productive activity legitimises it as a health practice; b) tropes of 'fun' and 'pleasure' are drawn on to promote physical activity; c) children are encouraged to self-govern their leisure time to be health promoting. We underscore the need to recognise this discourse as contingent, as one of many ways of conceptualising children's leisure activities, and of thinking about children's health and social lives more generally.

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Work consists of whatever a *body is obliged to do*. *Play* consists of whatever a *body* is not *obliged to do*. Mark Twain, The Adventures of Tom Sawyer

Introduction

In contemporary western societies, playing is virtually equated with childhood and is considered a critical component of child development. Indeed, playing is considered so vital for children's health and well-being that it has been declared a right of every child by the Office of the UN's High Commissioner for Human Rights (United Nations 1990). Since this declaration, and over the past decade in particular, children's play in its various forms has become an increasingly intense object of study within a growing and multi-disciplinary body of research (Cheng & Johnson 2010, Chudacoff 2007). This work has demonstrated the importance of playing for children, highlighting its role for the development of academic learning (Elkind 2007, Hirsh-Pasek & Golinkoff 2008, Reilly 1974, Roskos et al. 2010, Smith 2007), for fostering creativity and promoting social competence (Brown 2009, Pellis & Pellis 2007), and for the development of physical abilities, such as motor coordination and strength and adaptability (Pellegrini & Smith 1998, Rodger & Ziviani 1999, Roskos et al. 2010, Stagnitti 2004).

Despite the numerous advantages attributed to play, concerns have also increasingly been raised over the perception that children's opportunities to play are on the decline (Burdette & Whitaker 2005, Chudacoff 2007, O'Brien & Smith 2002). These declines are believed to be due to changing approaches to childhood education (e.g., increasingly competitive, standardised educational environments), to increasing fears around about the safety of play in urban environments (e.g., stranger danger, road safety), and to the

proliferation of children's structured and organised leisure activities (e.g., sport or lessons) (Brown 2009, Carver et al. 2008, Karsten & Van Vliet 2006, Miller & Almon 2009, Ramstetter et al. 2010, Sutton-Smith 1997, Veitch et al. 2010). The fears around declines in children's play have thus further fuelled the research momentum in this area.

It is in this context of intensifying play scholarship that children's play has begun to attract increasing public health attention. Specifically in the wake of calls to address the growing global concerns over what has been called the childhood obesity 'epidemic' (WHO 2000), public health organizations in countries such as the United States, Canada, Australia and the United Kingdom have become particularly interested in the potential for *active* forms of play to help increase children's levels of physical activity. Viewed through such a public health lens, children's active play is emerging as an important *means* to achieve an urgent public health *end*.

What remains unacknowledged, however, is that the focus on play *for* health may be reshaping understandings of, and meanings attributed to, children's play, as well as children's possibilities for play more generally (Alexander et al. 2012, Frohlich et al. 2012). Given that public health is a powerful and expansive social institution for governing the population's health, and that "practices and discourses of public health are not value-free or neutral, but rather are highly political and social contextual" (Lupton 1995, p. 2), a critical examination of this emerging public health discourse is pertinent. The current paper provides such an examination through a critical discourse analysis of Canadian public health documents addressing children's health, physical activity and play. Using Bacchi's (2009) question-posing approach as a guide for interrogating discourse, we trace the discursive formation of *active play* as it is emerging in public health. We pay particular

attention to the knowledge formations, values and normative assumptions that underlie this discourse, and examine the potential effects for children and their play activities.

The Canadian public health context: playing for health

In recent years, in response to what was termed a 'crisis of childhood obesity', public health in Canada has gathered momentous support from governmental and non-governmental organisations to help increase physical activity amongst children. For instance, in 2002 *Health Canada* commissioned the *Canadian Society for Exercise Physiology (CSEP)* to conduct research and create the first evidence-based physical activity guidelines for youth (Tremblay et al. 2010). By early 2011, and with renewed financial support from the Canadian government, a third set of guidelines was published by the *CSEP* this time including young children. *CSEP's* evidence-based physical activity guidelines state:

> "For health benefits, children aged 5-11 years and youth aged 12-17 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. More daily physical activity provides greater health benefits."

In tandem, Canadian public television, radio and various institutional websites have worked to widely disseminate these physical activity guidelines. For instance, *ParticipACTION,* an organisation founded to promote physical activity to Canadians in the 1970s, was re-launched in 2007 with funding from the *Public Health Agency of Canada (PHAC)* with the specific mandate of helping combat the growing childhood obesity crisis amongst Canadian children (Tremblay et al. 2010). As part of the dissemination efforts, they have created "attractive age-specific 'magazines' with activity themes" to encourage physical activity (Sharratt & Hearst 2007, p. S13), while parents, caregivers, and teachers

have been provided with educational and motivational resources "to assist them in their roles as intermediaries" (p. S13) in helping children achieve the recommended levels of physical activity. Similarly, since 2005 the *Canadian Fitness and Lifestyle Research Institute (CFLRI)* together with the organisation *Active Healthy Kids Canada (AHKC)* have been producing yearly physical activity *'Report Cards'*, which monitor, evaluate and promote physical activity to children.

To this end, the integration of *active* forms of play into materials promoting physical activity has begun to take on growing importance as a way to address children's physical (in)activity. As a case in point, in 2008 the category 'active play' was for the first time officially included in the *AHKC's 'Report Card'* as a health indicator to be evaluated and promoted. By 2012 the entire edition of the '*Report Card*' (entitled "*Is active play extinct?"*) was dedicated to active play and to the fears of its decline, thereby fully concretising the notion of active play as a form of physical activity. Based on *AHKC's* '*Report Card*', *ParticipACTION* launched a new campaign '*Bring Back Play'* (2012) which similarly focused on promoting active play and "encouraging parents to increase their children's physical activity levels by bringing back the fun games and unstructured active play that used to be a part of every childhood" (ParticipACTION 2012). While these organisations define active play as having the "essential qualities of play in general (i.e., fun, freely chosen, personally directed, spontaneous)"(Active Healthy Kids Canada 2012, p. 23), paradoxically, they add that active play "differs in one important area: energy expenditure…active play involves physical activity at energy costs well above resting levels" (2012, p. 23). What appears to be at the heart of these messages is that, while

assumed to be fun, active play should first and foremost include energy expenditure to help children meet Canadian Physical Activity Guidelines.

The introduction of active play into physical activity promotion thus seeks to remind parents/guardians that play should be understood as an essential form of physical activity for children. It is this construction of active play as a health-focused practice for addressing childhood obesity that is the object this paper aims to investigate.

Theoretical approach

To theoretically frame our examination, this article draws on the work of Foucault, and on scholars informed by his work, to critically analyse public health issues. Relevant for critical examinations of public health are Foucault's analyses of governmentality which highlighted the 17th and 18th century emergence of mechanisms of social regulation in Europe through which the population became the object of state analysis and intervention to ensure its increased utility and productivity (Foucault 1977, 1978, 1980, 2008). Essential to Foucault's work on governmentality was an emphasis on biopower, described as the effort on the part of the state to solidify itself through the regulation and disciplining of the lives and health of the population (Foucault 2008). The rules, regulations and health norms regarding the population elicited what Foucault (1980) called an "imperative of health: at once the duty of each and objective of all" (Foucault 1980, p. 170). 'Technologies of power' were developed to this end, including statistical surveys, demography and medicine to gather knowledge about the population through which norms for desirable behaviour were established and against which the population could be measured (Foucault 2003). Individuals in turn engaged in 'techniques of the self', adhering to norms through self-

regulatory practices and adjusting their "ways of thinking, judging and acting upon themselves" (Rose 1999, p. xvi)

Foucault's analytical lens is useful for casting light on, and problematising, current knowledge formations being constructed around children's play in contemporary public health. Particularly relevant is Foucault's (1980) discussion of the changing role of the family in the 18th century, during which the family's main concern no longer lay in the survival of the infant, but rather in the proper management of childhood. Parents were provided with (and expected to follow) numerous "new and highly detailed rules" about childhood (Foucault 1980, p. 172) and began to rely on a "whole literature of precepts, opinions, observations, medical advice, clinical cases, outlines for reform" proliferating around the child's health and his/her sex (Foucault 1978, p. 28). Foucault's work thus allows us to position the emerging public health discourse around children's play within historical, social, cultural and political developments in which childhood became increasingly governed by expert-driven practices and normative conceptions regarding their activities (Harwood 2009, Nadesan 2010, Turmel 2008). Furthermore, problematising the emerging discourse and interrogating assumptions and values underlying it opens the possibility for understanding this discourse as contingent; as only one of many ways of conceptualising children's leisure activities, and thinking about children's health and their social lives more generally.

In his book *Archaeology of Knowledge* (1972), Foucault unveils a method formulating his historical approach to analysing systems of thought and knowledge (i.e., discursive formations). According to Foucault, systems of thought and knowledge are governed by rules that are not simply tied to grammar and language, but which "define a

system of conceptual possibilities" (Gutting 2012) outlining the boundaries of thought that can exist in a particular knowledge domain or during a particular historical period. Viewed as a "regulated practice that accounts for a certain number of statements" (Foucault 1972, p. 80), a discourse is made up of organising principles that guide social practices in a given place and time, and which "control what can be understood and perceived but at the same time, act to obscure" (Markula & Pringle 2006, p. 31). Discourses or 'regimes of truth' which constitute practices also function to form the objects of which they speak (Markula & Pringle 2006). Whenever one can identify a regularity between "objects, types of statement, concepts, or thematic choices" (Foucault 1972, p. 39) one can understand this as a discursive formation, which can be analysed. Foucault's analyses of discourse aimed to problematise that which is taken for granted in our ways of thinking in order to examine "other ways of conceiving of and amplifying questions posed to 'politics as usual' and the expertise that supports it" (Rajchman 2006, p. xiv). The current discourse, with its series of statements, concepts, taken-for-granted assumptions and practices all of which construct play as a health practice, can be considered a coherent discursive formation that requires problematisation.

Method

Discourse analysis

Discourse analysis is the name given to an eclectic category of qualitative research approaches that share an interest in the examination of texts and language. These approaches, while diverse, share some theoretical assumptions, including a rejection of the notion that "language is simply a neutral means of reflecting or describing the world"

(Gill 2000, p. 172). Furthermore, these approaches also attribute critical importance to the role of discourse in constructing social life.

We position our discourse analysis within these approaches and draw on historian and post-structural theorist Carol Bacchi's (2009) approach to analysing discourse. Informed by Foucault's work, Bacchi (2009) suggests that while particular problem representations are elaborated in institutional and policy discourses, the presumption that those governing are simply reacting to problems that already exist 'out there' in the world must be challenged. She argues that these dominant problem representations address only one of many possible competing constructions of a particular problem. As governments have a privileged position, their ways of constructing and understanding problems often dominate and become constituted in the legislation, reports and technologies used to govern (Bacchi 2009). These problem constructions are therefore especially in need of critical examination. Bacchi (2009) has elaborated several question prompts as a frame for critically examining the discourse of institutional documents and policies to which we refer in our work.

Text selection

In order to collect documents for our discourse analysis we first identified several topics related to the emerging discourse of children's play. These included: children's health, physical activity, obesity, leisure activities and play. These topics were identified based on our previous familiarity with physical activity promotion and concerns about children's health, and the awareness of the emerging importance of play in public health. We first searched broadly on the websites of two principal Canadian public health agencies, *Health Canada (HC)* and the *Public Health Agency of Canada (PHAC),* for documents

related to our topics of interest. We also noted other organisations, agencies and institutes referred to on these websites that also addressed these topics. The websites of six prominent health-related Canadian organisations were identified and examined in our analysis.

TABLE 1

Federal Governmental Organisations	Website
1. Health Canada (HC)	www.hc-sc.gc.ca
2. Public Health Agency of Canada (PHAC)	www.phac-aspc.gc.ca
Government Affiliated Organisations	**Website**
3. ParticipACTION	www.participaction.com
4. Active Healthy Kids Canada (AHKC)	www.activehealthykids.ca
Research institutes	**Website**
5. Canadian Society for Exercise Physiology (CSEP)	www.csep.ca
6. Canadian Fitness and Lifestyle Research Institute (CFLRI)	www.cflri.ca

We conducted a systematic search on each organisation's website for documents and information relating to children's health, physical activity, obesity, leisure activities and play. We collected documents including: webpages, downloadable reports, summary reports, workbooks and media releases. Documents already available as pdfs on webpages were downloaded as such, while informative webpages themselves were transformed into pdf and saved electronically for analysis. We initially searched broadly and downloaded 321 documents relating to at least one of the main topics. Each document was read, but was only selected for further analysis if it related to children's health *and* one of physical activity *or* obesity *or* leisure *or* play. Documents published between 2000 and 2012 were included as they reflect the recently developing discourse on play. Finally, 150 documents were selected and analysed. While not all documents referred to play or active play, the text segments selected in this article are representative of how play and active play are

discussed in this literature. All documents were entered into a qualitative analysis software for coding and analysis.

While formalised coding is not common in critical discourse analyses, the development of an explicit coding scheme was useful for our research as it allowed for the identification of concepts and themes across a large number of documents. The coding scheme was first developed deductively based on the overarching themes developed from our Foucauldian theoretical approach: "Imperatives of health"; "Cultural and political values" and "Technologies of power". Each of these themes was subdivided into more specific sub-themes which were developed iteratively through multiple readings of the documents. The theme "Imperatives of health" was divided into: *Physical activity promotion*, *Play equated to physical activity, Places/time for play, Organised leisure, and Self-government*; the theme "Cultural and political values" was divided into: *Utilitarian, productive activities*, *Pleasure/fun as physical activity*, *Play as a term*, *Responsibility for activities, Evidence*; and finally, the theme "Technologies of power" was divided into: *Normalisation*, *Surveillance*, *Obesity epidemic*, *Subject categories*, *Dividing practices* and *Risk/safety*. We also developed some sub-themes inductively based on topics that recurred in the documents (e.g., *Active gaming*, *Sedentary play*). The coding scheme was validated with a colleague familiar with, but uninvolved in the project. SA coded the documents and created textual output reports for each code across all documents.

Bacchi's (2009) analytic questions were used to further refine the analysis of the material. Bacchi (2009) suggests beginning an analysis by identifying a central prescriptive text in a discourse to examine the actions proposed regarding a given problem. We identified the government-commissioned *Canadian Physical Activity Guidelines*

(CSEP 2011) as a central prescriptive text. The *Guidelines* were selected since they have been widely disseminated by all Canadian public health organisations. The *Guidelines* were coded with the sub-theme: *Physical activity promotion*, which was subsumed under our broader theme "Imperative of health". This document is our starting point for addressing Bacchi's (2009) first analytic question, '*What's the problem represented to be?'*.

To address Bacchi's (2009) second question, '*What assumptions and values underlie the discourse?'* we examined the organisations and documents that disseminate the *Guidelines*. Specifically, we analysed the text segments that were coded with the sub-themes: *Utilitarian, productive activities*, *Pleasure/fun as physical activity*, and *Responsibility for activities* under our broad theme "Cultural and political values*"*. Addressing Bacchi's (2009) third question, '*What discursive and subjectification effects are produced in the discourse?'* we analysed the text segments that were coded with the sub-themes: *Normalisation*, *Surveillance*, *Obesity epidemic*, *Subject categories*, and *Dividing practices* under our broad theme "*Technologies of power"*.

Findings

Question 1. What's the 'problem' represented to be in physical activity promotion to children?

In this question we identified the *explicit* problem being addressed in the discourse, by looking at the *Canadian Physical Activity Guidelines* (CSEP 2011). As discussed earlier, the *Guidelines* recommend that for health benefits, children 5-11 should "accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily". The *Guidelines* were commissioned by the Canadian government in response to claims that

Canadians are witnessing a "looming inactivity and obesity crisis" *(AHKC 2008)* and that the "country is facing a childhood obesity 'epidemic'" *(Health Canada 2011)*. The *explicit* problem being addressed by the *Guidelines* is therefore children's increasing levels of obesity. According to *AHKC's* 2010 *'Report Card'*:

> "Childhood obesity and inactivity have been at the forefront of child health concerns in Canada in recent years, with compelling evidence that childhood obesity is rising and that inactivity is the norm".

> However, the way the *Guidelines* are disseminated to the population by physical activity organisations (e.g., *ParticipACTION* and *AHKC*) reveals an *implicit* problem being constituted within, and further driving, the discourse of 'healthy active play'. For instance, the *Canadian Fitness and Lifestyle Research Institute (CFLRI)* cite child physical inactivity (2011) as the principal contributor to the obesity epidemic, and *ParticipACTION* (2011) invokes children's 'modern-day' pursuits as problematic. They write:

> "an alarming modern-day trend has emerged- Canadian kids are coming home from school and are parking their bodies."

As such, the *implicit* problem underlying the discourse is that inactive children are precipitating an obesity epidemic. Indeed, it is precisely in this construction of inactive children as a problem that the relevance of children's play activities enters the field of public health. As the 2011 *AHKC 'Report Card'* notes, children's 'modern' leisure activities are particularly problematic:

> "Anecdotally, we know that most children who grew up a generation or two ago spent this time in active play, running, biking, and playing (usually outside) with their friends. Various data sources suggest that this is not the case today; Canadian

children and youth have adopted a modern lifestyle that includes spending a great deal of this after-school time sitting idle indoors".

Even though it has been debated whether modern children are in fact less active than those of previous generations (Biddle et al. 2004, Gard 2011), what is relevant is that the *explicit* problem (i.e., children's obesity epidemic) carries within it an *implicit* problem: that of inactive children's leisure pursuits. This *implicit* problem is further highlighted and reinforced by the solutions formulated to address it; workbooks and media releases address the *Guidelines* by promoting 'active play' to children. As *AHKC* (2011) suggests: "at least half of the physical activity accumulated by children should be through active play".

The promotion of children's 'active play' thus underscores the *implicit* problem of 'idle' children with modern day inactive lifestyles. The increasing threat of obesity reinforces the desire to subject children's leisure activities to urgent modification. A discourse of *healthy active play* has thus begun to take form, framed as an ideal leisure activity and solution to the problem of the children's obesity crisis.

Question 2. What assumptions and values underlie the discourse?

a) Play is a productive and useful activity

A predominant assumption underlying this discourse is that children's play should contribute productively to optimal health and development; playing is valued primarily for its potential to do so. The 2010 *AHKC 'Report Card'* expresses this assumption: it states, "play is such an important contributor to optimal growth and development that limited access to play opportunities has implications for public health." Specifically, decreasing

access to *active* play opportunities appears to be the principal concern of a decreasing value being attributed to play. The organisation *AHKC* reports that:

"Perhaps we are not providing children and youth with adequate access to active play environments because the importance of play has been forgotten".

Indeed, they plead for play to be taken more seriously as a developmentally important activity, suggesting there is a need to "change public opinion about the role of play in order to value its importance in physical, emotional and cognitive development".

However, behind the assumption that play ought to be developmentally beneficial and promote children's health lies a more fundamental value, one that endows the promotion of *active* play with a certain gravitas: *active* play, viewed as a way to combat obesity, impact health and thus the economy, becomes critical to the future growth of Canadian society. For instance, *AHKC* (2010) warns that since healthcare costs in Canada are "spiralling upwards", it is critical that Canadian society "build the foundation for a healthier, more active population by supporting and encouraging families, at all levels, to get their kids moving". *AHKC* (2009) further advances the position that "physical activity builds strong, smart kids. Strong, smart kids are the foundation of a strong, smart society that we need in tough times and will lead us to better times". Active play as a means of promoting children's physical activity thus becomes vital for a strong, smart Canadian society.

Furthermore, referencing a report by the organisation *PlayWorks Ontario* (PlayWorks 2005), *Health Canada* (2006) reports that there are estimates of the costs to the Canadian social system "if children are unable to play and participate in physical activities", suggesting there are "huge financial implications for failing to make

investments in these areas". They argue that active children are "less likely to commit crimes and they are more likely to stay in school and succeed later in life", all of which ensures the reduction of health care costs. *ParticipACTION* (2010) similarly promotes sport and active play participation for its enormous society-wide implications, endowed with:

> "the power to reduce crime, foster character and citizenship, introduce newcomers to their communities, stimulate the local economy, teach kids important life lessons and strengthen community connectedness".

Active play is thus assumed to be imperative not only for optimal health and economic growth, but for overall social cohesion.

Indeed, the requirement that play be productive remains relatively unchallenged in this discourse: it appears unacceptable - even irresponsible – for play to be promoted without an explicit productive purpose (e.g., play for pleasure alone). Playing requires justification to lend legitimacy to its promotion within public health. As suggested by *AHKC* (2012):

> "active play may be lots of fun for youngsters, but it's certainly not frivolous … it is also shown to improve a child's motor function, creativity, decision-making, problem-solving and social skills."

ParticipACTION (2012) argues that since skills such as "leadership, creativity, problem solving, decision-making and motor development… are all byproducts of active play", it should be even more urgently promoted. The growing importance of play within public health is thus legitimised through the declaration and enumeration of its multiple health and social benefits.

In brief, these discursive assumptions hold a perspective on play through which concerns regarding health, utility and economic productivity are woven. The social and economic consequences attributed to children's obesity reinforce the importance of active play, directly linking children's play to the social and economic prosperity of the country. As such, within public health, play becomes a serious activity for children. With this as underlying assumption, it appears increasingly necessary (and justified) for public health institutions to intervene on childhood early as a way to govern the forms of play engaged in.

b) Fun and pleasurable play = physical activity

Several assumptions regarding the relationship between fun, pleasure and physical activity emerge in this discourse. One particularly notable element concerns the way in which pleasure and fun function as tropes for physical activity. Indeed, pleasure and fun are drawn upon to promote active play and are assumed to be essential components of physical activity for all children. For instance, *ParticipACTION's* 2011 workbook *Active ways to play!* implies that being active and having fun necessarily coexist for children. They propose to children: "Hey kids, this is your free time, and your only job is to make it active and to have fun". Their most recent campaign *Bring Back Play!* (2012) also promises that children who play actively are necessarily be "healthier, they are happier, and we know that they score better academically". These assertions about fun, pleasure and physical activity culminate in conclusions such as:

> "the direction to go and play more after school should be a welcome *prescription* for a healthy active life for our children"*(AHKC 2011)*

These statements not only assume that fun and pleasure are the qualities experienced by all children who engage in physical activity, but by prescribing play as a proxy for physical activity they also underscore the function of play as a health practice.

Given that fun and pleasure are conceived of as important elements of children's physical activity, parents/guardians are given the responsibility for providing children with frequent opportunities for physical activity that children will enjoy. For instance, *ParticipACTION* (2010) encourages parents/guardians to "make physical activity a fun, regular part of every day", while *PHAC* (2008) educates parents on the importance of reinforcing pleasure as a primary motivator for physical activity:

> "Although physical activity results in many health benefits, these benefits do not motivate young people to be physically active. Rather, they tend to participate in physical activity for fun and enjoyment, and for social reasons."

Moreover, as a further responsibility to their children, parents/guardians are expected themselves to adopt a positive disposition towards physical activity, one that similarly takes pleasure in being active. Indeed, parents/guardians are encouraged to show explicit enjoyment of physical activity for the sake of their child's health. *ParticipACTION* (2010) provides recommendations to parents/guardians:

> "Be a good role model. Make sure you live an active life. It's important for your kids to see you running, walking, playing sports regularly after work. Display a positive attitude that being active is fun and feels good."

Further assuming that physical activity is at the forefront of family values and responsibilities, the entire family is implicated in, and made responsible for, creating fun physical activities for children:

"Start a family fun night. Have a family physical activity night once a week, where everyone does something together."

The discourse thus appears to place a dual responsibility on parents/guardians: not only should they "get their kids active" for health purposes, but parents/guardians are expected to ensure that the activity is fun for the sake of their child's future enjoyment of (and investment in) physical activity. Indeed, parents/guardians who do not (or cannot) take up these prescriptions, and who do not (or cannot) engage in physical activities (while feigning pleasure and enjoyment) are nonetheless unrelentingly reminded of their duty to be involved in the provision of fun, active play for their child's wellbeing. *AHKC* (2010) asks parents/guardians:

"What are YOU doing to provide opportunities for children to engage in free, unstructured, active play? Do YOU encourage, promote and participate in active outdoor play?"

As such, concepts of fun and pleasure in play are closely bound to the promotion of physical activities for children based on the assumption that play is necessarily active, and that active forms of playing will necessarily be fun for all children. Parents/guardians are not only made responsible for reinforcing these associations (i.e., fun equates physical activity), but for modelling this enjoyment themselves.

c) Children self-governing their play

Early intervention by educating children about healthy lifestyles emerges as a significant preventive health measure and is viewed as a means to ensure children are set on a path to future health and well-being. Since *ParticipACTION's* workbooks and social media campaigns reach children and families via television and the internet, they appear to

be one important means through which the values of healthy active play are instilled in children's lives. The workbooks, for instance, are created to encourage children to learn to monitor, tabulate and evaluate their own active play. The workbook *Active ways to play!* (2011) encourages children to record their favourite activities (provided they are active), and then gauge whether they are improving their physical activity levels each week:

> "Pick an activity that you love or try a new one. Don't forget to track how much time you spend doing your activity each week. See if you can beat your weekly total. Now turn off the TV and all your electronic toys and get ready, get set, PLAY!"

Later, the workbook outlines the academic grade children would receive based on how many minutes they have been playing actively:

> "Have your kids track their daily physical activity. At the end of the week, see how many days they've hit 60 minutes per day. Use the handy chart to assign a weekly mark. Get ready, set, go! Look for the activity tracker on the back page of the after-school activity guide. Post one for each child in the house and see who can have the most fun getting an A."

However, it is not only play and physical activity that children are encouraged to govern, but the choice of active friends must be managed as well. *AHKC*'s 2011 *'Report Card'* suggests:

> "Given the important influence peers have on health-related behaviours, parents should talk more with their children, and encourage them to have friends who will have a positive effect on their behaviours."

Inherent in this somewhat paradoxical message in which children are encouraged to track, tabulate and govern their (active) play (and their actively playing peers) while also ensuring

that it is fun, is the message that active play is akin to schoolwork. Indeed, by drawing a parallel between the competition and evaluation of academics and children's self-governing of active play, children's play becomes linked with academic achievement. Under these circumstances, active play as a governed and evaluated activity appears to relate very little (or at best indirectly) to fun and enjoyment, and remains quite distant from the unstructured pleasure that children are simultaneously being encouraged to gain from their active forms of play. Furthermore, this perspective assumes that all children will find competition in play rewarding; that all children will "have fun getting an A" in active play. It is taken-for-granted that the competitive evaluation of play activities is a notion to which all children will excitedly relate, and importantly, a value which all families share.

The way children's play is being regulated and governed in this discourse is reminiscent of, and can be historically traced to, 19th century child-saving and playground movements in the United States and England (Hart 2002, Read 2010). Aimed primarily at working-class children believed to be "inappropriately socialized" and thus unfamiliar with "appropriately moral" ways to play (Hart 2002, p. 138), expert reformers taught children about the proper ways to play by (Read 2010). Middle and upper class children for their part were discouraged from playing with working class children in order to avoid adopting their less savoury forms of play (Chudacoff 2007, Hart 2002, Read 2010). While this explicitly moralistic and class-based discourse on children's play is no longer present in this discourse, a distinct flavour remains in the way play (and the selection of similarly playing peers) is being prescribed, regulated and normalised for children within public health, and in the way it extols active play while denouncing inactive forms of play as 'idle', particularly play involving television or computer games.

Valorising parents and children who voluntarily fill out workbooks and display their joy in playing actively is thus a principal means of instilling practices of the self in children (Markula & Pringle 2006). Indeed, the workbooks might be thought of as technologies of power for the social regulation of childhood activities through which parents and children are invited to "turn the gaze upon themselves" (Lupton 1995, p. 11) and learn to self-regulate active forms of playing *for* health. Placing further weight on the importance of children's self-governance, it is through the culpabilizing influence children have on their parents/guardians (i.e., reminding them of their responsibility) that public health institutions hope to extend their reach and regulate healthy lifestyles of families more widely. Indeed, a *Health Canada* (2006) report suggests that values of healthy lifestyles should be instilled early, not only as a way to impact children, but to effect wider changes:

> "Canadian children and youth need to be educated to understand the importance of leading healthy lifestyles. They will then, in turn, educate their parents about just how important this is."

Children thus appear to be viewed as intermediaries in the reform of adult physical activity as well.

Question 3. What effects are produced by the discourse?

a) Discursive Effects

Discursive effects are defined as the effects that follow from the discursive limits that are implicitly imposed on what can and cannot be thought and said about a particular topic (Bacchi 2009). Examining discursive effects requires that we ask who benefits from a discourse, who is forgotten, and the effects this might have. For instance, within the current

discourse, overweight and obesity are exclusively framed with regard to the health and social risks they engender. Although there is a growing body of critical obesity literature that questions the assumptions and the epidemic proportions of the children's obesity 'epidemic' (Gard 2011, Gard & Wright 2005, Rail 2012, Rich et al. 2010, Wright & Harwood 2009), the existence of this literature is omitted from discussions of children's obesity. Relatedly, the unchallenged view that children's bodies are the sites for identifying risks of ill-health due to overweight/obesity does not acknowledge that overweight and obese bodies may not represent equally significant forms of risk for all children.

As such, the limits imposed on what can be discussed within this discourse also function to exclude alternatives to the 'obesity as risk/epidemic' narrative. This is critical, since an acknowledgment of alternatives to, or contestations of, obesity as an 'epidemic' might go a long way in reducing some of the emotional and social consequences that are suggested to be linked to child obesity (i.e., stigma). For instance, *Health Canada* (2011) suggests that "low self-esteem and negative body image; depression, feeling judged; being teased or bullied" are significant consequences of being obese as a child and thus justify the urgency to intervene. What is not considered, however, are the social and emotional consequences that may arise from the momentum that the medicalised view of obesity as an illness is gaining, and the fact that childhood obesity is viewed as requiring society-wide social and health intervention. This may itself negatively affect children who perceive themselves as obese or overweight, and hence, as the targets of these interventions, while children who are not obese or overweight (regardless of health otherwise) are unequivocally viewed as healthy, normative and therefore as privileged subjects.

These discursive limits can in part be attributed to the significant authority that biomedical knowledge holds within public health. The current discourse draws on medical expertise (e.g., CFLRI, CSEP), which subsequently produces forms of knowledge that are consistent with the dominant medical practices and assumptions that inform public health action more generally (Lupton 1995). The reliance on medical knowledge is relevant as it shapes what is considered a legitimate narrative around children's bodies and physical activity. Importantly, it has implications for the forms of play that will be authoritatively promoted (i.e., active play) and for the children who play in particular ways and whose bodies have particular shapes (i.e., more or less weight).

b) Subjectification effects

Biopower and its related 'technologies of power' (i.e., assumptions, values and related practices) seek to govern children to become normatively healthy and productive members of society through subjectification effects. These effects include the ways in which individuals are constituted through discourses and produced through discursive constructions of knowledge formations (Bacchi 2009, Foucault 1983, Markula & Pringle 2006). As Lupton (1995) has argued, it is through processes of normalisation by expert advice and judgement that a normative and "privileged type of subject" (p. 10) is constructed.

Identifying the subjectification effects involves first examining the kinds of individuals and practices the discourse invites children to be and adhere to. Children are categorised according to their body size, their physical activity levels, their participation in particular activities, as well as their dispositions towards these activities. Binaries also emerge based on knowledge regarding children's health and physical activity (e.g.,

overweight versus healthy weight, active versus sedentary play). These divide children in opposition to one another and further function as judgments reinforcing desired subject positions and creating norms that engender a desire to become the 'normal' subject.

Within the current discourse, a relatively clear picture of the privileged child subject emerges. This is the child who is neither obese nor overweight, who governs his/her healthy lifestyle according to public health prescriptions and who takes pleasure in active play. This child subject is rewarded by the prospect of possessing other qualities such as being *"happier, healthier and smarter" (ParticipACTION 2011)* than children who do not play actively. This child's activities have also been shaped by role model parents and is consequently more likely to maintain healthy, active behaviour throughout his/her life, becoming the desired productive citizen. What is problematic in these readings is that these constructions of the desired child subject may have the effect of privileging and normalising some children (those who seamlessly adapt to the active play prescriptions), while stigmatizing those who do not (cannot) adhere to the desired subject positions.

Discussion

In this paper we have attempted to trace how public health, as a dominant social and health institution and disciplinary apparatus, has taken up children's play and begun to transform it into a normative health practice. Specifically, we have addressed the promotion of *active* forms of play as a way to increase children's physical activity in the context of growing public health concerns around childhood obesity. Through this lens, children's active play is being constructed as a health practice, as a means to a health end. We aimed to problematise this construction by identifying and critically examining the underlying

assumptions and dominant values, and its possible effects.

Relevant analytically for the current examination is the acknowledgement of the role of a neo-liberal governmental rationality in emphasising approaches to health that are focused on a "self" that is "regulating and productive" (Petersen & Lupton 1996, p. 12). As we have shown, values inherent to neo-liberal rationalities, including productivity and self-governance, are shaping the regulation and normalisation of the forms of play sanctioned and the requirement that children's leisure time be explicitly active and healthy. Children, who are conceived of as pivotal for the future of the country's wealth and prosperity, become targets of an unrelenting discourse about appropriate forms of play and health. The apparently self-evident notion that play ought to be healthy and productive highlights the dominance of underlying neo-liberal values, which are virtually unquestioned in this discourse

As Foucault (2008) has argued, neo-liberalism after the second world war began to explain even the qualities of the mother-child relationship, with the mother's quality of care, affection, time, and pedagogical assistance being equated with an economic calculation and an investment in human capital (Foucault 2008). Indeed, in her analysis of the biopolitical technologies governing childhood in the 21st century, Nadesan (2010) writes that contemporary American neo-liberalism has further shaped domestic life "in that market logics and technologies of the self define attitudes toward children, child rearing, and education" (p. 4). Targeting children who are deemed at-risk for various illnesses, North American paediatricians and health-surveillance networks have begun to monitor child and parent activity levels "to help conquer obesity" (Nadesan 2008, p. 110). Paralleling the public health discourse we have analysed, Nadesan (2008) argues that

children's bodies have become a personal and moral liability as families and children are held responsible for managing their health and for minimizing the social and economic costs of the health risk they may be carrying. Parental anxieties invoked by risks of childhood obesity can only be tamed by engaging in the prescribed "practices of the self" (Foucault 1988). What this perspective further underscores is the importance attributed to children generally, and to their leisure activities specifically, for strengthening the social and economic growth of the country.

We acknowledge that it is not *necessarily* problematic that new constructions of play are being introduced into public health discussions. However, we argue that since public health is a powerful governmental institution, the underlying assumptions, values and effects of these new constructions of play tend to gain a widely recognised and accepted legitimacy. As such, the privileging of 'healthy' 'active' forms of playing (and the children who play *this* way) remains largely unquestioned within the field. For instance, the neoliberal risk discourse underlying public health more generally also permeates discussions of children's health and shapes the view that children are at imminent risk of overweight/obesity. Such discourses further justify and legitimise greater interventions on, and regulations around, children's leisure activities. Indeed, the pervasiveness of risk discourses around obesity within public health illustrates the dominance of the biomedical lens cast on children and thus on the meanings and roles attributed to children's play and leisure. What remains problematic, however, is that while risk discourses may encourage physical activity among some children, they also have the potential to marginalise those children who are constructed as being outside the discursive delimitations established for the desired child subject and even more troubling, those children who simply do not or

cannot engage in the sanctioned forms of healthy active play.

Finally, by regulating children's play to be healthy and active, and thus normalizing the ways in which children are encouraged to play, other relevant qualities of play may be neglected. Indeed, playing simply *for fun* (i.e., frivolous pleasure), while considered a common experience of childhood, appears to be less important than the more productive and explicitly active play *for health*. As Mark Twain's young character *Tom Sawyer* suggests, "*Play* consists of whatever a *body* is not *obliged to do*", while "*Work* consists of whatever a *body is obliged to do*". Considering the discourse from a child's vantage point, the forms of play mandated by public health – those prescribed to be healthy, active, monitored, tabulated and evaluated – appear to take on precisely the quality of work (i.e., schoolwork): play becomes an obligation engendering qualities decidedly different from leisure that is more freely chosen. Taken together, we argue that the interrogation of this emerging discourse within public health is especially important, as it underscores the need to recognise that this discourse on *healthy active play* with its underlying assumptions and values represents but *one* of many possible narratives regarding children's social lives, health and play.

Acknowledgments

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Article 3. Problematizing "Play-for-Health" Discourses Through Children's Photo-elicited Narratives

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Stephanie A. Alexander[1]*, Katherine L. Frohlich[1] and Caroline Fusco[2]

[1]*Department of Social and Preventive Medicine, IRSPUM, Université de Montréal, Pavillon Mont-Royal, 1430, boul. Mont-Royal, Montréal, QC, Canada H2V 4P3*
[2]*Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord Street, Toronto, ON, Canada M5S 2W6*
Corresponding author. ███████████████

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Stephanie A. Alexander,[1] Katherine L. Frohlich,[1] and Caroline Fusco[2]

[1] Université de Montréal, Montréal, Québec, Canada

[2] University of Toronto, Toronto, Ontario, Canada

Corresponding Author:

Stephanie A. Alexander, Université de Montréal, School of Public Health, 7101, avenue du

Parc, Montréal, Québec H3N 1X9, Canada

Email: ███████████████████

Abstract

There are growing concerns in many industrialized Western societies about declining opportunities for children to play, and fears that this will have adverse health consequences for them. Informed by anti-obesity efforts, public health institutions have recently begun to advance active forms of play as a way of improving children's physical health. However, promoting play for physical health may reshape meanings of play for children. We conducted photography and interview sessions with 25 Canadian children aged 7 to 11 years to examine their representations of play. Our findings suggest that for children: (1) play is an end in itself, (2) play involves, but is more than, active play, (3) there is ambivalence about scheduled play, (4) risk is considered a pleasurable component of play. These findings point to a dissonance between children's play promoted for physical health, and the meaning of play for children as emotionally contingent, intrinsically motivated, and purposeless.

Have you noticed parks, playgrounds and neighbourhood streets are not bustling

with kids playing like they used to be? Once known as a regular part of a child's

day, is active play extinct? (Active Healthy Kids Canada, 2012a)

Children's play is attributed a high value in contemporary Western societies, particularly

for its role in fostering cognitive, intellectual, social, physical, and psychological abilities

(Hirsh-Pasek & Golinkoff, 2008; Pellegrini, 1995; Pellis, Pellis, & Bell, 2010; Sutton-

Smith, 1997). Disciplines traditionally preoccupied with children's play, such as

psychology, child development, physical education, and occupational therapy have defined

play as any activity that is pleasurable, intrinsically motivated, and pursued without

external rewards (i.e., unproductive); inspires imagination and creativity and is concerned

with process, not outcome; and is often unstructured (Gordon, 2009; Huizinga, 1949;

Parham & Fazio, 1997; Ramstetter, Murray, & Garner, 2010). Globally, playing is

considered so critical to childhood that the United Nations Convention on the Rights of the

Child (1990) has declared play to be the right of every child.

Over the past few decades, children's play has become a popular topic of

multidisciplinary research (Cheng & Johnson, 2010). Much of this scholarship has centered

on the perception that unstructured, free play is a thing of the past and has warned of the

adverse social, developmental, and health consequences of its decline (Ginsburg, 2007;

Gray, 2011; O'Brien & Smith, 2002). Recently, these concerns have been taken up in

health research and practice, where researchers have begun to advance active playing as a

novel way to increase children's play while addressing growing issues of childhood obesity

(Anderson, Economos, & Must, 2008; Brockman, Jago, & Fox, 2010; Kimbro, Brooks-

Gunn, & McLanahan, 2011). For instance, in 2008 the Canadian public health and physical

activity organization Active Healthy Kids Canada (AHKC) placed the new construct

"active play" in their yearly Physical Activity Report Card (2008) alongside sports,

physical activity, and screen time as a health indicator to be promoted and evaluated.

AHKC suggest:

> Active play was identified as an important new indicator for 2008 because of
>
> increased observations by concerned citizens that children and youth simply don't
>
> play outside as much as they used to. Active play is critical to the healthy
>
> development of our children and youth, but are we making sufficient effort to
>
> facilitate this in their lives? (Active Healthy Kids Canada, 2008, p. 23)

Over the past five years, this public health perspective on play has been gaining

momentum in Canada, and the notion of active play has become a principal force behind a

series of childhood physical activity and obesity campaigns (Active Healthy Kids Canada,

2012b; ParticipAction, 2012). Indeed, the excerpt cited at the beginning of this article is

taken from the AHKC's 2012 Report Card (2012b), and illustrates how active play became

the central theme of the report card's physical activity promotion efforts.

What these public health efforts do not address is that the focus on active play for

physical health may be reshaping understandings of children's play (Alexander, Frohlich,

& Fusco, 2012). Furthermore, despite the growing interest in play from within public

health, and aside from some notable recent exceptions in the literature (Brockman, Jago, &

Fox, 2011; Ergler, Kearns, & Witten, 2012; Holt, Spence, Sehn, & Cutumisu, 2008),

children's own perspectives on play are conspicuously absent from the larger public health

discourse. Informed by a sociology of childhood approach, which views children as active

agents in creating their social worlds (Liegghio, Nelson, & Evans, 2010), in this article we

address the absence of children's voices in the public health discourse by examining a

group of Canadian children's visual and narrative representations of play. Gaining a

child's-eye view of play allows us to contribute a critical reflection on the

conceptualization and increasing promotion of play for physical health.

Literature Review

Public Health Lens on Play: Grappling with Useful and Safe
A main concern for many play scholars is the observation that children's play has changed

dramatically over the past century (Burdette & Whitaker, 2005; Karsten, 2005). Brian

Sutton-Smith (1995) observes that there is currently a growing emphasis among play

researchers on "demonstrating that children learn something useful from their play" (p.

279), and the "notion of progress and scientific rationality" (p. 208) dominates

contemporary play research, strongly shaping a conception of play that is largely utilitarian.

This is particularly evident in the emerging public health discourse on play; what is gaining

traction is the idea that active forms of play can help children reach the recommended 60

minutes of physical activity per day (Anderson et al., 2008; Brockman, Jago, & Fox, 2011;

Davis, 2007; Kimbro et al., 2011; McGall, McGuigan, & Nottle, 2011). Active play is thus

increasingly promoted as a useful means to achieve a public health end: combating

childhood obesity.

Providing an explicit definition for play as it is being adopted within public health,

Brockman et al. (2011) write that the distinguishing features of active play are "a playful

context, combined with activity that is significantly above resting metabolic rate" (p. 2).

AHKC (2012b) similarly defines active play as including the "essential qualities of play in general (i.e., fun, freely chosen, personally directed, spontaneous), but . . . differs in one important area: energy expenditure . . . active play involves physical activity at energy costs well above resting levels but often below 'exercise' levels" (p. 23). Several studies have examined the energy expenditures that can be achieved by children engaged in active play, including "exergaming" (O'Loughlin, Dugas, Sabiston, & O'Loughlin, 2012), outdoor unstructured activity (Brockman et al., 2010), and playground activities (Farley, Meriwether, Baker, Rice, & Webber, 2008). These discussions are all part of a growing trend in Canada in which efforts to reduce obesity among children have begun to include active play as a distinct, health-promoting form of play (Active Healthy Kids Canada, 2012b; ParticipAction, 2012). However, what is paradoxical in this public health discourse is that although it explicitly adheres to a definition of play as "fun, freely chosen, personally directed, spontaneous" (Active Healthy Kids Canada, 2012b, p. 23), by promoting play as a predominantly instrumental activity for health that is "significantly above resting metabolic rate" (Brockman et al., 2011, p. 2), this discourse appears to run counter to precisely those defining qualities of play.

Concurrent with efforts to promote active play, pervasive concerns about risk in all areas of life (Beck, 1992) have begun to inform perceptions of risk in children's play (Jago et al., 2009; O'Brien & Smith, 2002). These preoccupations with risk have also struck a chord in public health. For instance, outdoor play, considered by many to have once been a rite of passage of childhood, has become laden with fears about child safety (Brockman et al., 2011; Gill, 2009; Powell, Ambardekar, & Sheehan, 2005; Sandseter & Kennair, 2011; Timperio, Crawford, Telford, & Salmon, 2004). This is evidenced in recent funding

programs such as Active and Safe After School, which promotes safer outdoor active play

for Canadian children (Public Health Agency of Canada, 2012a, 2012b), and organizations

such as Parachute (funded in part by the Public Health Agency of Canada), which highlight

the importance of unstructured play for children, yet place emphasis on the need for greater

parental surveillance and safety provisions for children in playgrounds (Parachute, 2013).

Examining parental responses to the perceived risks involved in children's

unstructured, outdoor play, researchers have found that fear of risk has led parents to place

constraints on how and where their children play, in particular by enrolling them in

organized activities and supervising their play (Carver, Timperio, Hesketh, & Crawford,

2010; Jago et al., 2009; O'Brien & Smith, 2002). While public health organizations do not

exclusively promote organized sports or scheduled forms of play for children, the growing

contemporary concerns about risk in play and the need for safety and surveillance around

play appears to be shaping the tendency for parents to place their children in more

organized, adult-supervised play activities (Veitch, Bagley, Ball, & Salmon, 2006). Despite

debates emerging about the beneficial value of some risk for child development (Gill, 2007;

Sandseter & Kennair, 2011), overwhelmingly, play for children is regarded as an activity

that must be safe, and at best, adult-supervised (Herrington & Nicholls, 2007).

Given this literature, it appears that play has become permeated with risk. First,

sedentary forms of play have become linked with the risks of childhood obesity. Viewed as

contributing to rising rates of obesity, sedentary forms of play have been rewritten as risky,

and public health materials addressing children's play discourage sedentary play in place of

play that is physically active (Biddle, Gorely, Marshall, Murdey, & Cameron, 2004;

Fullagar, 2009). Second, public health institutions are aware of the growing fears about

children's active outdoor play (Brussoni, Olsen, Pike, & Sleet, 2012), and efforts to diminish these risks thus tend to support the increased surveillance of children's active play and the implementation of safety standards in playgrounds (Herrington & Nicholls, 2007; Jago et al., 2009).

What remains unacknowledged in this public health discourse is that the desire to advance active play to improve children's physical health may be reshaping children's relationship with their play. For instance, an analysis of the Canadian public health discourse on play conducted by the authors of this study suggests that children's play is being normalized within the discourse (Alexander, Frohlich, & Fusco, in press). This normalization invites children to adhere to healthy active play practices, contributing to the construction of a privileged, actively playing child subject; we argue that this may, in turn, stigmatize children who do not, or cannot, adhere to these normative play practices (Alexander et al., in press). What we thus consider problematic is first, that this discourse might be neglecting children's complex experiences of and preferences for diverse forms of play; and second, that when play is promoted predominantly as a health practice, it might not maintain its unproductive, intrinsically motivated, and pleasurable character, the qualities for which play is so often promoted. In an attempt to address these concerns, in this article we examine children's visual and narrative representations of play. These representations provide a necessary and more nuanced understanding of children's everyday experiences and meanings of play, and allow us to problematize the emerging public health discourse, particularly with regard to the normalizing emphasis placed on physical health and safety in public health discussions of play.

Research Rationale: Giving Voice to Children's Perspectives

We conducted this research from a social constructionist perspective, which suggests that

truth and meaning are "not discovered, but constructed" (Crotty, 1998, p. 42). The basic

interpretive methodological approach we adopted informs our assumption that the social

world is always being constructed through interactions, and that social reality can only be

understood through the perspectives of social actors that are engaged in and producing

meaning (Hesse-Biber & Leavy, 2011). In particular, in this study we foregrounded a

sociology of childhood approach which implies the adoption of specific epistemological

and methodological positions (Balen, Blyth, Calabretto, Horrocks, & Manby, 2006;

Christensen, 2004; Darbyshire, MacDougall, & Schiller, 2005; Matthews, 2007; McNamee

& Seymour, 2013). First, adopting this approach acknowledges the importance of

children's agency; children are viewed as competent and active social agents who make

sense of, and affect, the societies in which they live. Second, childhood is understood as

being characterized by plurality, and as heterogeneous; and third, children's relationships

with peers, families, and adults are deemed important (Matthews, 2007).

Furthermore, this approach takes the view that research concerning children should

be conducted with, as opposed to simply on, children (Balen et al., 2006; Christensen,

2004). Taking this approach not only reinforces the necessity of accounting for children's

perspectives but also stresses giving "voice" to their experiences (Corsaro, 2011, p. 52).

Viewing children as "'key informants' in matters pertaining to their health and wellbeing"

(Darbyshire et al., 2005, p. 419) also means emphasizing a child's definition of their

activity, and recognizing children as capable of constructing their own meanings of the

world (Burr, 2003), and in this case, their meanings of play. The approaches we adopted in

this article thus seek to gain children's multiple constructions and meanings of play through

the use of several methodological tools: child-guided photography of play, and open-ended interviews with children about their play.

While photographs have been considered a useful child-centered method (Darbyshire et al., 2005; Drew, Duncan, & Sawyer, 2010), it is still uncommon in public health research. Researchers have successfully documented that using photography can give children the opportunity to voice their perspectives on various social issues (Morrow, 2001) and allow for the depiction of "emotional and exuberant aspects of play" (MacDougall, Schiller, & Darbyshire, 2009, p. 424). Clark (1999) suggests that using photographs as the basis for verbal interviews with children is an appropriate way of ensuring that the discussion involves themes relevant to them, allowing children to visually "show and tell" (p. 40) aspects of their play they find important. Because playing is viewed as an integral component of child well-being (United Nations Children's Fund, 2012), what children in our study "show and tell" about what they play and how they feel about their play is deemed critical, because this can serve to highlight elements of play important to children's social lives, which may be quite distinct from the instrumental conception of play as vital for health.

Methods

Participant Profile
We recruited a sample of 25 English- and French-speaking boys (N=10) and girls (N=15) aged 7 to 11 years living in the urban area of Montréal, Canada. Four children were 7 years old, nine children were 8 years old, seven children were 9 years old, two children were 10 years old, and three children were 11 years old. Of the 25 interviews, 22 were conducted in

French and 3 in English; 5 children spoke a language other than French or English at home (i.e., Bengali, Armenian, Chinese, Spanish, and Greek).

While our sample included families from diverse socioeconomic positions (SEP), most were from middle-high range SEP, and as such the findings might reflect this bias. For instance, many children exhibited high-level language abilities and this is reflected in the transcript excerpts in this article. We deemed our sample size sufficient because it permitted a diversity in play perspectives to emerge, and comparable studies conducting photography and interviews with children have included similar sample sizes (MacDougall et al., 2009). Ethical approval for this study was received on February 25, 2011 from the University of Montréal's Health Research Ethics Committee, and we collected data between April 2011 and March 2012.

Data Collection
We recruited children and families from diverse neighborhoods on the island of Montréal using snowball sampling and recruitment posters displayed in youth centers (i.e., YMCA, libraries, convenience stores). Interested parents/guardians contacted Ms. Alexander by email or telephone to participate in the study. The photographic, interview, and observational data were collected over two meetings with the child in their family home, and both meetings lasted approximately one-and-a-half hours. During the first meeting, Ms. Alexander explained the study to the child with the parent/guardian present, making sure the child understood and could ask questions. Parents/guardians and children signed consent and assent forms, and each child was lent a digital camera and given time to practice taking photos.

Ms. Alexander then instructed the child to take photographs of anything inside and outside the home that represented play for him/her. She accompanied the child to all locations where photographs were taken and took detailed observational fieldnotes about the child's photography and any conversations she had with the child. No limits were placed on the number of photographs children could take. Photographs were uploaded onto a laptop and viewed together with the child, who was asked to select six favorite photographs. These were printed and brought to the second meeting.

The second meeting took place approximately two weeks after the first. It included an open-ended interview with each child about play, using the six printed photographs as the basis for conversation. An informal setting was created (e.g., sit on floor, photographs laid out) so that the child felt comfortable, and the conversation was as playful as possible (Harrison, 2002). A semi-structured interview guide facilitated conversations around the analytical themes of our research: pleasure in play, physical activity and play, scheduled and unstructured play, and risk in play. Each interview session began with the question, "What do you think of when you think about playing?", and each child was free to direct the conversation or enact elements of his/her play. Observational fieldnotes were also taken during this session. To thank children for their participation in the study, each received a disposable camera.

Data Analysis
Interview sessions were digitally recorded and transcribed verbatim. Interviews conducted in French were translated into English by Ms. Alexander, and interviews were edited for silences or mumbled words that were deemed less informative in the transcript. For the analysis, photographs and textual interviews were considered together as illustrations of

children's perspectives on play. The photographs were important as visual representations of children's play activities, but they also helped elicit stories and meanings associated with play. Although children were asked to select six favorite photographs, they were encouraged to discuss any photographs they had taken during the first session. Up to 14 additional relevant photographs (i.e., a total of 20 per child) were included in the analysis to more fully capture children's visual representations.

Each digital photograph was labeled according to its visual content (i.e., activity, setting) and linked with the corresponding textual narratives (Miles & Huberman, 1994). The photographs, transcribed interviews, and researcher fieldnotes were entered into the qualitative data analysis program TAMS Analyzer (Weinstein, 2002) which facilitated data management, coding, and analysis. All the children's actual names have been replaced with pseudonyms in this article.

The coding framework was developed iteratively using a combination of inductive and deductive methods (Tesch, 1990). That is, deductive codes were developed from the analytical themes of the research, including "play experiences," "types of play," and "prescriptions for play." Each of these broad themes was then developed into sub-codes which also informed the question prompts in the interview guide (e.g., risky/safe play, scheduled and unstructured play, physical play). During the coding of the interviews and photographs, room was also left for themes or codes to emerge inductively from the analysis of children's photographs and narratives (e.g., animals and play, creative/crafts, nature play, play as challenge, reading, and the notion of resistance to prescriptions or rules in play).

All codes were discussed by the three authors of the study. Textual narratives and

photographs were first coded by Ms. Alexander, next discussed with Drs. Frohlich and

Fusco, and then analyzed through multiple readings and the combination and re-

combination of interview segments and photographs. The material was analyzed in an

iterative process with the analytical themes of the research. The photographic and narrative

data is presented according to four themes: play as an end in itself; play as more than active

play; ambivalence about scheduled play; and risk as pleasurable play.

Findings

Playing: An End in Itself
A salient crosscutting theme in children's descriptions of what they thought of when they

thought about playing was the importance attributed to the affective characteristic of play.

In this regard, pleasure and fun were particularly frequent descriptors of play. However,

playing was rarely described as an abstract notion, but rather emerged in descriptions of

particular instances of fun or in descriptions of emotionally engaging activities. For

instance, Lisette illustrated how playing involved engaging in any sort of "fun" activity.

During her photography session, Lisette played with the camera, taking photographs of

strange objects or odd situations that she simply thought were funny. She said that playing

for her was akin to "laughing, being silly":

> When I think of playing, what I like to do is to have fun. I like swimming, laughing
>
> . . . this one [photograph of a plant] is out of focus, and well, I like laughing a lot so
>
> when I saw it, it meant for me laughing and having fun.

Michel talked excitedly about the many different things he liked to do. Although he

used to be involved in many formal play activities, such as piano, swimming, circus, and

speed skating, when asked how he liked playing best, Michel's answer highlighted how engaging freely in the play process was important for him:

> Well, I like playing freely, because you can do whatever you want . . . it's just that sometimes it annoys me when a coach always says, "Okay, do that now, do this, do that" . . . I prefer to do it slowly, and afterward to do whatever I want. Then it's me who chooses what I do, and not the coach. There's no one telling me what to do, I am the one who decides. And I can do whatever I want.

Playing freely for Michel included "doing it slowly," and having choice in play appears to be a particularly important characteristic shaping his enjoyment of play.

Simply being interested in an activity also characterized play for some children. For instance, Henri, whose mother introduced him as a "boy who doesn't really play," did talk about play as any activity that he is interested in, that "works his mind":

> Playing for me is having fun, something that is enjoyable. It's not necessarily funny, but it's something that interests me. The puzzle for example, why do I like that? Because it works your mind and I find it really fun.

Similarly, Alisha responded to the question of "what is play" by saying she "really liked snails and bugs," and proceeded to describe all she knew about snail behavior. During her photography session, Alisha took a photograph of a snail she had found and named Rapido who she kept in a flowerpot in her backyard.

INSERT FIGURE 1 ABOUT HERE

As with many children, Alisha illustrated that her favorite form of play was an activity she

simply enjoyed engaging in and which was motivated by an intrinsic interest; liking to watch and collect "snails and bugs."

Although play was most frequently associated with positive affect, it is worth noting that several children talked about playing as something they engaged in when they were not feeling well. For instance, Florence said that playing is something that soothes: "Sometimes I'm more sad. Say, you don't feel very good sometimes, well, you can just play, and this feels good." When asked what she plays when she is sad, Florence replied, "I read more, and I do what relaxes me . . . like knitting, and books . . . it feels good to do it when you are all alone." Annelise echoed Florence's sentiment when she said that drawing is one of her favorite play activities, "because, when I'm angry or I'm sad, I draw and it calms me down."

Overall, these children illustrate how affective components of play were foregrounded in their experiences of playing. Indeed, playing involved a process of choice, freedoms, and various states of engagement in an activity. Above all, play was an end in itself. As such, these narratives stand in opposition to the overwhelmingly utilitarian and health-focused orientation toward play in Canadian public health.

Playing: Much More Than Active Play
Children's narrative and photographic representations of active forms of play are perhaps most obviously relevant to the public health discourse. Indeed, children illustrated a great diversity of play that is active: soccer, biking, and playgrounds were popular summer activities, and skating and skiing were popular in the winter. However, children made distinctions between play that happened to be active (i.e., acrobatics, games in parks) and sport or physical activity. For instance, Anabella liked to play in parks and do cartwheels in

the grass. She mentioned being "quite the fastest" runner at her school, but that she did not

enjoy running in school races. When asked about sports, Anabella replied,

> Anabella (A): No and I hate them.
>
> Interviewer (I): How come?
>
> A: I don't know, just don't like them. Soccer, no. I don't like playing tag . . . I
>
> don't really like it. Don't know why. There're no real reasons.
>
> I: But you like doing cartwheels.
>
> A: Yeah.

INSERT FIGURE 2 ABOUT HERE

Anabella's dislike of soccer and running races was not carried over to all active forms of

play, and she did not exclusively prefer sedentary play. Rather play that "happened to be"

active (i.e., cartwheels, using the playground) was simply distinguished as preferable to

formalized and competitive physical play activities.

It is also important to note that children frequently illustrated enjoyment of

sedentary forms of play. Children represented play with photographs of computer games

and TV, favorite books, stuffed animals and dolls, and various arts and crafts. Some

narratives illustrated clearly that these sedentary forms of play included important qualities

that active play did not. Henri explained why he chose to photograph his favorite magazine,

DébrouillARTS:

> The *DébrouillARTS*, it's a magazine for nine to twelve year olds and it has lot of
>
> things I like in it. There are comics, and I love comics. There are fictional reports so

you can try to imagine what life in the future is like . . . but it's really because I love

reading, so I thought it represented me well.

When Marianne thought about what playing was for her, she retrieved a book of drawings

and said, "I love doing this." When asked about how she felt when she was drawing,

Marianne replied, "I am proud of myself because I try new things, and if it's not nice, I

don't get discouraged, I say 'Okay, I'll do another and we'll see.' So that's pretty much it,

I'm proud of myself."

These sedentary activities therefore appeared to be important for Henri and

Marianne as a way to stimulate imagination and instill feelings of pride. Indeed, children

described creative sedentary pursuits as particularly engaging, and they often went into

detail when describing the activity. For instance, Alain described how he liked to create

sketches with his stuffed animals as models:

Like with my penguins . . . well, sketches, I don't know, like a performance . . . I get

ready, I want to find what I want to present as a story, and then I just start. If I don't

like it, I start again until I have a version that I like. . . . So, little sketches about

families, murders, family relations, things like that, stories like that.

Play for children was thus characterized by a number of elements, including

creativity, calm, fun, and movement. However, children did not themselves divide play into

active and sedentary, a distinction that seems to be more common among health

researchers. Rather, children were guided by activities that they found engaging and

enjoyable, and these included, but were also much more than, active play. This contrasts

with Canadian public health discourses in which active play is defined, promoted, and valorized as a central category for children's play.

Ambivalence About Scheduled Play
A particularly striking finding was that some children were ambivalent about their participation in formalized forms of play. Several children were enrolled in lessons or classes, which they described as enjoyable, but when they began to discuss what they particularly enjoyed about playing, their inclination leaned toward descriptions of less formalized play. Henri and Sebastien's narratives illustrate this particularly well. Henri mentioned being enrolled in piano lessons once a week and taking karate classes two to four times a week, both of which he said he enjoys. When asked if he would change anything about his playing, Sebastien replied, "I'd say to play more and to do more Karate." While elaborating on this, he hesitated:

> Henri (H): I mean I want to, but at the same time, I don't have a lot of time. Mondays I have piano, Tuesdays is one of the only days I have free, Wednesdays I have Karate, Thursday I have off—I just have two days off. Friday I have Karate. I'd like to do more Karate, but at the same time have some time to rest. Dunno how to say it.
>
> Interviewer: What do you do when you're resting?
>
> H: Play card games, things like that.

Although Henri said he really enjoyed his piano and karate lessons, while listing off his weekly schedule there seemed to be a tension between this and also wanting "some time to rest." However, Henri's "time to rest" was not time without play; rather it involved playing

"card games, things like that." For Henri, it appeared that restful play was particularly important in his typical week, where play activities were predominantly structured and scheduled.

Sebastien similarly exemplified ambivalence about scheduled play. He mentioned that he plays soccer on a team and at school where he has "opportunities to make friends." Although he said he hopes to join a triple-A team in the coming year, he was not unequivocally enthusiastic about all aspects of playing soccer:

> I have a lot of time to play, but sometimes, the days when I'm tired, I'd like it if there was, like, no obligations. Say soccer training, sometimes I am just so tired that I really don't feel like doing it. But it's always an obligation for me. Each time I'm told, "Sebastien, you have to go to the practice," so even if I really don't feel like it, I go. But what I like about soccer is that when I go to my practice, each time I start the training, then I start to get motivated and I feel like it again. So, sometimes I don't feel like training, but I do the training anyway because I have to get better, and all that.

Sebastien's description of soccer training contrasted markedly with the way he discussed his drawing:

> Drawing is also when . . . I feel that I have to let my imagination out. . . .What I like about drawing is that there are no limits, you can draw pretty much anything . . . and when I'm done my drawing, what I like is that, well, I'm relaxed. I drew something. I had fun. It lets me draw the things that I imagine in my mind . . . because I really have a lot of imagination.

INSERT FIGURE 3 ABOUT HERE

Near the end of the interview, Sebastien remembered another favorite activity:

> Not sure I mentioned this, but it's the swings . . . they allow me to let my thoughts
> take off and run free, and allow me to empty my mind and to relax. I really like that.
> Often I go to the park next to the school, and I always take the same swing, facing a
> big tree, lots of sky . . . I really do like swinging. One time I went to the park and I
> stayed for an hour swinging the whole time . . . I can think of things. Sometimes
> what I think about is actually drawing.

As such, Sebastien's narratives describing swinging and drawing had a very different tone and affective quality than his description of soccer. While he appeared externally motivated to train for soccer "to get better, and all that," he also appeared ambivalent about it because it remained an obligation. The motivation for drawing and swinging, however, appeared to be intrinsic, emphasizing limitless space and time to think. These were activities Sebastien was unequivocally positive about.

Some children also mentioned being tired or exhausted by the number of activities they were enrolled in. For instance, Michel described his reflections about his various lessons:

> I did take diving lessons, but that stopped because I took other lessons. And speed
> skating, I did that during the winter . . . for now there's just the piano lessons.
> Because otherwise, you can't really do, "Okay let's go to speed skating, Okay now
> let's go to diving lessons, Okay now let's go to swimming, Okay, let's go to piano!"

Then it would be too exhausting, and I'll start to say "ah, no! Not swimming!" and

"ah no! Not diving!"

Taken together, these narratives indicate the tendency for leisure to be

overscheduled in some children's lives. Children said they enjoy these scheduled activities,

but they also appeared to be ambivalent about them, particularly reporting feeling

exhausted or wanting time to rest or play more freely. In this regard, children's expressions

of ambivalence are important to consider, because they may indicate that the possibilities

for "restful" or "free" play are becoming increasingly limited for some children.

Risk as Pleasure
Risk was a particularly challenging topic to raise in conversations with children, primarily

because many children have learned that risk in play is to be avoided (Gill, 2007; Hart,

2002). However, some children did suggest that they experienced pleasure in play precisely

because it involved elements of risk. When asked about his bike, Alain was quite excited to

talk about how he learned the stunts he performs:

Alain (A): So, you have a bar that holds your seat, well, I put my feet on that bar . .

. and then I stand up, except that I'm still holding the handle-bars.

Interviewer (I): So you're standing on your bike?

A: Yah, because I'm going really fast, and I don't fall because I hold on pretty

tightly. I'm also kind of used to it . . . it took a long time before I knew how to do

it. Before, I used to just put my feet on the bar, and I was afraid of standing up.

Then I stood up a little. Then I got used to it, so I did the big standing figure . . .

what I really like doing is doing this figure and then shaking my butt . . . to make

the others behind me mad, because there's not enough action!

Alain's bike stunts could be considered risky; however, as he suggested, this form of risky play not only allowed him to experience more pleasure (more action) but also to judge the risk and learn to safely navigate it.

Risk also came up with regard to play structures. For instance, Sarah mentioned that her favorite place to play was on a large art sculpture in a park close to her home, something her mother was initially worried about and thought was too dangerous. Sarah, however, said that she and her cousins had been climbing on the sculpture for years:

> Sarah (S): Well picture one [sculpture], I chose it because me and my cousin, when she comes over, we play on that sculpture a lot.
>
> Interviewer (I): How do you feel when you're climbing?
>
> S: I think, **"**What do I do next?" "Where do I climb?"
>
> I: What makes that fun?
>
> S: Well, that it's not really meant to play on!

INSERT FIGURE 4 ABOUT HERE

Sarah thus felt that climbing on this sculpture was fun precisely because it was an illicit activity. Moreover, the unpredictability of playing on a non-standardized structure and having to think about each step provided a challenge to her that was not found in other playgrounds.

This description provided a stark contrast to Arman's experience, who said that he loved to do acrobatics, but felt limited by the standard play equipment at his school. He

mentioned that the playground at his current school was not as fun as the one at his old school, and his new teachers did not allow him to do the kinds of acrobatics he used to enjoy:

> Arman (Ar): The teachers don't like it when your head is hanging down. They don't like it when it's like that [points to photograph of him doing acrobatics]— they find it dangerous.
>
> Interviewer (I): And you?
>
> Ar: It's cool. It's not dangerous, it's cool.
>
> I: Why is it cool?
>
> Ar: Because when you're hanging down you can make more figures than when you are upright.

Unlike Sarah's sculpture, the more stringent safety restrictions and supervision at Arman's school did not allow him to engage in the more challenging and "cool" activities, which he recalled as pleasurable.

As these narratives around risk suggest, children are active, adventurous, and enjoy being challenged in their play activities. This is particularly relevant in an era when liability and risk management are foregrounded in public health and increasingly around children's play.

Discussion

In this article, we present children's visual and narrative representations of play as a way to problematize the trend emerging in Canadian public health, where active play is being advanced to increase children's physical activity. Perhaps unsurprisingly, the children in

our study told a strikingly different story about play. First and foremost, play in children's lives served no concrete purpose; it was predominantly an end in itself. Most salient in this regard was that the activities children described were highly connected to how they felt, and this affective quality was linked to a diverse variety of play activities, both active and inactive.

Furthermore, children did not categorize their play as being either active or sedentary. Rather, they demonstrated through photographs and discussions that they enjoyed play that is active, but it did not stop there. As several children put it, play was fun and felt good, and the potential to have fun, make friends, ease sadness or anger, relax, or "let imagination out" were characteristics attributed to very diverse forms of play, of which playing actively was only one. This calls to mind Sutton-Smith's (1997) observation that play "quite simply makes children happier" (p. 32) which highlights the relationship between children's chosen play and emotional well-being. Consequently, what we consider problematic with regard to the public health discourse is that sedentary forms of play, which were clearly important to the children in our study, are given short shrift, while active forms of play are valorized for their physical health impact.

Another striking finding was the ambivalence some children expressed about scheduled play, a sentiment particularly evident among those who were enrolled in numerous organized activities. While children reported enjoying and wanting to participate in these activities, discussions about their commitments took on a different tone than discussions about self-initiated forms of play (i.e., card games, swings). This was especially obvious in Henri's narrative when he said that he wanted to "do more Karate, but at the same time have some time to rest."

Some researchers have suggested that children make distinctions between work and play, delineated in part by the degree of constraint or outcome-orientation they experience engaging in the activity (Patte, 2009; Wing, 1995). For instance, when constraints—in the form of instruction or obligation—are placed on the choice for how, when, and what to play, children tend to view their activities as work, while experiencing fewer constraints and having more choice is described as feeling free in play (Patte, 2009; Wing, 1995). Considering this, it is not altogether surprising that some children in our study discussed more organized activities as an obligation or as exhausting. As Sutton-Smith (1997) has observed about late twentieth-century trends, the increasing value placed on "organized sports, fenced-in school yards, organized clubs . . . and supervision of play" (p. 121) has created an atmosphere where playfulness might be diminished. This is important in light of research suggesting there is a growing tendency for parents to enroll their children in scheduled and organized activities as a way to promote development, and especially to ensure their safety (Carver et al., 2010; Veitch et al., 2006).

Our findings regarding risk and play are therefore also particularly relevant, especially because children's unstructured play is increasingly being included under the purview of government policies seeking to protect them in their leisure activities (Health Canada, 2012). However, such safety policies seem to run counter to children's descriptions of excitement when they overcame challenges as part of their unstructured play, and the meaningfulness and pleasure they gained from mastering an activity that was once difficult, sentiments evident in Alain's narrative about his bike. Sandseter (2009) argued that the motivation for children to engage in risky play involves "the excitement and the joy of mastering a risky and potentially dangerous situation" (p. 94). Indeed,

overcoming challenges in play activities has been linked with a greater and more profound

sense of accomplishment and pleasure than when experiencing the world served on a plate,

predictable and easy (Sandseter, 2009; Sandseter & Kennair, 2011).

This is also pertinent in light of the growing emphasis placed on risk avoidance and

the safety standardization of play, because it may place limits on the diversity of children's

play experiences and limit the potential benefits that exposure to risk may have for them

(Gill, 2007; Hart, 2002). For instance, Sandseter and Kennair (2011) argue that children

learn to judge risks by experiencing risky situations, and thus acquire the skills necessary

for making better judgments. As such, while over-structuring play for safety may mean that

children are less exposed to injury, they also have fewer opportunities to gain the

competence and skills required to manage and negotiate future risks and challenges in their

play (Hart, 2002).

Furthermore, and particularly relevant to public health concerns about children's

obesity, Brussoni et al.'s (2012) report suggests that risk-deprived children are more prone

to a series of health issues, including "obesity, mental health concerns, lack of

independence, and a decrease in learning, perception and judgment skills" (p. 3135). Given

this body of research, the increasing restriction, surveillance, and formalization of

children's play should not evade the question: at what cost?

Conclusion

While we acknowledge the benefits of physical activity for children's physical and social

well-being, and do not intend to oppose important efforts to promote physical activities that

children enjoy, we nonetheless find it problematic that public health efforts have

increasingly drawn on the concept of play, reframed as active play, as part of a

governmental mandate to address children's obesity. What is ultimately of concern to us is the potential for public health interventions, laden with physical health messages, to normalize and increasingly valorize an understanding of play as a physical activity with the accompanying possibility that diversity in play and less active forms of play, clearly valued by children, will be more readily dismissed. This might in turn restrict children's possibilities for play more generally.

Our critical sociological focus on a child's-eye view of play thus brings a new perspective to the public health literature. This perspective not only points to the omission of children's lived experiences in public health research on play but also highlights a dissonance between the conceptualizations of play for health, and children's representations of play as emotionally contingent, intrinsically motivated, and purposeless. Indeed, it appears that children "play by different values" than those present in public health efforts that promote active play and are largely shaped by anti-obesity agendas. Our findings offer an important point for reflection within public health and provide a more nuanced response to the concern mentioned at the outset of the article, that "parks, playgrounds and neighbourhood streets are not bustling with kids playing like they used to be." We suggest that if there is a genuine concern about the declining opportunities for children to play in diverse and creative ways, the public health response must go beyond the promotion of active play to address physical health concerns.

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Bios

Stephanie A. Alexander is a doctoral candidate in public health in the Université de Montréal's School of Public Health in Montréal, Québec, Canada.

Katherine L. Frohlich, PhD, is Associate Professor at the Université de Montréal's School of Public Health and research associate with the Institut de Recherche en Santé Publique, Université de Montréal in Montréal, Québec, Canada.

Caroline Fusco, PhD, is Associate Professor at the University of Toronto's Faculty of Kinesiology and Physical Education in Toronto, Ontario, Canada.

Figures

Figure 1. Rapido the snail

Figure 2. Anabella's cartwheel

Figure 3. Sebastien's drawing

Figure 4. Sculpture

Article 4. "You have to do 60 minutes of physical activity per day… I saw it on TV.": Children's play narratives in the context of the public health discourse of playing for health.

Stephanie A. Alexander[1]*, Caroline Fusco[2], and Katherine L. Frohlich[1]

[1]*Department of Social and Preventive Medicine, IRSPUM, Université de Montréal, Pavillon Mont-Royal, 1430, boul. Mont-Royal, Montréal, QC, Canada H2V 4P3*
[2]*Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord Street, Toronto, ON, Canada M5S 2W6*
Corresponding author. ███████████████

Note regarding contributions to the article:

Abstract

Public health institutions in many industrialised countries have been launching calls to address childhood obesity. As part of these efforts, Canadian physical activity campaigns have recently introduced children's play as a critical component of obesity prevention strategies. We consider this approach problematic as it may reshape the meanings and affective experiences of play for children. Drawing on the analytical concept of biopedagogies, we place Canadian public health discourse on play in dialogue with children's constructions of play to examine first, how play is promoted within obesity prevention strategies and second, whether children take up this public health discourse. Our findings suggest that: 1) the public health discourse around 'active play' is taken up and reproduced by some children. However, other children highlight sedentary play as important for social and emotional well-being; 2) while 'active play' is deemed a solution to the risk of obesity, it also embodies contradictions regarding risk in play, which children have to negotiate. We argue that the 'active play' discourse, which enables some representations of play (i.e., active) while obscuring others (i.e., sedentary), is reshaping meanings of play for children, and that this may have unintended consequences for children's well-being.

Abstract: 194 words

Main text: 7984 words

Introduction

While it may appear banal to open an article with the often repeated (yet contested) claim that there is a growing global epidemic regarding obesity amongst children (WHO, 2010b), the actions taken in its name and the potential effects on children are far from it. Public health institutions in many industrialised countries have been launching widespread calls to address obesity, and efforts directed specifically at children have been gaining momentum (Shields, 2006; WHO, 2010b). For instance, in Canada in the late 1990s *Health Canada* called for additional efforts to address children's obesity, and by 2002 the *Canadian Society for Exercise Physiology* (CSEP) had created the first *Physical Activity Guidelines for Children and Youth* (Tremblay, Kho, Tricco, & Duggan, 2010). In 2011 CSEP released its newest set of guidelines, with the purview of providing authoritative, evidence-based standards of physical activity for youth and children to address the risk of obesity. These guidelines state that: "children aged 5-11 years and youth aged 12-17 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily" (CSEP, 2011).

Relying on these and similar guidelines, health organisations in Canada, the USA, Australia and the UK have launched campaigns directed at children and youth in an effort to meet the physical activity recommendations (Department of Health, 2011; WHO, 2010a). For instance, an approach taken in Canadian campaigns to tailor interventions to children has been to emphasise 'play' to promote physical activity. Two particularly important Canadian organisations creating these campaigns in Canada are: *ParticipACTION* (2012), a government-funded organisation promoting physical activity to children, and *Active Healthy Kids Canada* (AHKC) (2012), an affiliated organisation

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evaluating and promoting childhood physical activity (Active Healthy Kids Canada, 2013). In this way, play has begun to appear as a proxy for physical activity and has been viewed as a critical component of childhood obesity prevention strategies (Active Healthy Kids Canada, 2012; ParticipACTION, 2012).

In response to the momentum around obesity prevention, a growing body of research has critically examined the impacts of obesity interventions targeting children and youth, highlighting some of their unintended effects, such as stigmatisation of overweight, disordered eating, and generally reinforcing the notion of health as equated to a thin body (Beausoleil, 2009; Gard, 2010; Gard & Wright, 2005; O'Dea, 2005; Rail, Holmes, & Murray, 2010; Rich, 2011; Rich, Monaghan, & Aphramor, 2010; Wright & Harwood, 2009). Recently, some of these scholars have begun to examine obesity discourses as pedagogies of the body, theorising the concept of 'biopedagogies' to describe the normalizing and regulating practices that provide knowledge about bodies and health and which urge people to work on themselves in light of this knowledge (Rail, 2012; Wright & Harwood, 2009). 'Biopedagogy' has thus been a valuable theoretical lens through which to critically examine obesity discourses for what they teach the population about 'how to live'. However, the effects of adopting play within such biopedagogical practices around obesity prevention have not yet been examined. Because children's play is becoming firmly enmeshed with obesity prevention, the current article draws on the concept of biopedagogies as a way to critically examine play interventions in Canadian public health as biopedagogical practices. As these biopedagogical practices are directed towards children's play, this article places children's discursive constructions of play in dialogue

with the public health messages around play. This allows us to critically examine the public health discourse itself as well as the effects it may have on children's play.

Precisely because public health institutions embody such powerful and authoritative forms of governmental regulation, their ways of constructing and resolving problems often become politically and socially dominant (Bacchi, 2009). As such, when children's play is addressed as part of obesity prevention strategies, the emerging discourse may have a disproportionate influence in the shaping of children's play as a health practice. In this article, we argue that drawing on play to prevent obesity runs the risk of reshaping play for children, such that only play that is explicitly active will be privileged, while play that is less active though equally important to child well-being, is neglected.

Theoretical framework and article aim

Biopedagogies bring together Foucault's concept of biopower with the idea of pedagogy to form a 'pedagogy of *bios*', a practice that teaches people about how to live, eat and act (Harwood, 2009). Biopower (Foucault, 2008) includes the efforts on the part of the state to solidify itself through the regulation and discipline of life through the expansion of governmental techniques to manage populations. Referring to Foucault's (1977) work, Burrows (2009) writes that the state, represented by government programmes, operates through "a diffuse set of technologies to govern the actions of families, but also constitute families' understanding of themselves as viable, good and healthful" (p. 127). These governing technologies which include documents, interventions and campaigns can be understood as biopedagogies (Rail & Lafrance, 2009). Normalising mechanisms within biopedagogies also delineate appropriate body weight as well as the appropriate means of

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achieving these norms. According to Harwood (2009), it is critical to question obesity prevention practices to examine how we are "'taught', via biopedagogies, to be 'healthy' (and good) citizens" (p. 17). Biopedagogies are thus an orienting theoretical concept, which we use in this article to draw attention to the disciplinary pedagogies aimed at children bodies and their play activities, as well as to regulatory strategies aimed at the population of children 'at risk of obesity'.

We consider the practice of linking play with physical activity and obesity prevention as potentially problematic for two related reasons. First, as Wright (2009) suggests, biopedagogical practices govern children's bodies which are sites "where social meanings become embodied" (Wright, 2009, p.5). We suggest that children come to understand themselves in part through the social meanings attributed to their play activities; meanings increasingly informed by links between play and health (i.e., productive play) or alternatively between play, unhealthiness and risk (i.e., frivolous play). This, we argue, may unwittingly reshape the meanings and affective experiences attached to playing for children. Second, within the Canadian public health discourses on 'play', children's perspectives are largely absent or only infrequently addressed. This is a critical omission, since children appear to have preferences for play that do not directly align with the 'play' promoted in public health (Author et al., under review).

In the current article, the biopedagogical practices around play are put in dialogue with children's narratives of play as a way to put "different registers of meaning into relation with each other" (2009, p. 110). As Fullagar (2009) suggests setting these two types of texts alongside one another "repositions different sources of authority (expert and lay)" (p. 110), a type of analysis which "unsettles the power-knowledge relations…in

particular the expert authority of policy and the assumed lack of expertise of individuals who, it is assumed, need to be 'better educated'" (p. 110). The inclusion of an analysis of children's narratives on play is thus a means to examine how playing is increasingly being promoted as a health practice and how children are being urged to engage in physically active play to reduce the risks of obesity. Specifically, the article examines how, when play is tied to obesity prevention efforts, the public health discourse on play may be establishing new norms for how children ought to play, and in what ways children are (or are not) taking up the public health discourse around play.

Methodology

Biopedagogical discourse analysis

Harwood (2009) suggests that the analysis of biopedagogies is informed by what Rabinow and Rose (2006) outline as three principal elements involved in the analysis of biopower. First, a biopedagogical analysis questions the knowledge and the authorities (i.e., pedagogues) who impart instructions, and examines the instructions (i.e., truth discourses) that are being given; second, it questions the strategies for intervention "in the name of life and health" (Rabinow & Rose, 2006, p. 197) which ensure that individuals become "objects to be worked on, to be pedagogized" (Harwood, 2009, p. 24); and third, it attends to modes of subjectification through which "individuals are brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of their own life or health, that of their family or some other collectivity" (Rabinow & Rose, 2006, p. 197).

Basing our biopedagogical discourse analysis on these elements, this article begins with a questioning of the knowledge, the accepted 'truths' and the instructive practices around the problem of children's obesity (Bacchi, 2012). It then attends to the technologies of power, those strategies that govern children with regard to obesity and physical activity, as well as the technologies of the self, which include techniques by which individuals (i.e., children) come to regulate their own behaviours (Arribas-Ayllon & Walkerdine, 2008; Markula & Pringle, 2006). Lastly, the article examines subject positions, the repertoire of discourses that are available for children and families, as well as the modes of subjectification, which include the kinds of 'citizens' (i.e., children) the public health texts aim to produce (Arribas-Ayllon & Walkerdine, 2008; Bacchi, 2009; Harwood, 2009; Markula & Pringle, 2006).

Data Collection

We collected two sets of empirical data for this study. The first includes Canadian public health texts promoting 'active play' to children. The second includes photo-elicited narratives about play from a group of Canadian children.

Public health texts

We examined four Canadian organisations for texts relating to children's physical activity and play. First, we conducted a broad search on the websites of two principal public health agencies, *Health Canada* and the *Public Health Agency of Canada* (PHAC). As government organisations, *HC* and *PHAC* set the public health agenda (e.g., fighting child obesity) and fund health-related initiatives. We included three texts from *HC* and three texts from *PHAC* based on their relevance for children's obesity, physical activity,

risk and play.

Second, we examined what we considered to be the two principal organisations engaging in biopedagogical practices: *Active Healthy Kids Canada* (AHKC) and *ParticipACTION*. *AHKC* is a national charitable organisation producing "knowledge, insight and understanding that influences thinking and action" to increase physical activity among children (2013). *AHKC* produces yearly *Physical Activity Report Cards for Children and Youth* which report on the state of physical activity. One of their main strategic partners is *ParticipACTION,* which labels itself the "national voice of physical activity and sport participation in Canada". *ParticipACTION* supports *AHKC's* work by creating physical activity campaigns, providing communications strategies, marketing and public relations and provides research and intervention resources for other interested groups (i.e., schools, parents, community) (ParticipACTION, 2013b). We included five texts from *AHKC* referring to their *Physical Activity Report Cards* (2010, 2011 and 2012) and included seven texts from *ParticipACTION* which referred to *AHKC's Report Cards,* physical activity campaigns*,* worksheets for children and tips for families about how to engage in active play. All texts were publicly available online and written/published between 2007 and 2012.

Children's Textual Narratives

We recruited a sample of 25 English and French speaking boys (N=10) and girls (N=15) aged 7 to 11 years living in Montréal, Canada using snowball sampling and posters displayed in youth centres. Four children were 7 years old, nine children were 8 years old, seven children were 9 years old, two children were 10 years old and three children were 11 years old. Of the 25 interviews, 22 were conducted in French and three in English. Five

children spoke a language other than French or English at home (i.e., Bengali, Armenian, Chinese, Spanish and Greek). Our sample included families from diverse socio-economic positions (SEP).

[Author1] collected the photographic, interview and observational material over two sessions with the child at their family home. During the first session, [author1] asked each child to photograph what he/she considered play with a digital camera loaned to him/her. [Author1] took detailed fieldnotes about the child's photography and conversations had with the child during this session. The second session was held approximately two weeks later and included a semi-structured, photo-elicited interview. The interview guide was informed by the study's themes of interest around play, physical activity, risk and pleasure. Discussions drew on six printed photographs that each child selected after the photography session. Interviews were digitally recorded and transcribed verbatim. All children's names have been replaced with pseudonyms.

All textual material was entered into the qualitative analysis software TAMS Analyzer for coding and analysis. Both the public health texts and children's narratives were first coded based on broad themes (i.e., play, obesity/physical activity, risk/safety, pleasure/affect). Children's narratives were additionally coded for instances of self-governance to examine how children come to act on their own leisure behaviours. All codes were discussed between [author1] and [author2&3]. Textual material was first coded by [author1], discussed with [author2&3], and then further analysed through multiple readings of the material. Ethical approval for this study was received on February 25, 2011 from [University's] Health Research Ethics Committee and data were collected between April 2011 and March 2012.

Findings

We begin by problematising assumptions within public health texts regarding the childhood obesity epidemic and question the technologies of power that aim to govern children's play in the name of obesity prevention. Drawing on children's narratives, we also examine whether children take up these messages and regulate their own play activities. Finally, we consider how biopedagogies of obesity produce particular subjects, practices and beliefs about ways to play.

Problem of obesity

According to Bacchi (2009), the assumption that governing practices are merely reacting to problems that exist 'out there' in the world must be challenged. Rather, she argues that the dominant conception of a problem is but one of many possible problem constructions. Furthermore, since governments have a privileged position, their problem constructions often become constituted in the legislation, reports and technologies used to govern and are therefore especially in need of critical examination (Bacchi, 2009). One such problem representation is that of childhood obesity.

The *PHAC's* (2008) *Healthy Settings for Young People in Canada* report suggests: "obesity among young people has become a leading public health issue in Canada" resulting in "elevated risk factors associated with heart disease and type 2 diabetes…problems with the bones and joints, poor emotional health and well-being, and a reduced overall quality of life" (p. 41). Moreover, the problem of childhood obesity is attributed such importance because of the direct link made between childhood obesity and Canadian economic prosperity. *Health Canada's* report *Reaching for the Top: Healthy*

Children & Youth (2007) outlines the economic urgency of addressing the growing threat of childhood obesity:

> There are significant economic impacts related to obesity…It is estimated that physical inactivity costs the Canadian health care system at least $2.1 billion annually in direct health care costs, with an estimated annual economic burden to Canadian taxpayers at $5.3 billion (p. 97-100).

While the explicit problem of 'childhood obesity' is clearly stated, it carries within it an implicit representation of the character and causes of the problem (Bacchi, 2009). Indeed, an implicit cause of obesity is children's inappropriate leisure choices. In a media report about AHKC's 2011 *Report Card* they suggest:

> An alarming modern-day trend has emerged – Canadian kids are coming home from school and are parking their bodies …hitting the couch after school has become the norm, with 73% of parents reporting that their children are engaged in very sedentary behaviours like watching TV, reading, or playing video and computer games after school (Active Healthy Kids Canada, 2011)

Sedentary play, especially 'screen time', is thus the implicit problem viewed as a major cause of the childhood obesity.

This implicit problem of children's inappropriate leisure activities is further underscored by the solution formulated to address it: the promotion of active play. Indeed, because the government cannot directly regulate children's health behaviours, governmental and non-governmental agencies, such as *AHKC* and *ParticipACTION* have taken on the role of urging children and families to prevent obesity by engaging in "appropriate leisure choices" (2009, p. 111).

'Active play' promotion: Biopedagogical practices and discursive effects

AHKC first introduced 'active play' as an indicator for children's physical activity in the 2007 *Report Card* and already by 2012 the *Report Card* was entirely dedicated to the promotion of 'active play'. However, the theme of the 2012 *Report Card* evokes a swan song for 'active play'. The *Report Card* is entitled *"Is active play extinct?"* and the cover recalls an archaeology museum and depicts a dinosaur skeleton looming over a small red ball in a display case that reads "Ball: Children's Toy". In the *Report Card AHKC* write that "46% of kids aged 6-11 get 3 hours or less of active play… per week" and they conjecture that "the structure and demands of modern Canadian life may be engineering active play out of our children's lives" (2012, p.12). They continue:

> This is alarming news, as active play is a promising, accessible and cost-effective solution to help Canadian children and youth meet the Canadian Physical Activity Guidelines (p. 14).

As such, by positioning 'active play' as a 'thing of the past' *AHKC* justifies its more urgent promotion. Indeed, *AHKC* defines 'active play' as an activity that includes:

> essential qualities of play in general (i.e., fun, freely chosen, personally directed, spontaneous), but … differs in one important area: energy expenditure…active play involves physical activity at energy costs well above resting levels but often below 'exercise' levels (2012, p.23).

However, although *AHKC* is promoting 'active play' (akin to "play in general"), the main goal is for children to meet the *Physical Activity Guidelines:* 60 minutes of physical activity per day.

Based the 2012 *Report Card*, *ParticipACTION* developed a campaign entitled *Bring Back Play!* (ParticipACTION, 2012). The campaign:

> encourages parents to increase their children's physical activity levels by bringing back the kind of unstructured, active play that kept them healthy and happy when they were kids.

Online materials for parents include tips and tools, among which role modelling pleasurable physical activity figures particularly strongly:

> Your kids are watching you, even when you're watching TV! Keep TV viewing in moderation. Make sure you live an active life. It's important that your child sees you running, walking and playing sports. Display a positive attitude that being active is fun and feels good. (ParticipACTION, 2013a).

Another of *ParticipACTION's* 'active play' campaigns specifically targets mothers. The campaign *Think Again* (ParticipACTION) is comprised of a series of short, entertaining video clips that aim to encourage mothers to 'think again' about the amount of physical activity their children are actually getting. In one clip a mother is shown saying: "My Jamie plays soccer twice a week, that's plenty of activity!". A soccer ball then enters from off-screen and hits her on the shoulder. The concluding message reads bold across the screen:

> "Think Again. Fact is, kids need at lest 60 minutes of physical activity per day, every day" (ParticipACTION, 2011a).

Alongside these multi-media campaigns *ParticipACTION* has also created workbooks for children that provide suggestions for games and fun physical activities (ParticipACTION, 2011c). Children are encouraged to track how many minutes they have been engaged in

'moderate to vigorous physical activity' (MVPA) each day and to assign themselves a grade. Each grade comes with an evaluative statement of their physical activity efforts:

'A' - At least 60 minutes of MVPA daily for at least six days a week. More is even better.

Wow! You totally Rock!!!

'B' - 60 minutes of MVPA daily for at least five days a week. You know it's fun to move around.

Why stop short!

'C' - 60 minutes of MVPA daily for at least four days a week.

You are a halfway active sort of a kid.

'D' - 60 minutes of MVPA daily for at least two days a week.

So you know how to move... why not tryout something new?

'F' - Less than 60 minutes of MVPA daily.

Holy Cow! Do you realize that you've basically done nothing all week?

The message here is clear: unless children's playtime is 'active' for 60 minutes daily they have done "basically nothing all week".

The aim of the *AHKC Report Cards* and the *ParticipACTION* campaigns is for parents and children to individualise the physical activity messages, self-govern their leisure activities and adjust their "ways of thinking, judging and acting upon themselves" (Rose, 1999, p. xvi) in accordance with the public health messages. When discussing play with children, we found that some indeed appeared to reconstruct this discourse in their narratives. For example, when asking about play and physical activity, Arman, a nine-year-old boy, recalled *ParticipACTION 's Think Again* campaign:

I: So when you play, do you feel you have to move around a lot?

A: Ya, I mean, you should be active 60 minutes… you should do 60 minutes of physical activity per day.

I: Where did you hear that?

A: I heard it on TV.

I: Oh, ok. And do you try to do that?

A: Ya… but there are some things I don't understand in the advertisement. There's like a person who says "Valérie plays soccer twice a week". After that, there's like a ball that comes and hits her, and after that on the TV it says 'Think again'. But I'm not really sure why.

I: What do they say? The ball comes and …

A: 'Think again'. I don't really understand why. Is she supposed to be better, or improve?

I: …what do you think they're saying?

A: Every day.

I: And you, you think that's good?

A: Two times per week, no. Everyday, yes.

Arman's narrative clearly reproduces the public health discourse that children should be physically active and play sports everyday and that 'Valérie', who only plays soccer twice per week, is perhaps "supposed to be better, or improve". However, his statement that children should be active "everyday" was not reflected in Arman's remaining visual and narrative constructions of play. Although he discussed and photographed play that was active, such as biking, picking raspberries and acrobatics, the majority of the play activities

he photographed and discussed would be given the label of 'sedentary'. For instance, he made ceramics, built model boats with his dad, played the flute, learned magic tricks, and also played on the computer. Indeed, although Arman's narrative appears contradictory, this may simply be the expression of the multiplicity of discourses available in everyday life with regard to play (Alldred & Burman, 2005), even if the most explicitly available discourse appears to be that which dictates '60 minutes of physical activity per day'.

Binati, an 8-year-old girl, also discusses the fact that there are "better and worse ways" to play. Binati did not photograph a lot of conventional toys and she did not discuss games or play explicitly because, her favourite activities involved looking at, and caring for, the 'pretty items' in her home, such as her mother's china, a chandelier in the apartment and some plants and artificial flowers that she and her mother had put in the apartment stairwell. When asked about her playing, she talked about her exercise routine:

I: When you think of playing, what do you like doing best?

B: I like doing exercise.

I: What kind?

B: The kind like when you move your arms, move your feet, like this.

I: Is that something you do at school?

B: No, not at school, it's things I do at home. I don't do these at school.

I: And what is that like for you?

B: I find it a little bit good.

I: And why do you do these exercises?

B: For making even better my body …

I: Do you sometimes just play?

B: You have to do exercise instead of play. It's not good.

I: You have to do exercise?

B: Yes, because me, I like it when my body is re-energized, it's much better and all.

Although Binati does not explicitly invoke public health discourses around 'active play', she nonetheless appears to self-govern her play according to wider discourses about physical activity and the body, thus constructing a narrative of what involve 'good' or 'not good' leisure activities.

In contrast to the public health texts, children's narratives pointed to the important role of affect in 'sedentary' forms of play, such as reading, drawing, knitting or playing on the computer. These provided children with a sense of calm or comfort, relaxation and enjoyment. For instance, Florence, an 8-year-old girl, said that although she liked to play basketball and hockey, playing in calm, quiet ways felt good when she was sad or alone:

F: Sometimes I'm more sad. Say, you don't feel very good sometimes, well, you can just play, and this feels good… I read more, and I do what relaxes me … like knitting, and books … it feels good to do it when you are all alone.

Sebastien an 11-year-old boy discussed drawing as particularly relaxing. Although he spent a lot of his free time training for and playing soccer, drawing was a way for him to let his imagination out:

Drawing is also when… I feel that I have to let my imagination out… What I like about drawing is that there are no limits, you can draw pretty much anything… and when I'm done my drawing, what I like is that, well, I'm relaxed. I drew something. I had fun.

Computer games, denigrated in public health texts, appeared to play a social role for some children. For instance, Sullivan a 9-year-old boy mentioned that aside from playing hockey, playing computer games with his friends was a favourite activity:

I: And what about computer games?

Sull: They're fun sometimes like when a friend comes over and we play a bit on the computer, we play games. It's fun because you get to see the other, like your friend, like reacting, how they feel, that depends how you feel.

Given the children's responses, the assumption that sedentary play is unequivocally unhealthy must be questioned. Indeed, Biddle, Gorely, Marshall, Murdey, and Cameron (2004) have challenged the fears about a "'couch kids' culture in modern western society" (p. 29) and argue that children's sedentary activities do not displace their physical activities, and that these activities do not necessarily have to be considered obstacles to physical activity. We observed that children in our study constructed a diverse picture of play that is at once active and 'sedentary', and indeed, engaging in sedentary activities does not foreclose children from being active in other ways. Claiming that sedentary play is risky and should be replaced with 'active play' thus neglects the observation we made among our participants that diversity in play (i.e., active and inactive) is important to children and indeed appears be the 'norm'. Not considering this in the public health discourse on play has the potential to obscure the benefits of 'sedentary play' that children highlight.

Negotiating tensions in public health knowledge: risk and play

Public health knowledge, though authoritative, is like much scientific knowledge: characterised by instability and contradiction, and this particularly with regard to what receives the label of a health risk (Foucault, 1980; Lupton, 1995; Petersen & Lupton,

1996). As outlined above, the current public health interventions have created risk narratives around childhood obesity, which extend to children's sedentary forms of play. However, within these interventions, 'active play' itself has begun to embody a set of risks for children, which function to further complicate the risk landscape around play.

The *PHAC* has recently launched an initiative called *"Active and Safe After School"* which aims to promote safer outdoor 'active play' for Canadian children (PHAC, 2012a, 2012b). *PHAC* states that the aim of the initiative is "reducing injuries at playgrounds and other outdoor spaces, while encouraging our kids to lead an active, healthy lifestyle" (PHAC, 2012b). They write:

> While the Government of Canada encourages Canada's children and youth to become more active and live healthy lifestyles, it is also important to ensure their safety while being active. Through the *Public Health Agency of Canada*'s *Active and Safe* initiative, the Government of Canada is investing $5 million over two years to… reduce unintentional injuries among children and youth by improving the safety of outdoor play spaces (PHAC, 2012a).

This initiative thus promotes active outdoor playing, but suggests that safety is a concern that needs to be addressed. However, what can be surmised from this initiative is that active outdoor play is currently unsafe, and this is a perspective that has increasingly been adopted by parents (Boufous, Finch, & Bauman, 2004; O'Brien & Smith, 2002; Veitch, Bagley, Ball, & Salmon, 2006). As McDermott (2007) argues:

> while inactivity is identified as a risk factor for…obesity, physical inactivity is itself positioned as the result of other risk factors that are therefore of increasing

regulatory concern for active living proponents, including…parental anxieties regarding unsupervised children's play (p. 316).

As such, it may appear paradoxical that the *AHKC's* 2012 *Report Card* implies that parental fears around safety are 'misguided' and in fact detrimental to children's 'active play'. They write:

> 58% of Canadian parents agree they are very concerned about keeping their children safe and feel they have to be "over-protective of them in this world"… Unfortunately, over-protective parenting, plus the lure of ever present technology, is driving kids into highly controlled environments, where they have little opportunity to let loose, run around, build, explore… Perhaps in a misguided bid to protect and direct them at all times, we have taken away our children's freedom to throw open the doors and go play.

In fact, recent debates claiming the benefits of experiencing some risk in play have even informed the *AHKC's* 2012 *Report Card* (Brockman, Jago, & Fox, 2011; Brussoni, Olsen, Pike, & Sleet, 2012). However, while requesting parents to loosen one protective grip on play, they also charge parents with producing *new* risks for children. The 2012 *Report Card* continues:

> The net result of our over-parenting behaviours is decreased physical activity, decreased fresh air and sunlight exposure, increased obesity and increased risk of harm from cyber-crime.

As such, in these texts, risks for children abound. While the risks of becoming obese are invoked to motivate children's active playing, various risks are also attributed to 'active play'. Further compounding this risk landscape around play, parental over-protectiveness is

highlighted not only as an obstacle to obesity prevention efforts, but also as introducing *new* risks. Parents are instructed to free themselves of one fear (i.e., risks in outdoor play) while being vigilant of others (i.e., decreased fresh air and sunlight, increased cyber-crime), a negotiation which is done in the name of preventing the risk of obesity.

These messages promoting 'active play' thus represent important regularizing technologies of power shaping what the population does and does not accept in terms of risk and safety in children's play. Yet, as Fullagar (2009) points out, "leisure in this sense is inherently risky, which means pleasure and danger have to be constantly evaluated, taught and negotiated by adults who facilitate children's experiences" (p. 122). These approaches to risk and 'active play' thus require negotiation.

Not surprisingly, the children in our study appeared to negotiate between risk and safety in their constructions of play and illustrated divergent perspectives, mirroring the diverging discourses available to children with regard to play, risk and safety. For instance, Marianne, a 10-year-old girl, appeared to self-govern her play in terms of safety. When she talked about playing in her backyard and neighbourhood she highlighted the importance of safety rules and adult supervision of play:

> **M:** Well, in our back alley, sometimes the kids playing are not supervised, and sometimes there are parents who come to ask us: 'have you seen my child, I don't see him anymore', so then it's like, 'you should supervise your child, it's dangerous!'… At the park, well, I can't go alone… I'm not allowed. And when we're in the alley, well, anything can happen, so my mom says she always has to be in the yard to supervise me. And when we are in the yard, she has to be somewhere close by where she can supervise us in the yard.

Marianne not only echoes the 'safe play' discourse of her mother, but she adopts the safe play discourse as her own and self-governs her play with the sense that she 'doing the right thing'. Indeed, Marianne reproduces the safe play discourse in her judgment of neighbours who do not abide by these safety practices. Marianne is thus exemplary of the pedagogized individual, who through technologies of the self is brought to regulate her actions "in the name of life and health" (Rabinow & Rose, 2006, p. 197).

Other children in our study did not reproduce these safety prescriptions in their play narratives. For instance, Arman talked about doing acrobatics on the play module at school, which he said he especially enjoyed. However, his teachers find the acrobatics too dangerous:

A: The teachers don't like it when your head is hanging down. They don't like it

… they find it dangerous.

I: And you?

A: It's cool. It's not dangerous, it's cool.

I: Why is it cool?

A: Because when you're hanging down you can make more figures than when you

are upright… I can hang upside down for hours and hours… it's forbidden.

For Arman, who said that he had often done acrobatics and was very agile, being told that this kind of play was dangerous and forbidden was frustrating. It limited his enjoyment of being able to do something 'cool', and ironically, it limited his opportunity to play actively at school.

Alain, a 9-year-old boy, also discussed taking risks in his play as especially pleasurable. He talked about biking, one of his favourite activities:

A: Ya, I like riding my bike… So, you have the bike here and you have a bar that holds your seat [*cross bar*]. Well, I put my feet on that bar…and then I stand up, except that I'm still holding the handle bars.

I: So you're standing on your bike?

A: Ya, because I'm going really fast, and I don't fall because I hold on pretty well. I'm also kind of used to it… it took a long time before I knew how to do it. Before, I used to just put my feet on the bar, and I was afraid of standing up. Then I stoop up a little. Then I got used to it, so I did the big standing figure…

I: Who taught you to do that?

A: No one, I learned it on my own…

I: Do other people find it dangerous?

A: Sometimes when I stand up, some people say, like my friends say, "Stop, it's dangerous, you might fall and hurt yourself". It's a little bit dangerous. The people who are just starting to bike…they might fall easily. So, for them it's a bit dangerous.

Learning to perform the tricks on his bike was particularly exciting for Alain. Furthermore, play advocates such as Gill (2010) argue that removing risk from children's play leads to an underestimation of children's abilities, limiting the "very experiences that help them to learn how to handle the challenges that life may throw at them" (p 1). Learning how to take risks, in this case standing up on a moving bike, may thus benefit children, informing how children approach, judge and safely navigate future risks (Brussoni et al., 2012).

The public health attempts to regulate and manage children's play *for* health and safety, appear to have resulted in a risk discourse on play that is far from unequivocal, and

furthermore requires children (and their parents) to negotiate the tensions and contradictions around play and risk.

Discussion: Shaping the actively playing child

Children in many industrialised societies are increasingly subjected to biopedagogies (Harwood, 2009) through which activities that demonstrate a potential to discipline and optimise children's bodies and health are valorised. However, when play is taken up in a biopedagogical practice to promote physical activity, the result is a discourse that appears to enable certain representations of play (i.e., active and safe), while obscuring or marginalising others (i.e., sedentary, risky).

Burrows (2009) writes that biopedagogies work not only at the level of the material body (i.e., shaping physical bodies), but also to produce and reproduce subjects (i.e., families, children), as well as their practices and beliefs (p. 136). Biopedagogical practices (i.e., public health discourses) examined in this paper actively shape the subject positions available for children, specifically with regard to leisure, physical activity and risk. These discourses offer subject positions though which play is constructed as active, pleasurable, safe and yet, freely chosen. For instance, naming children as 'active' or 'sedentary', or as having 'basically done nothing all week' discursively constructs subject positions with regard to physical activity and leisure which children reproduce, negotiate or reject. Some children in our study appear to self-govern their leisure activities in accordance with these biopedagogical practices addressing play, health and safety. For instance, Arman, though he is uncertain of its exact meaning, repeats the 'truth' that playing actively more often is better, and Binati suggests that playing to exercise and re-energise her body is a better form

of play. Marianne also appears to happily reproduce a safety discourse regarding outdoor play. All three children appear to have taken up the biopedagogical messages regarding 'active play' and safety in their narrative accounts of playing.

However, these governing biopedagogical practices do not *determine* children's subjectivities, but rather shape possibilities of available subject positions. The tensions inhering biopedagogical practices require negotiation and thus make available multiple subject positions, including the possibility of resistance. This is particularly evident in the public health discourse around risk in play which reflects the multiple other risk discourses that are in circulation around play. This multiplicity appears to open up a space for resistance (Alldred & Burman, 2005). As such, unlike Marianne, Arman and Alain do not reproduce the discourse of safety in play, but adopt a subject position in which risk is acceptable.

Finally, Rail and Lafrance (2009) argue that biopedagogies are part of a "neoliberal notion of individualism" that views individuals as "capable of and responsible for changing their lifestyles through a variety of disciplinary techniques" (p. 76). Indeed, this notion of individual responsibility for avoiding risks and maintaining health appears to play an important role in the biopedagogical practices addressing children's play. As with obesity discourses in which individuals are encouraged to change their diets, underlying the discourses on 'active play', children and families are urged to negotiate their exposure to both the risks of obesity and the risks of 'active play' through their responsible management of leisure activities. In our study, Marianne's comment that it is "not really ok" when parents do not supervise their children characterises the position of the responsible, self-governing child who reproduces this discourse in her judgments of others.

What effects do these biopedagogies have on meanings of play? As we suggested at the outset of the paper, focusing on 'active play' as a biopedagogical practice for obesity prevention risks reshaping the meanings of play. Although *AHKC* takes a broad approach towards increasing physical activity among children, by drawing on 'play' as a means to do so reframes playing as an instrumental and productive activity. Given that children's subjectivities are in part shaped by the public health discourse, we argue that playing (actively) because it is healthy may be experienced qualitatively differently than playing (actively or otherwise) when there is no instrumental purpose. For example, Florence and Sebastien described particular forms of 'sedentary' play such as drawing, knitting, and reading as having an important affective role (i.e., relaxing, calming, exercising imagination). Yet in this discourse, play that is not active, even if it is clearly affectively important for children, is neglected. Indeed, when playing is attached to the promotion of physical activity, is prescribed to be safe (but not overprotected) and should be engaged in everyday, we have to wonder whether 'play' can still embody those features (i.e., "fun, freely chosen, personally directed, spontaneous") that the *AHKC* identify in their 2012 *Report Card* as fundamental to play.

As a governmental institution, public health wields a particularly strong normative and regulatory influence over the construction of health problems, over how the problem should be addressed, and thus over the population's behaviours as they relate to the issue (Bacchi, 2009). Accordingly, biopedagogical practices of obesity act as authoritative and influential forms of governance which, through technologies of power and of the self, aim to regulate and discipline children's leisure activities (Wright & Harwood, 2009).

We argue in this article that by incorporating play within obesity prevention

strategies the meanings of play for children are being reshaped. Indeed, our finding that some children reproduced and others negotiated the dominant public health discourse on play highlights the pervasive influence of such biopedagogical practices on children's play. We contend that the 'active play' discourse privileges some forms of play while neglecting others that do not explicitly fit within the current mandates for physical health promotion. This may have unintended consequences for children's well-being, particularly when the neglected forms of play are highlighted as beneficial for children's social and emotional well-being.

Acknowledgments

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CHAPTER 6. DISCUSSION

Children will never adopt as their own tradition the games which may be composed or remodelled, professedly for their amusement, but with the secret purpose of moral direction (W. Newell, 1883 cited by Chudacoff, 2007, p. 96).

The main point of departure for this thesis was the observation that discussions and concerns were growing in both academic literature and popular media about the contemporary changes and perceived declines in children's opportunities to play. What was of particular interest was that children's play, predominantly a subject of concern for child psychologists and educationalists, was increasingly being taken up in public health discussions around childhood physical health and obesity. While play has been researched and advocated within psychology and education as an activity that benefits children's development and overall well-being, the pivotal question of this thesis emerged from the growing public health interest in play: how might the discourse around, and concrete activities and meanings involved in, children's play be re-shaped when it is promoted as a health practice?

As such, in this thesis I set out to examine what I considered to be an emerging public health discourse on play. In Article 1, I laid out the public health position on play, arguing that the new conception of play within public health may be stripping children of some of the qualities of play that are also considered important to children's overall well-being, and which are deemed essential components of the conception of 'health' within the field. Given this, I argue that it is important to conduct a critical examination of how this discourse is beginning to shape normative forms of play for children as well as children's own constructions and experiences of their playing. To do this, I addressed three specific objectives in the three remaining thesis articles. In Article 2, I aimed to identify the dominant values, assumptions and practices underlying the public health discourse on children's play and to examine the ways in which this discourse may be privileging particular forms of play, while obscuring others. Article 3 explores children's own discursive constructions of playing through their narratives and photography, while Article 4 juxtaposes these two discourses on play to examine first, how the public health discourse may be shaping the meanings and affective experiences of playing for children and second, whether children reproduce or resist this health discourse on play.

This chapter discusses several themes that emerged from the thesis findings: first, play as being at the intersection of risk and affect and second, play as healthy and productive. These themes will be reviewed and positioned within public health research and then discussed in the context of broader values and rationalities that underlie our contemporary thinking around health, children and their leisure activities.

6.1 Play, affect and risk: The pleasure (and risk) paradox

In their essay on pleasure and public health Coveney and Bunton (2003) argue that the topic of pleasure has been absent from public health research and practice, likely because pleasure is viewed as too frivolous to become integrated into serious health research (Coveney & Bunton, 2003). While pleasure is a meaningful human experience and accounting for pleasure is critical in understanding how humans interact in the world, the authors argue that within the realms of public health research and practice, pleasure and pleasure-seeking activities are considered irrational, unhealthy and risky (Coveney & Bunton, 2003). As a result, public health interventions tend to restrict the risky engagement with pleasurable activities (Coveney, 2006). Coveney and Bunton (2003) add that paradoxically, while the experiences of pleasure are typically associated with freedom and spontaneity, within public health, they are continually surrounded by regulation, management and control.

Perhaps unsurprisingly, the notion of pleasure is an especially salient theme in discussions of children's play. Indeed, rather than being evacuated from public health, pleasure and fun were central concepts in the public health discourse on play. Public health documents frequently drew on notions of pleasure and fun as tropes for being physically active, and pleasure was specifically invoked to promote physical activity and active play. Furthermore, playing more generally was constructed as a proxy for physical activity. As a consequence, the pleasure attributed to playing was also assumed to be an essential component of physical activities for children. These messages not only imply that being active and having fun must necessarily co-occur for all children, but since pleasure and fun

are firmly implicated in the promotion of physically active leisure, these affective notions themselves become instrumentalised. Pleasure (as defined by public health) thus emerges as a prescribed affective experience for children engaging in physical activity and active play. As such, while the public health discourse on children's play is evidently not 'pleasure averse', pleasure is nonetheless transformed; it becomes an instrumental notion drawn on to promote physical health.

Even less surprisingly, pleasure and affective experiences emerged as a prominent topic of children's narratives about play. However, children discussed experiences of pleasure in relation to their play in ways distinct from the public health discourse. Always an end in itself, children frequently described playing as including *any* kind of experience, both active and inactive, with which they associated positive affect. This meant that the focus was not necessarily on specific play activities or even exclusively on the experience of fun or pleasure. For instance, knitting, reading and drawing were discussed as activities that rather than elicit pleasure or fun explicitly provided a sense of soothing, calm or comfort when children were not feeling well. This highlights the varied affective experiences that children associate with their play; experiences that do not necessarily overlap with the pleasure in active play promoted within public health.

More than a discrete fun and pleasurable activity then, play for children appeared to be an affective disposition towards diverse activities, some of which would perhaps not necessarily be conceived of as play within public health (i.e., reading, laughing). Malaby's (2009) arguments regarding play as a disposition resonate with these findings. Within Malaby's (2009) elaboration of an approach to play and games, I refer to his idea that play can, above all, be viewed as an affectively meaningful disposition or experience. Rather than conceiving of play as an activity, Malaby (2009) argues that viewing play as a world-view or a disposition characterises play as being associated with a particular mode of experience that is in relationship with social practices and processes; "a dispositional stance toward the indeterminate" of everyday life (Malaby, 2009, p.208). Likening this to Huizinga's (1949) 'play element', Malaby (2009) argues that play, viewed as a mode of experience, of engaging in the world, can be differentiated from play as a category or

distinct activity, and is differentiated most of all by what Huizinga (1949) had described as the utilitarianism, drive for efficiency and the "routinization of experience" (Malaby, 2009, p. 210). Children's descriptions of play as affective experiences, as expressions of a disposition toward diverse activities, allows for a clear differentiation between what children in this study constructed to be play and the utilitarian conceptions of play put forward in the public health discourse.

Closely linked with the discussions of pleasure in play, risk also emerged as an important topic in this thesis. Within the public health discourse, children's playing was permeated with risks; health risks were frequently attributed to sedentary forms of play, as these were seen as contributing to inactivity and to increasing rates of obesity. Outdoor active play was thus promoted as a solution to the risks of inactive play. Yet outdoor play also appeared to embody risks for children, and widespread and popularised discussions about child safety appear to have affected societal, and especially parental, perceptions of risks in outdoor play (Carver et al., 2010; O'Brien & Smith, 2002). Furthermore, while the Canadian government, on the one hand, promotes campaigns for safety in outdoor play, on the other hand, public health recommendations suggest that parental overprotection is restricting children's active play, thus exposing children to more health risks. Being indoors to play, they argue, children incur additional health risks that are related to reduced fresh air and sunlight and the "risks of cybercrime". Playing thus requires a negotiation for parents and children between wanting to reduce the multiple risks involved in sedentary, indoor play and attempting to avoid the potential risks of outdoor play. Playing, as it is discussed within public health, appears to bear well the slogan "you're damned if you do, and you're damned if you don't".

These risk discourses on play in public health provide a contrast to the ways in which children described their experiences with risk as linked to play; importantly, for some children, risk in play was associated with pleasure. Unconventional play structures that were considered risky were described as pleasurable, while exciting experiences involved spontaneously trying out new, and sometimes risky, ways to play. Indeed, it was precisely the element of risk in play that some children suggested brought them greater

excitement and pleasure. However, because of the dominant anti-risk discourse children are exposed to in schools, from parents and from government safety organisations, parents and children had to negotiate risks and pleasures in play.

While children acknowledged that risky forms of play were at times illicit (i.e., involving physical risk) or not generally sanctioned (i.e., sedentary play, video games), these forms of playing were affectively important to some children. These findings are paralleled by Fullagar's (2009) research on how affect and pleasure have shaped the way Australian families negotiate healthy lifestyle discourses in their everyday leisure practices. Fullagar (2009) notes that families in her study felt they had to balance potential health risks with the benefits of engaging in leisure pursuits that were deemed unhealthy (e.g., sedentary leisure at home with family). Pleasure and risk thus required constant negotiation, especially for parents facilitating their children's leisure experiences (Fullagar, 2009). Fullagar (2009) writes that while families were conscious of, and wanted to be responsible about, healthy food and exercise practices, they also valued non-active (and therefore not strictly healthy) leisure pursuits, and this mainly because of the opportunities these activities offered for connections with family members (Fullagar, 2009).

The findings of this thesis thus suggest that while the public health discourse on play is replete with suggestions for pleasure and fun in children's active, outdoor play, risk as a component of pleasurable play is infrequently, if at all, addressed. And this, despite arguments made by increasingly numerous play scholars that risk-avoidance in children's play places constraints on their freedom and enjoyment in play, thereby reducing the benefits that children can glean from engaging with some risk (Carver et al., 2010; Gill, 2010; O'Brien & Smith, 2002). For instance, Sandseter (2009b) found that children experience both fear and exhilaration simultaneously when engaging in risky play, elements which are considered important experiential components of learning, while others go as far as to suggest that imposing too many safety restrictions on children can have detrimental developmental and health effects (Brussoni et al., 2012). Not wanting to fall into the trap of instrumentalising *risky* play as a means of developmental gain, nor wanting to argue for the prescription of risk as a necessary experience in play for children, I argue that the findings

of this thesis quite simply suggest that among many forms of play, risky play can also be viewed as affectively important for some children. Furthermore, similar to the work of Fullagar (2009), this thesis found that non-active (and therefore potentially risky) leisure activities were experienced as fun or as relaxing and in some cases as contributing to social connections (i.e., playing computer with friends, building a puzzle with family). Recognising that affective experiences are a critical component of children's constructions of play implies that discussion of risk in its multiple forms (i.e., risks of sedentary play or active play) cannot be evacuated from public health discourses, particularly if pleasure is to remain central to them.

My findings further align with Coveney and Bunton's (2003) more general observations about pleasure and risk in public health; that contemporary public health institutions shape citizens who self-govern their pleasures and risks in the name of health. In this thesis, this included the promotion of parent and child subjects who learn to be responsible for negotiating and managing the pleasures and risks involved in play. The authors call this form of negotiation the "personalized policing of pleasure and risk" (p. 66) and trace the modern tendency for public health to transform pleasures back to the disciplining and religious movements in the eighteenth and nineteenth centuries (Coveney & Bunton, 2003). In efforts to reform "unwholesome habits, disruptive behaviours" (p. 167), the adult pleasures of "decadence, depravity and debauchery" (p. 167) were transformed (Coveney & Bunton, 2003). In parallel, and infused with a similar sentiment, the child saving movement of the nineteenth century aimed to rein in and control children's dangerous, illicit and freely engaged in street play which was transformed, with the aid of organised playgrounds and new free kindergartens, into disciplined and sanitized play (Hart, 2002; Read, 2010).

The transformation of pleasures that are deemed risky is thus not a recent phenomenon. As the findings of this thesis show, contemporary public health institutions continue to construct some forms of children's play as risky and to transform some of the pleasures in play. Indeed, pleasurable social practices more generally are pervaded with risk discourses that require expert medical guidance and consequently become reshaped as

health productive activities. As Lupton (1997a) has highlighted, physical activity, once engaged in for "the pleasure of functioning" (p. 101), has increasingly been transformed and engaged in for the purposes of achieving good health. As such, through the production and management of risks and pleasures in public health, individuals are required be health conscious all the while being aware of the potential risks in everyday pleasures (Crawford, 2006).

6.2 Play, productivity and health

Another main finding of this thesis is that the values of productivity and utility for health surround children's leisure, and it is according to these values that children's play is evaluated, justified or relegated. Playing, when framed within a public health discourse as active and healthy, is understood and valued as a productive activity. Organisations such as AHKC and ParticipACTION repeat in their campaigns and workbooks that children's play is not a frivolous activity and should be valued because it is endowed with the potential to foster children's optimal physical health and development. For instance, some materials targeting children asked them to evaluate their leisure time according to the amount of physical activity it included. Children, whose leisure time did not include at least some physical activity, and at best 60 minutes per day, were described as inactive or as having done "basically nothing all week". Leisure time in this workbook was thus only valued if it productively contributed to physical activity. By advancing play as productive for health and by asking children to record, appraise and reform their leisure time for the amount of physical activity it contains, play takes on the characteristics of work or obligation in the public health discourse.

Such findings further demonstrate that play, like the pleasure that is inherent in it, is instrumentalised to productively promote to health. Writing about the instrumentalisation of play generally, Sutton-Smith (1995, 1997) has launched critiques of the overall tendency in the twentieth and twenty-first century to view play as an exclusively useful activity that promotes children's learning and development; a tendency he has termed the 'play as progress' orientation which permeates much research on play (Sutton-Smith, 1995). Sutton-

Smith (1995) argues that what underlies this tendency to view play as productive may be related to the modern progress-orientation that has its roots in the Enlightenment ideals of rational control and the view of humanity as capable of progress. These ideals inform the necessity for social practices and leisure activities to be productive - to contribute to progress and development - and thus attach themselves perhaps most readily to the social and leisure activities of children.

Public health is an institution of modernity in which such ideals of scientific and humanistic progress and values of rationality, utilitarianism and productivity inhere (Crawford, 2006). As such, contemporary institutions of public health play a central role in the instrumentalisation of social practices in general, but particularly, in the implication of health matters into realms of the social. As shown in this thesis, the justification for the promotion of a social practice (i.e., play) occurs on the basis of its health consequences. For instance, Meyer and Schwartz (2000) point out that as a result of an adherence to the ideals of a broad and holistic view of health, the 'new' public health (Baum, 2008) extends its reach into all areas of life and absorbs social issues as part of the health domain. With this, health and social issues have come to be viewed as inextricably linked. However, the authors argue that this becomes problematic when the health lens, through which social issues are viewed, narrows the scope of what is taken into account when considering the 'social' (Meyer & Schwartz, 2000). In the case of homelessness, the issue with which Meyer and Schwartz (2000) are concerned, a health lens narrows the scope of where to look for ways to address homelessness. That is, the political, social, and economic consequences of homelessness become less pertinent than the health relevance of being homeless, and are as such less likely to be addressed.

While play is not necessarily a health concern in the same way homelessness is, viewing play primarily within a productive health optic similarly narrows the scope of what play can mean (i.e., becomes relevant only for health and development) and thus also what can be included within its scope (i.e., play as active, healthy). This is a process Meyer and Schwartz (2000) call the 'public healthification' (p. 1189) of the social, which they liken to the well-known concept of 'healthism' (Crawford, 1980, 2006; Skrabanek, 1994). A

number of critical health scholars and medical sociologists (Crawford, 2006; Kirk & Colquhoun, 1989; Lupton, 1995; Petersen, 1997; Skrabanek, 1994) have argued that the growing value attributed to physical health exemplifies the phenomenon of healthism. For instance, Crawford (1980, 2006) has written considerably about the development of healthism and argues that the tendency to view social practices as instrumental and health-productive can be tied to the development of health as a dominant component of modern society; the development of health as a "super-value" (Crawford, 2006, p. 410). The contemporary view, which suggests that health is central to all areas of one's life and is linked with personal achievement, is what Crawford (2006) has called the "moralization of health" (p. 410). Health, he argues, is now considered "the condition of possibility for the good life or even the good life itself" (Crawford, 2006, p. 404), while personal responsibility for being healthy has become the "sine qua non of individual autonomy and good citizenship" (Crawford, 2006, p. 402). In this thesis, healthism indeed appears to underlie the public health discourse on play. Health as a 'super-value' provides a principal justification for, and a significant force behind, the re-shaping of children's play as a productive element contributing to children's physical health. As noted in the introduction of this thesis, active playing is introduced in the AHKC *Report Card* precisely because it is valued as a way to promote physical health in children.

In contrast to this dominant public health perspective in which play is valued for its health potential, many children drew affective distinctions between different forms of play. For some, this distinction was made precisely between activities they viewed as pleasurable (i.e., purposeless) and those that were adult-led, scheduled or which felt like an obligation. For instance, some children suggested that scheduled activities such as teams or lessons, while also rewarding, at times came to feel like an obligation. The sense of obligation attributed to particular kinds of play also appeared to affect the meanings they had for children. In particular, some children mentioned feeling exhausted by their play schedule and that they had quit or wanted to take a break from these activities in order to make time for self-directed play. While obligation in play was not restricted to forms of play that had a health purpose, simply the sense of obligation, whether to partake in scheduled lessons or to play actively, may undermine the pleasure children gain from play.

The distinction that some children made between different forms of play resonates with MacDougall, Schiller and Darbyshire's (2004) research with children on play, physical activity and sport. Their research suggests that children have strong affective associations with different kinds of playing and sport; playing was viewed as distinct for children and associated with child-centredness, whereas sport was associated with being organised by adults. These affective associations with play and sport were also qualitatively different than children's associations with physical activity and exercise, which seemed to carry less meaning for children (MacDougall et al., 2004). As such, different forms of play appear to be affectively distinct for some children. Indeed, adult-led and organised play activities, or play that has explicit health ends, may be viewed as an obligation by children and thus take on different meanings. Overall, when play becomes productive for health, or is made to fit a schedule - in short, when play becomes efficient, compartmentalised and productive – the affective value that children attribute to play activities may be transformed.

A consequence of attributing health goals to play is thus precisely that it risks losing some of its distinct meaningful qualities. For instance, Burrows (2010) has examined young children's engagement with physical activity, health and leisure in New Zealand and discusses how a long-running government physical activity campaign called "Push Play" (Sport New Zealand, 2013) has taken up increasingly numerous everyday leisure activities for physical activity promotion purposes. Similar to the Canadian campaigns "Think Again" (ParticipACTION, 2011) and "Bring Back Play" (ParticipACTION, 2012), the "Push Play" campaign promotes the message that "children need to 'push play' every day by engaging in at least 60 minutes of physical activity" (Burrows, 2010, p. 156). As an example of how elements of youth culture are becoming reshaped in this campaign, Burrows (2010) describes how 'krumping', a creative and free-flowing dance adopted primarily by Pasifika youth in New Zealand, has been drawn into the 'push play' campaign, and away from the margins, as a way to recruit youth to adopt physical activities. However, Burrows (2010) argues that with the adoption of krumping into physical activity promotion discourses, "krumping as a 'cultural practice' in effect is diluted, re-envisaged as yet

another way to push play every day" (p. 157). This underscores the argument made in this thesis, that a possible consequence of taking up and systematically redirecting play as part of physical activity campaigns runs the risk of transforming the meaningful qualities that children attribute to their play.

Beneath all of these concerns lies the impact of active play on obesity reduction, and the implications this has for the country's economic situation. As suggested by health organisations in this study, there are significant social and economic consequences attributed to children's obesity. These consequences reinforce the importance of active play as a critical component of Canadian society, and a direct link is thus made between children's play and the social and economic prosperity of the country. This further results in the conception of play as a childhood activity upon which concerns regarding health, utility, economic productivity and even citizenship and national prosperity depend. (For a trenchant example of this, please see the footnote below and the link to the 2013 *Canadian Tire* advertisement entitled: "We all play for Canada/Nous jouons tous pour le Canada")(Canadian Tire, 2013)[2]. The claims made about the critical role of 'active play' justify the way play is being introduced into public health for the reduction of obesity.

In the next section I suggest that underlying the emphasis on productivity, health and risk avoidance in play is a neo-liberal governmental rationality which has a strong influence on public health governance, and which is taken for granted in many contemporary public health practices.

6.3 Neo-liberal rationality shaping public health discourse on play

Neo-liberalism has been defined as a political rationality in which the social domain has been rendered an economic one (Foucault, 2008). It is characterised by a governmental logic in which state services are reduced and markets regulate economic activity (Petersen,

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[2] Directly linking children's play with health and prosperity, the company's motto: Strong kids=Strong Families=Strong Nation. Website and advertisement by the sports, home and hardware company, *Canadian Tire,* entitled: "We all play for Canada/Nous jouons tous pour le Canada": English, http://weallplayforcanada.ca/ Français, http://weallplayforcanada.ca/?lang=fr; and English, http://m.youtube.com/watch?v=UAaOiEvjcGM Français, http://www.youtube.com/watch?v=KjxS5YgcPXY.

1996). Emerging after WWII this neo-liberal form of governmentality produced a population of subjects whose worth was based on rationally assessing the costs and benefits of their daily actions, both economic and social (Lemke, 2001). As Petersen (1996) argues, neo-liberalism produced a space of liberalism in which individuals engaged in a form of 'regulated freedom' and became responsible for their own "self-examination, self-care, and self-improvement" (p. 49).

One critical component of neo-liberal rationalities is that individuals had to become prudent with regard to managing and controlling an increasing number of potential health risks. This political rationality justified the shifts in public health strategies in the 1970s that moved away from the idea that the state should protect the population's health to an emphasis on the individual as responsible for changing their own lifestyle to improve health (Lalonde, 1974). Health promotion efforts were thus aimed at informing individuals about increasingly numerous health risks, and by attempting to identify and prevent risks, also implicated a growing number of areas of life into the realm of risk prevention and health promotion (Petersen, 1996). With this, the areas of life that have become permeated with risk have multiplied (Petersen, 1996).

Numerous sociologists have taken an interest in this proliferation of risks related to health and have examined how preventive strategies emphasising self-management of risks are shaped by governmental techniques of neo-liberal societies (Coveney, 1998; Gastaldo, 1997; Lupton, 1995, 1996; Petersen, 1996). Indeed, the phenomenon of 'healthism' discussed earlier in this thesis is considered to be an indication of neo-liberal rationality, in that individuals, to be in line with dominant norms around health, make their own choices for health and for the prevention of disease through discipline and self-control (Petersen, 1997). Indeed, the neo-liberal citizen who is responsible for preserving his/her physical health, who engages in the regulation of lifestyle and in the modification of risky behaviours is a fundamental characteristic of healthism (Petersen, 1996).

Risk, which is a central notion in public health strategies, is shaped by a neo-liberal rationality and has implications for children's play, for how it is conceived of as risky and

how it ought to be managed. This is apparent in the proliferation of health risks attributed to children's play and the expectation that parents and children negotiate these risks independently in the name of health. Lupton (1999) has suggested that risk itself can be viewed as a governmental strategy used to manage and monitor populations and individuals. She writes that the numerous discourses, health strategies and practices that converge around the concept of risk in fact bring risk into being as a phenomenon of concern for the population (Lupton, 1999). As such, although risk increasingly characterizes children's play, risk does not embody a set of 'truths' that are progressively discovered about children's play; new risks around play are constructed through the interplay of governmental institutions, their discursive practices and preventive strategies that are enacted by the population.

Neo-liberal political rationalities thus have an increasingly strong influence on modern public health approaches. Risk prevention, self-governance and self-optimisation, as privileged strategies for the individual living in a neo-liberal economy, guide thinking and behaviours around health. Several phenomena inherent in a neo-liberal logic are especially relevant to the public health discourse on children's play: responsibilisation and self-government, and the production of subjects.

6.3.1 Responsibilisation and self-government

The influence of neo-liberal rationalities on public health, the public healthification (i.e., healthism) of everyday life, and the discourses of risk have all redefined the obligations that individuals have with regard to their health; factors which have shaped "the responsible citizen" (Petersen, 1996, p. 55). Good citizenship, it is argued, involves an individual who is responsible and manages risk by engaging in self-surveillance and self-governance (Petersen, 1996; Rose, 1999). According to Crawford (2006), the increasing emphasis on individual responsibility for health was an effective way to establish neo-liberalism's essential tenets as normal (p. 410).

A prime locus for healthy child development and the production of responsible citizens has historically been the home and the family (Nadesan, 2010). In the twentieth century, the home was transformed into "a machine for health" (Rabinow & Rose, 2006, p. 204), and mothers in particular were educated as state 'workers' in the care of their children (Lupton, 1995; Nadesan, 2010; Rabinow & Rose, 2006). This perspective is exemplified by Lupton (1995) who cites a Canadian public health document from the 1920s proclaiming the value of mothers:

> No national service is greater or better than the work of the mother in her own home. The mother is the 'First Servant of the State' (Lupton, 1995, p. 43).

Contemporary public health institutions, while less explicit in their directives, nonetheless extend this historical responsibility placed on the family (i.e., the mother). In the name of obesity prevention, public health strategies continue to make parents responsible for regulating their child's leisure and health practices and for achieving given norms around children's bodies, their health, and optimal development. In this regard, parents (mostly mothers) still appear to function as 'first servants of the state'.

For instance, as shown in this thesis, in efforts to incite action against childhood obesity, public health campaigns provide information about the extensive risks of child obesity, the benefits of active play and encourage parents and children, educated through public health knowledge, to happily engage in physically active leisure. With this knowledge, parents are required to negotiate the pleasures and health risks involved in children's playing and find the right balance of safe and active. Responsibility is also placed on parents to manage their own and their child's attitude towards active play, modelling the pleasure that is to be had in being a physically active person.

Furthermore, through workbooks and campaigns, anti-obesity efforts also inform parents of the consequences of not being active, which include the risk of obesity, but also the risks of having low self-esteem or of being stigmatised for being overweight. According to the public health discourse, the consequences of not being the responsible, self-governing parent, who appropriately manages their child's physically active leisure, are

grave. As Fullagar (2009) suggests, public health discourses mobilise affect and fear with regard to the physical health of their children. In this study, this included instilling feelings of guilt in parents if their children were not active enough, if they too frequently played indoors, or if parents themselves did not have the self-discipline to model the proper pleasurable, healthy active play behaviours for their children. Indeed, by provoking parental guilt about managing children's active leisure behaviours, parents are also being reached and incited to action by public health messages. Parents are thus expected, as good and responsible citizens, to be aware of the risks of obesity and the risks of sedentary play, and self-govern their own and their children's active leisure pursuits.

This examination of how the public health discourse around play responsibilises families and promotes their self-governance is supported by the work of Fullagar (2009) who has examined how health promotion expertise in Australia functions as a technology of power shaping families' leisure and healthy lives. Similar to the findings of this thesis, her research found that parents are made responsible for fostering family time and togetherness which is represented as a source of leisure but understood through its importance for health; leisure became a place where families were encouraged to address and enact health (Fullagar, 2009).

Within neo-liberal rationalities such self-governing action around health and risk comes to be equated with personal fulfilment and good citizenship, notions that the population aspires to, and willingly pursues (Lupton, 1995; Miller & Rose, 1990). While this thesis did not examine in depth how parents or children self-govern their play activities according to public health messages, one possible indication of this was that some children reconstructed the health discourse on active play in their narratives. Indeed, some children suggested they enjoyed being the good child who plays safely or the child who engages in physical activity because it is a "much better" way to play. Although this would need further examination, this speaks to the pervasiveness of the health discourses around play with which children engage in their daily lives.

6.3.2 Subject formation

From the responsibilisation of parents within public health practices and the expectation that parents and children self-govern their play behaviours, I move to how this public health governance also functions to produce child subjects. In this thesis, I have examined how public health, through practices promoting healthy active play, constructs the kinds of bodies and norms that should be aspired to (Coveney, 1998). Through technologies of power (i.e., surveillance, production of norms) as well as the technologies of the self (i.e., children/parents urged to self-regulate behaviours) parents and children come to see themselves as appropriately healthy and good individuals. These practices result in the production of particular subject positions (Coveney, 1998). In Coveney's (1998) examination of how the field of health promotion produces contemporary subjects, he writes:

> As a practice of government, health promotion (in its various guises) establishes that which should be aspired to, and the technologies of the self encouraged by health promotion provide for individuals the ethics which they seek in order to understand themselves as 'good', moral and ethical individuals (p. 466).

An important consideration in examining the public health discourse on children's play was therefore how public health practices produce particular kinds of child subjects.

Within the public health discourse on play, the qualities of 'active play' are outlined for families and children; playing is constructed as a behaviour that is active, pleasurable, safe and freely chosen. Workbooks and various campaigns also equip children and parents with ideas for how to appropriately engage in this form of play. This is critical, as these messages not only provide the image of the desired subject (i.e., child who plays actively), but also provide the means by which children and parents can become the desired subject. As Coveney (1998) suggests, public health produces self-regulating subjects by providing guidelines for health behaviour and thus also the means against which individuals can assess their desires, beliefs, and behaviours in relation to those set by public health expertise. The subject produced by public health discourses on play involves the child who takes pleasure in playing actively, who understands the implications and risks of inactive play and governs his/her healthy leisure activities accordingly. This child is, due to these

practices, neither obese nor overweight. The idea is that those individuals who take up this particular subject position in youth will also more likely become the desired future adult citizen. As remarked earlier, the links between children's play and the growth and prosperity of the nation are explicitly adopted in the *Canadian Tire* advertisements (Canadian Tire, 2013).

Play has also been adopted in other discourses and in different times to produce the child subject and to secure a particular desired future citizenry. For instance, Kozlovksy (2008) analysed the development of adventure playgrounds built as part of the post WWII welfare state in Denmark and England. These 'junk' playgrounds had the aim of reconstructing society through an investment in children and their play, in their capacity as future citizens (Kozlovksy, 2008). In Kozlovksy's (2008) study, adventure playgrounds mobilised the child's own inclination for play and induced in children the feeling of being free. As such, the subject produced by public health discourses, the physically active, non-obese and healthy subject at play, differs significantly from Kozlovksy's (2008) description of the post-war subjectivity involving the ideals of freedom and engaged and empowered citizenry. However, what is in common is the way play becomes a means to construct a particular child subjectivity with the aim of contributing to a desired society and citizenship.

What is not considered in the public health discourses is that whether children take up or reject the subject positions constructed through the active play discourse may be contingent upon the availability of other discourses and thus upon alternative subject positions available to children (Alldred & Burman, 2005). Consider, for instance, the growing and popular discourses around, and the competence suggested from being involved in, computer and online gaming. The actively playing child is therefore but one subject position, and active play discourses are but one discourse with which children engage. Efforts to counteract popular electronic play and gaming discourses with social marketing campaigns that discredit (shame?) inactively playing children[3] may also be in need of re-

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[3] Please see the series of active play advertising campaign videos produced by *ParticipACTION:* http://www.participaction.com/about/our-advertising-campaigns/ which warn against the fate of the inactively playing child and responsibilise mothers for their children's insufficient physically active play.

examination, as these have the possible effect of stigmatising those children who take up alternative subject positions and engage in non-active play activities.

6.4 Some reflections on the study

With regard to the photography and interview sessions with children, several additional themes would have been interesting to examine, but were not possible in the current study. For instance, families' socio-economic background and its role in children's play was not analysed, nor were questions of ethnicity. While there were significant attempts made to recruit children and families that were a socio-economically and ethnically diverse (see Appendix F), families from the more disadvantaged socio-economic groups were more difficult to reach and engage in a research study. In addition, the majority of the families who responded to the study advertisements were second or third generation Canadians and identified ethnically and culturally as Francophone, Québecois. As such, the way in which diverse cultural representations affected children's experiences and constructions of play was not possible in this study. Furthermore, as gender plays an important role in how children experience, and engage in, play, a gender-based analysis would have also been relevant to conduct (Thorne, 1994). Future analyses based on this material might therefore analyse gender as it relates to children's play.

To linger a bit on a possible explanation for the lack of socio-economic diversity in families participating in this study, I suggest that families having a lower socio-economic position (SEP) may also tend to have less time to enrol their children in various extra-curricular activities, such as participation in a study. Indeed, some research has suggested that families having a lower SEP tend to less strictly organise their children's time, including their leisure activities (Brockman et al., 2009). As this study required two appointments spaced one or two weeks apart, this kind of scheduling, particularly during the school-free summer months, may have involved too much additional planning for families whose living situations may involve more unpredictability than families having a mid/high SEP. Conversely, it is also possible, though certainly not exclusively so, that families who are more socio-economically advantaged find some educative value in involving their children in research studies. As an example from my study, one mother told

me that she regularly signed her son up for research studies advertised at their local gym as a way for him to be exposed to different types of research.

Furthermore, although a full analysis of SEP as it relates to play was not conducted, some preliminary observations around SEP and play were possible. With regard to the freedom to play independently, some of the children from more socio-economically advantaged families reported having clear directions and schedules about their play and were enrolled in more organised play activities. This contrasted with some of the children from less socio-economically advantaged families whose lives were not as scheduled, and who were permitted to go play freely almost everywhere. While the examples I draw on here are only anecdotal, the relationship between SEP and play might be a particularly relevant analysis in future research, especially in light of the public health efforts to promote precisely the kind of free, active play which children from less advantaged families seem already more likely to engage in. A question could be whether public health institutions that prescribe active play within such a narrow scope (i.e., safe, active, engaged in at specific places and times) and governments that provide tax incentives for organised sports participation to less advantaged families (Canada Revenue Agency, 2013), may be affecting the way children from different SEP engage in play.

Brockman et al. (2009) provide one such example in their examination of the relationship between children's SEP and their permission and options for playing independently and freely (Brockman et al., 2009). The authors found that SEP had an influence on the types of physical activity that children were encouraged to engage in; children who were designated higher SEP engaged in more structured and organised play through sports activities, while children designated lower SEP more frequently engaged in free 'active play' (Brockman et al., 2009). This is interesting with regard to the findings in this thesis and the kinds of play which children tended to enjoy; some children viewed organised play as less pleasurable (i.e., at times as an obligation) and suggested they preferred, and found more pleasurable, freely chosen play of all types (i.e., active and inactive). It would be relevant to ask in what ways children from less socio-economically

advantaged families discuss enjoyment in play differently than those from more socio-economically advantaged families.

Relating to the potential adult influence on children's ideas about play, it is possible that if children had had more time to think about their play independently of adults (i.e., researcher, parents) and had been able to take photos that were not exclusively in and around their home, a broader view of what children consider play (i.e., in different places, with different people) and how they experience play over the course of a typical week could have been gained. Although great lengths were taken to assure the child that the goal was to gain their ideas on play (and not their parents' or mine), to let them know that there was no right or wrong way to play, and to make sure that parents were not influencing their child's choice of what to photograph, it is possible that leaving children with a camera for a longer period of time would have led to more independently chosen photographs of play than was the case in the context of one day with a researcher at their home. Furthermore, one perspective missing from this study is precisely that of the parents. Since parents are significant mediators between health messages and their children, speaking with parents independently would have also added to the understanding of what discourses of play surround children and whether public health messages function as important influences in children's play lives or not.

A last reflection on this thesis involves the theoretical framing of children's play from a Foucauldian perspective. Foucault's theoretical perspective allowed for a critical examination of the way play has been taken up in public health practices aimed at children for the purposes of reducing child obesity. It has also allowed me to analyse public health as a governing apparatus embodying a form of biopower that addresses families and children for the improvement of health and for the solidification of the country's economy. In addition, it has permitted me to examine how various technologies of power around children and their bodies, as well as technologies of the self engaged in by families and children, function to produce the desired child subject who happily plays actively.

While Foucault's theorisations have led to a fruitful theorising of play in public health, I acknowledge that other theoretical perspectives could have led to different, and equally fruitful understandings of the public health discourse on children's active play. While not competent to outline the full implications of other theoretical perspectives here, I can perhaps point to a few potential avenues. For instance, Pierre Bourdieu's theoretical work (Bourdieu, 1978, 1984) could reframe a study on play in public health in light of the ways active play may become a valuable form of capital for children and families, and to examine how playing, as a practice, is differentially inscribed in social classes or taken up by families from different socio-economic positions. For instance, Ergler et al. (2012) have drawn on Bourdieu to examine how parents' and children's views of outdoor play reflects beliefs and attitudes about appropriateness and play. This approach could thus be an important means of examining how adherence to 'active play' in families is shaped by different forms of cultural, social and economic capital. Similarly, the feminist perspective of Barrie Thorne (1994), who has examined gender and play in children, could provide a critical analytical examination of how play, as it is emerging in public health discourse, is gendered, and how play is discursively constructed in gendered ways in children's narratives. Each of these theoretical frameworks would have taken this interrogation of play in public health in a different direction.

Notwithstanding the analyses that this thesis did not engage in, this research has made several contributions to critical public health research and research with children and has inspired larger reflections on the field of public health. The next chapter outlines these reflections, points to the main contributions to knowledge and makes some suggestions for future research.

CHAPTER 7. CONCLUSION

Play has a long past, but only a short history [4]

7.1 Contributions and disciplinary reflections

This thesis is positioned within, and contributes to, a larger body of critical public health research that has analysed how public health discourses have taken up and rendered social phenomena into health practices (e.g., walking, eating, sexual behaviours, smoking) (Bell, Salmon, & McNaughton, 2011; Coveney, 2006; Coveney & Bunton, 2003; Crawford, 2004; Lupton, 1995; O'Malley & Valverde, 2004). As suggested in the discussion, the incursion of health concerns into the domains of everyday life, and in particular the expansive reach of the 'new' public health (Baum, 2008), has meant that increasingly numerous social practices are discussed in terms of their health (dis)advantages, and that these practices require negotiation since social life has come to be viewed as riddled with risk. Such is the case, I argue, with children's play. Through a critical examination of the public health discourse on children's play, this thesis engages with, and contributes to, critical public health research, questioning the taken-for-granted assumptions and values attached to health, productivity and risk that underlie the promotion of active play. This critical approach to the public health discourse on play has occasioned several reflections and contributions to knowledge.

7.1.1 Research with children: reflections on knowledge

This research has engaged in an important way not only with a topic of relevance for children, but with children themselves. Part of the motivation for conducting research with children was that although public health is increasingly interested in childhood and in children's social and health behaviours, a focus that is especially evident in efforts to combat the childhood obesity epidemic (Fullagar, 2009; Nadesan, 2010; Rail, 2009; WHO, 2012b), children's ideas and experiences are largely omitted from the public health discourse. By conducting research with children and including children's voices as critical

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[4] My own rendering of the translation of Hermann Ebbinghaus' famous 1908 statement that "*Psychology* has a long past, but only a short history" (Ebbinghaus, 1908)

components of this research, this thesis underscores the value of children's own constructions around issues that concern their own lives. Importantly, attending to children's voices about play was a means of critically questioning the substantive elements of the discourse on play in public health. An important reflection in this regard then becomes: how does asking children about play contribute to knowledge?

There are numerous epistemological and methodological issues raised when engaging in research with children. Particularly relevant for this thesis were considerations of how children's constructions of play are recognised as forms of knowledge. The perspective taken on knowledge in research with children depends on the view one adopts of childhood and children generally which also rests on the epistemological approach taken (Matthews, 2007; McNamee & Seymour, 2013). As suggested, the sociology of childhood approach adopted in this thesis views children as active agents who are knowledgeable about issues concerning their lives, and who construct their own meanings of their social worlds (Darbyshire et al., 2005). These constructions are understood as different for each child and as being informed by the multiple discourses children are exposed to (Burr, 2003; Corsaro, 2011; Matthews, 2007). Furthermore, rejecting the idea that there is an 'ideal', 'normal' and fully 'reliable' research participant also acknowledges that children, much like adults, interweave fiction with 'fact' in research (Alldred & Burman, 2005). This suggests that the status of 'unreliable knowledge producer' that is sometimes applied to children might not mark them out as particularly *less* competent than adult informants, especially when it comes to discussions about their social practices (Alldred & Burman, 2005). Addressing children and understanding their perspectives on play as a relevant form of knowledge is thus a central contribution of this thesis.

The discursive approach adopted in this thesis also takes into account that what can be understood as knowledge is also limited by what is possible for children to say and by what is possible for researchers in a particular socio-cultural context to hear (Alldred & Burman, 2005). In this thesis, children's contributions to knowledge about play are situated in the context of participation in a research study, a context which is, at best, a novel and enjoyable experience, but most certainly is a constructed and somewhat unnatural one. The

researcher herself is also a relevant factor in the interpretation and production of this knowledge (Alldred & Burman, 2005). I acknowledge that in this study, what children discussed about play occurred in a relationship between their own constructions of play, the public health discourses around play and my own interests in children's ideas about play.

Furthermore, as I suggested earlier in this thesis, part and parcel of my examination of the public health discourse on play is that my work also functions to produce and reproduce knowledge about play as a public health object. By writing this thesis, publishing on the topic of play in public health, and by presenting my findings at conferences, I am complicit in the construction of 'play for health' as an object of study around which increasing discussions and debates are converging. I thus recognise that my position as researcher means that I am a producer of knowledge within public health and a contributor to the discourses and practices around children's play. Despite this, by integrating children's experiences and constructions of play, I foreground their narratives and hope to give their diverse constructions of play a 'voice' in a sea of other, conceivably more powerful, discourses and forms of knowledge about children's play.

In terms of a concrete contribution to public health knowledge, children's narratives and photographs highlight an important discord between what is viewed as pertinent within public health regarding play and how children themselves relate to these notions. This discord emphasises the need to question the ways public health institutions advance particular values (i.e., productivity, progress and utilitarianism) when addressing children's health and well-being, values which may not resonate with, or may even negatively affect, children's experiences of their social lives. While it is common, and even expected, for institutions of public health and pedagogical establishments such as schools to prescribe and direct children's behaviours and leisure pursuits, questioning the 'knowing better than' approach to children and recognising children's own perspectives as credible, alternative forms of knowledge, may point to areas within public health that need critical reflection.

7.1.2 Reflexive critique of public health

The critical examination of a public health discourse in this thesis touches on interrogations of the role of public health as a governmental institution in influencing and shaping the population's social and health practices. This is especially important, since health institutions have a privileged authoritative position, and their ways of constructing and addressing certain issues (i.e., the values they advance) often become constituted in the legislation and technologies used to govern (Bacchi, 2009). The broader interrogations of this thesis thus consider how the normative health approach within public health may be re-shaping the way the population perceives and engages with social and health practices, and one could argue more globally, with life. This thesis thus critically questions the role of public health in advancing ideas about childhood, health and play that are based on 'public healthified' (Meyer & Schwartz, 2000, p. 1189) and moralised conceptions of well-being, happiness, and living more generally.

Almost two decades ago, Petersen (1996) noted that within health promotion there was a lack of critical reflexive work on the medical values and political assumptions inherent in the field. He argued that this exemplified the strength of the assumption that all problems could be eliminated through objective and rational scientific methods (Petersen, 1996). I cannot argue for certain how much has changed since then. However, I am willing to hazard a guess that critical reflection on the values and assumptions underlying public health still more frequently occurs from outside of the field. Taking the critical examinations of public health practice around children's play as a starting point, this thesis contributes a needed critical reflection on public health from within the field, and herewith fosters the possibility that future research and practice may integrate such reflexivity as a critical component of research, particularly with children.

While a common query within the field of public health is for research to provide the kinds of recommendations and solutions that can be transformed into practice, this thesis cannot, and has not aimed to, provide a definitive recommendation regarding children, their health and their play. As suggested earlier in this thesis, this critical reflection is not a way of arguing that public health practices are not good as they are or

that they could be done better in any particular concrete and specific way. Rather, this kind of critique primarily underscores the fact that the current way of thinking around play within public health is not an inevitable and inescapable given. This thesis thus also contributes a framework for critically questioning public health practices. With this I return to the interview with Foucault (1994), *So, is it important to think?*, in which he responds to questions about critique as a means of generating reform and transformation. Foucault (1994) suggests:

> There is not a time for criticism and a time for transformation; there are not those who have to do criticism and those who have to transform, those who are confined within an inaccessible radicality and those who are obliged to make the necessary concessions to reality. As a matter of fact, I believe that the work of deep transformation can be done in the open and always turbulent atmosphere of a continuous criticism (p. 457).

I take from this the understanding and belief that critical examinations of public health practices, while not concretely producing public health policy recommendations, can nonetheless contribute to a transformation in public health thinking. With this thesis I thus advance Foucault's suggestion for "an atmosphere of continuous criticism" as a means of resisting the comfort of established assumptions and taken-for-granted knowledges that current public health practices are often based upon.

7.2 Directions for future research

While the construction of active play as a health practice for children is gaining momentum in Canadian public health, active play is also gaining attention from companies such as *Canadian Tire* in which it is being constructed not only as a health practice, but as a symbol of national pride and as directly contributing to the prosperity of the country (Canadian Tire, 2013). This raises further questions about the explicit meanings being attributed to play and how these meanings, increasingly part of the public discourse of childhood, may be further shaping children's social lives. Future research should be directed at examining how active play, first taken up within public health institutions, is being adopted as a 'marketing' tool and what the effects are of this expansion and commercialisation of play.

The expansion of active play is also extending beyond Canadian borders. The discourses on active play prevalent in Canada and other industrialised countries are beginning to take hold in several Low- and Middle-Income Countries. For instance, Kenyan physical activity promoters have entered into a partnership with the organisation AHKC, and have recently founded the organisation Healthy Active Kids Kenya (HAKK) (2013). The organisation aims to provide national leadership to increase support for professional sports and to promote physical activity and active play amongst Kenyan children (Healthy Active Kids Kenya, 2013; Onywera et al., 2013). What is striking about this collaborative intervention is that while Kenya is not a country experiencing high rates of child obesity (Onywera et al., 2013), the HAKK *Report Card* suggests that the organisation is using existing evidence from other countries to "situate the potential for Kenyan children and youth to develop modifiable chronic conditions such as overweight" (Healthy Active Kids Kenya, 2013, p. 7). A question thus needing answering is whether the problem of inactive play and inactive children is being constructed in Kenya through the preventative introduction of a solution (i.e., introduction of physical activity and active play promotion)? Such collaborative efforts indicate an area rife for future critical investigation.

7.3 A short epilogue to the thesis

I end this thesis with an epilogue and by referring to the quotation cited at the beginning of the conclusion: "*Play has a long past, but only a short history*". It is my rendering of psychologist Hermann Ebbinghaus' famous statement that "*Psychology has a long past, but only a short history*" (Ebbinghaus, 1908). What Ebbinghaus was referring to in 1908 was that although the scientific discipline of psychology was just newly established, the interest in understanding psychological and mental processes dates back centuries, to the Greeks. This statement struck me as a perfect exit point and last reflection upon the discussions of children's play I entered into in this thesis.

While I cannot embark on the philosophical debate of whether the activity or notion of 'play' existed before it was defined (i.e., thus having a "long past"), I do want to suggest

that the contemporary notion of play has a "short history". With this I point to the idea that it was the growing nineteenth century interest in childhood and in children's activities (Rose, 1999; Turmel, 2008) that first brought to life the notion of play as a concrete activity of childhood. As an object of twentieth century scientific research and expertise, play was further conceptualised, categorised, and circumscribed for children, while the expanding disciplinary interest in play constructed it as a critical component of childhood development. As a recent topic in the field of public health, the conviction that play is a vital activity for childhood is now taken for granted; resting on this assumption, 'active play' is thus seamlessly advanced as a health practice for children.

As I have shown, my interest in this thesis lay not with disentangling further what play 'is' or what play 'is good for', but in examining the way in which play emerged in contemporary public health discussions around physical activity and obesity, and how the health discourses in which play is being taken up are transforming play as a health practice. Importantly, this thesis also considered how the public health discourse may, in turn, be narrowing the meanings and experiences of play for children. Indeed, Mark Twain's suggestion that "*play* consists of 'whatever' a *body* is not *obliged to do*" appears to have been transformed in the public health discourse into a narrower understanding of play; a concrete 'activity', to which physical activity is tied.

Considering the possible effects of this discourse on children's play, I conclude by emphasising that the discussions and concerns about play in public health, while grounded in, and emerging from, nineteenth and twentieth century discourses on play, are nonetheless recent. I emphasise this "short history" with the purpose of underscoring the contingency of the current perspectives on play; that the way play is conceived, the concerns around it, and the ways in which it is promoted as 'healthy and active' are historically and culturally contingent, and therefore amenable to change.

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APPENDICES

APPENDIX A

Carol Bacchi's "What's the Problem Represented to Be?"
Question-posing Guide to Discourse Analysis

1. **What's the 'problem' represented to be in a specific debate and/or in a specific policy proposal?**
   - One examines issues in a text and identifies the implied problem representation within the text. For example, a recommendation for the installation of new, safety-approved playgrounds be built might have as the implied problem that children's independent outdoor play is too risky.

2. **What presuppositions or assumptions underlie this representation of the 'problem'?**
   - This includes a search for the cultural values that underpin a problem representation. The goal is to uncover the (assumed) thoughts that lie behind specific problem representations. For example, underlying some health promotion 'get fit' programmes are values of individual responsibility for health.

   - More specifically, this analysis includes:
     o an examination of any *binaries* in the text (e.g., healthy/unhealthy) and how they shape the understanding of the issue;
     o an identification of the *key concepts* of the issue (e.g., 'epidemic', 'health', 'play', 'risk') and see what particular meaning is given to these;
     o an identification of *categories* (e.g., obese youth, inactive youth) to see how 'people are made up' by the use of these categories in the text.

3. **How and where has this representation of the 'problem' been produced, disseminated and defended?**
   - This involves reflecting on the specific developments and decisions that contribute to the formation of identified problem representations, recognising that competing problem representations exist and that things could have developed differently.

   - This question seeks to trace the history of a current problem representation – its goal is to disrupt assumptions about the natural evolution of the problem and to destabilize problem representations that are taken for granted. Bacchi calls this a form of Foucauldian *geneology*, which implies finding out how a problem has taken shape.

4. **What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?**
   - Here the question asks what elements related to this issue have *not* been problematised or thought about?

   - For example, addressing the problem of parental fears about risks of children playing outdoors does not address the proliferation of the discourses of risk in North American society or the risk to *whose* children we are concerned with in public

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[5] Modified from Bacchi, C. (2009). *Analysing Policy: What's the Problem Represented to Be?* Melbourne: Pearson Education.

health discourse.

- This analysis draws attention to contradictions in problem representations highlighting limitations.

5. **What effects are produced by this representation of the problem?**
   - This includes the analysis of different kinds of effects and of how the problem representation functions to the benefit of some and the disadvantage of others:
     - *Discursive effects* – effects which follow from the limits imposed on what can be said or thought (and have an impact on production of narratives within public health);
     - *Subjectification effects* – the ways in which subjects are constituted within problem representations (and who those subjects are/are to become);
     - *Lived effects* - material impact on bodies, life and health (what are the outcomes on everyday lives).

   - Some additional sub-questions:
     - What is likely to change with this representation of the 'problem'? What is likely to stay the same?
     - Who is likely to benefit from this representation of the 'problem'? Who is likely to be harmed?
     - Who is held responsible for the 'problem'? How does the attribution of responsibility for the 'problem' affect those so targeted and the perceptions of the rest of the community about who is to 'blame'?

6. **How/where is this representation of the 'problem' produced, disseminated and defended? How could it be questioned, disrupted or replaced?**
   - It is relevant here to consider the means through which the problem representations reach their target population and to consider how these achieve legitimacy. This will require a consideration also of the role of the media in disseminating these representations.
   - The question of possible resistance to these representations can also be addressed.

APPENDIX B

**Descriptions of Six Public Health Organisations
Consulted for the Discourse Analysis**

Six Public Health Organisations

Federal Governmental Organisations	Website
1. Health Canada	www.hc-sc.gc.ca
2. Public Health Agency of Canada	www.phac-aspc.gc.ca
Intervention oriented organisations	**Website**
3. ParticipAction	www.participaction.com
4. Active Healthy Kids Canada	www.activehealthykids.ca
Research institutes	**Website**
5. Canadian Society for Exercise Physiology	www.csep.ca
6. Canadian Fitness and Lifestyle Research Institute	www.cflri.ca

Descriptions of Public Health Organisations taken from their websites

1. Health Canada

HC is the federal health department responsible for helping Canadians maintain and improve their health. HC's stated goal is for Canada to be among the countries with the healthiest people in the world. To achieve this goal, HC: relies on high-quality scientific research as the basis for our work; conducts ongoing consultations with Canadians to determine how to best meet their long-term health care needs; communicates information about disease prevention to protect Canadians from avoidable risks; encourages Canadians to take an active role in their health, such as increasing their level of physical activity and eating well.

2. Public Health Agency of Canada (PHAC)

The PHAC was created in 2004 to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians. It is the main Government of Canada agency responsible for public health in Canada. The Agency's primary goal is to strengthen Canada's capacity to protect and improve the health of Canadians and to help reduce pressures on the health-care system. To do this, the Agency is working to build an effective public health system that enables Canadians to achieve better health and well-being in their daily lives by promoting good health, helping prevent and control chronic diseases and injury, and protecting Canadians from infectious diseases and other threats to their health.

Because public health is a shared responsibility, the Agency works in close collaboration with all levels of government (provincial, territorial and municipal) to build on each others' skills and strengths. The Agency also works closely with non-government organizations, including civil society and business, and other countries and international organizations like the World Health Organization (WHO) to share knowledge, expertise and experiences.

3. ParticipACTION
ParticipACTION is a national not-for-profit organization solely dedicated to inspiring and supporting active living and sport participation for Canadians. Originally established in 1971, ParticipACTION was a pioneer in social marketing and has become internationally recognized for its compelling communications to promote physical activity. In the late 1990s, core funding from the government began to wane, and without financial support to continue its campaign, ParticipACTION closed its doors in 2001. With generous support from Sport Canada and the PHAC, ParticipACTION was revitalized in 2007 as the national voice of physical activity and sport participation in Canada.

4. Active Healthy Kids Canada (AHKC)
Established in 1994, AHKC strives to be a trusted source for "powering the movement to get kids moving"—a 'go to' source for knowledge, insight and understanding that influences thinking and action among issue stakeholders to help them build better programs, campaigns and policies in order to increase physical activity among children and youth.

AHKC is a national charitable organization established in 1994 with a mission to inspire the country to engage all children and youth in physical activity. We provide expertise and direction to policy-makers and the public on how to increase physical activity for Canadian children and youth, and effectively allocate resources and attention to the issue. Our vision is to create a nation of active healthy kids.

5. Canadian Society for Exercise Physiology (CSEP)
The CSEP is the principal body for physical activity, health and fitness research and personal training in Canada. CSEP fosters the generation, growth, synthesis, transfer and application of the highest quality research, education and training related to exercise physiology and science. They consider themselves the Gold Standard of health and fitness professionals dedicated to getting Canadians active safely by providing the highest quality customized and specialized physical activity and fitness programs, guidance and advice based on extensive training and evidence-based research. CSEP have produced eight Canadian Physical Activity and Sedentary Behaviour Guidelines.

6. Canadian Fitness and Lifestyle Research Institute (CFLRI)
CFLRI is a national research agency concerned with educating Canadians about the importance of leading healthy, active lifestyles. Established in September 1980, in recognition of the need identified by national organizations, federal and provincial governments, and Canadian universities, the Institute is the leader in bridging the gap between knowledge on physical activity and its use.

CFLRI is a registered not-for-profit applied research institution. The Institute is directed by a Board of Directors comprised of eminent scholars and professionals in the areas of public health, physical education, sport sciences, recreation, and medicine, as well as universities and federal and provincial levels of governments.

APPENDIX C

**List of Documents Collected
According to Six Public Health Organisations**

1. Health Canada (13)
Healthy Canadians – Kids' Health and Safety (website)
Healthy Canadians Website – Kids – Childhood Obesity (website)
Healthy Canadians Website – Kids – Physical Activity (website)
Healthy Canadians Website – Kids – Physical Activity - General Tips (website)
Healthy Canadians Website – Kids – Government's Role in Addressing Childhood Obesity (website)
Healthy Canadians Website – Kids – Active Transportation (website)
Healthy Canadians Website – Kids – Injury Prevention - Sports Gear Safety Tips (website)
Healthy Living – Children and Adolescents (website)
Healthy Living – Physical Activity (website)
Healthy Living – Safety & Injuries (website)
Healthy Living – Children > Reaching for the Top - A Report by the Advisor on Healthy Children & Youth – Obesity (report)
It's Your Health – Obesity (pdf leaflet)
Consumer Product Safety – Recreational & Sports Products – Playground Equipment
2. Public Health Agency of Canada (19)
Healthy Living – Physical Activity – Benefits of Physical Activity (website)
Healthy Living – Physical Activity – Tips to Get Active – Parents, Teachers and Caregivers of Children and Youth (website)
Healthy Living – Physical Activity – What is Active Transport?
Obesity in Canada: Snapshot (report)
Healthy Canadians - Childhood Obesity and the Role of the Government of Canada (report)
Childhood and Adolescence - Child Health Topics - Nutrition and Physical Activity (website)
Healthy Living and Healthy Weight among Canadian Youth (report)
Healthy settings for Young People in Canada – Healthy Living and Healthy Weight (report)
Healthy Images – Children and Youth at Play (pdf leaftet)
Trends in the health of Canadian youth – Chp 8 - Exercise and Leisure Activities (report)
Our Health Our Future: A National Dialogue on Healthy Weights (news release)
Overview: Curbing Childhood Obesity. A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (short report)
Curbing Childhood Obesity. A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (full report)
Ministers of Health Agree on Ways to Strengthen the Health of Canadians (press release about Curbing Childhood Obesity report)
Health Ministers across Canada launch a National dialogue on childhood obesity
2011 Canada Revenue Agency – Tax Deductions – Children's Fitness Amount
2011 Canada Revenue Agency – Tax Deductions – Children's Fitness Amount – Prescribed Program
2012 The Government of Canada Supports Active and Safe Play After School (Ottawa media release)
2012 Injury Prevention - Funding to Prevent Injuries in the After-School Time Period (Fact Sheet)

3. ParticipACTION[6] (28)
2011 AHKC Report Card (information website)
Benefits of Physical Activity – Children 5-11 and Youth 12-17 (website)
Facts and Stats about Physical Activity (website)
ParticipACTION Campaign with videos (website)
Easy Ways to Start – to become physically active – youth (pdf leaflet)
After School Tips & Recommendations for Parents to Get Kids Moving (website)
Active Ways to Play! Workbook of Ideas for Kids. (pdf workbook)
Think Your Kids are Active Enough After School? THINK AGAIN (pdf workbook)
After School Activity Guide and Tracker (website)
A Parent's Guide to Activity – Tips on how to get your children to move more (website)
Fun Tips for Physical Activity – Adults (website)
Fun Tips for Physical Activity – Kids (website)
Fitting Activity into Your DA (website)
About the Inactivity Crisis (website)
2011 Sports Day in Canada (website)
Tips on How to Keep Active After School – kids – 2011 (pdf leaflet)
Tips on How to Get Your Young Children to Move More – Parents – 2010 (pdf leaflet)
2012 - Highlights from the 2012 AHKC Report Card on Physical Activity for Children and Youth. Is Active Play Becoming Extinct? (media release)
2012 Bring Back Play: ParticipACTION's Kelly Murumets (Active for Life media release)
2011 ParticipACTION Statement in response to UN Declaration on Non-Communicable Diseases (media release)
2011 - Canada gets its game on! CBC Sports, ParticipACTION and True Sport present second annual Sports Day in Canada (media release)
2011 - From desk to couch: Canadian children and youth missing out on prime physical activity time after school AHKC releases 2011 Report Card on Physical Activity for Children and Youth
2011 – ParticipACTION Challenges Canadians to "Live Right Now" (media release)
2010 - Canadians urged to get active and celebrate the power of sport CBC Sports, ParticipACTION and True Sport launch the inaugural Sports Day in Canada (media release)
2010 - CSEP and ParticipACTION share new research to inform Canadians of physical activity levels required Research shows even small increases in activity can bring benefits (media release)
2010 - Fact Sheet – New Physical Activity Recommendations. CSEP and ParticipACTION. (pdf leaflet)
2010 - ParticipACTION supports Ontario's revised elementary Health and Physical Education Curriculum (media release)
2010 - ParticipACTION responds to new information on declining Canadian fitness levels in the Canadian Health Measures Survey
4. Active Healthy Kids Canada (AHKC)[7] (25)
AHKC – 2004 – Canada's First Annual National Physical Activity Report Card On Children and Youth (media Release)

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[6] Much of this work is done in cooperation with AHKC

[7] Much of this work is done in cooperation with ParticipACTION

2005 Canada Gets a 'D' in Physical Activity: Report Card Released. AHKC announces Canada doesn't make the grade in first ever national report card on physical activity for children and youth (media release)
2006 Canada Gets a 'D' in Physical Activity- Again. AHKC calls on public and private sectors to do more to help families raise active, healthy children (media release)
2007 New Study: Canadian Kids Even Less Active Than We Thought - Latest research reinforces recommendations in Canada's Report Card on Physical Activity for Children and Youth (media release)
2008 Canadian children and youth receive failing grade for physical activity levels as screen time replaces active play. AHKC Releases 2008 Report Card on Physical Activity for Children and Youth.
2009 Marks improve when kids are active. AHKC Releases 2009 Report Card on Physical Activity for Children and Youth (media release)
2010 Inactive kids under five demonstrating dangerous lifestyle habits. AHKC Releases 2010 Report Card on Physical Activity for Children and Youth (media release)
2010 Highlights from the 2010 AHKC Report Card on Physical Activity for Children and Youth AHKC Releases 2010 Report Card on Physical Activity for Children and Youth (media release fact sheet)
AHKC – 2010 - Highlights from the 2010 Report Card on Physical Activity for Children and Youth
AHKC – 2010 – Full Report Card on Physical Activity for Children and Youth
Getting a good start: The early years must be active years - 2010 Report Card (media release)
AHKC – 2011 Report Card Overview
AHKC – 2011 Report Card – Community and the Environment
AHKC – 2011 Report Card –Cross Canada - Methodology
AHKC – 2011 Report Card – Policy
AHKC – 2011 Report Card – Family and Peers
AHKC – 2011 Report Card – School
AHKC – 2011 Full Report Card on Physical Activity for Children and Youth
AHKC – 2011 Report Card – Sedentary Behaviours
AHKC – 2011 Report Card – Physical Activity
AHKC – 2011 Report Card – After School – Time to Get Active
2011 From desk to couch: Canadian children and youth missing out on prime physical activity time after school AHKC releases 2011 Report Card on Physical Activity for Children and Youth (media release)
2011 Highlights from the 2011 AHKC Report Card on Physical Activity for Children and Youth (media release fact sheet)
2012 Fossilized playgrounds: is active play the next dinosaur? AHKC releases 2012 Report Card on Physical Activity for Children and Youth (media release)
2012 Is Active Play Extinct? Report Card on Physical Activity for Children and Youth (full report)

5. Canadian Society for Exercise Physiology (12)
Canadian Sedentary Behaviour Guidelines for Youth 12-17
Canadian Sedentary Behaviour Guidelines for Children 5-11
Canadian Physical Activity Guidelines for Youth 12-17

Canadian Physical Activity Guidelines for for Children 5-11
2011 Canadian Physical Ac1vity Guidelines Informa1on Webinar January 21, 2011 (pdf of webinar ppt)
2011 - Cutting down on sitting down: the world's first evidence-based sedentary behaviour guidelines released. School-aged children should limit recreational screen time to no more than two hours per day (media release)
2011 - New Canadian Physical Activity Guidelines released. Children need at least 60 minutes of physical activity per day and adults 150 minutes per week. (media release)
2011 - Canadian Physical Activity Guidelines for for Children 5-11 – Scientific Statements
2011 - Canadian Sedentary Behaviour Guidelines for Children 5-11 – Scientific Statements
Knowledge Translation - Life looks better with physical activity! Canadian Physical Activity Guidelines – Backgrounder (website)
Knowledge Translation - Systematic review of the health benefits of physical activity and fitness in school-aged children and youth (website)
Knowledge Translation - Advancing the future of physical activity guidelines in Canada: an independent expert panel interpretation of the evidence.
6. Canadian Fitness and Lifestyle Research Institute[8] (50)
2009 Lifestyle Tips – Simple Steps to an Active New Year (bulletin)
2011 Research File - The Influence of After-School Programs on Children's Physical Activity Levels
2009 Research File – Active Transportation (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Preferences of children and youth: Vigorous vs. Moderate physical activities? (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Preferences of children and youth: Unorganized or organized physical activity? (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Preferences of children and youth: Prefer active or quiet activities? (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Sedentary pursuits after school (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Physical activity levels of Canadian children and youth (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Activity levels of children and youth in Québec (bulletin)
Kids CAN PLAY 2010 - Encouraging children to be active at home, at school, and in their communities. Activity levels of Canadian children and youth (bulletin)
Kids CAN PLAY 2007 - Encouraging children to be active at home, at school, and in their communities. How active are Canadian children? (bulletin)
Kids CAN PLAY 2008 - Encouraging children to be active at home, at school, and in their communities. Activity levels of Canadian children and youth (bulletin)
2009 Lifestyle Tips – Family Physical Activity Influence (bulletin)
2009 Lifestyle Tips – Active Transportation (bulletin)

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[8] The Research Files are published together with ParticipACTION

2009 Research File – Family Physical Activity Influence (bulletin)
2009 Research File - School Based Physical Activity Interventions (bulletin)
2009 Research File - Injury Prevention in Children's Outdoor Activities (bulletin)
2010 Research File - Project U-Turn Increases Walking and Biking (bulletin)
2010 Research File - Physical Activity at Childcare among Preschool-aged Children (bulletin)
2010 Research File - Parks, Recreation Settings and Physical Activity (bulletin)
2010 Research File – Promoting Physical Activity in Youth (bulletin)
2010 Research File - Safe and Active Routes to School: Promoting Active Commuting among Children and Youth (bulletin)
2010 Research File - Physical Activity for a Healthy Brain: Something to Ponder About! (bulletin)
2011 Research File - Health Benefits of Outdoor Play for Children and Youth (bulletin)
2010 Research File - Impact of Parental Attitudes on Children's Physical Activity (bulletin)
2011 Research File - Health Implications of a Sedentary Lifestyle: Focusing on Children (bulletin)
2011 Research File - Health Benefits of Sport Participation (bulletin)
2011 Research File - Participation in physical activity and Sport among Adolescent Girls (bulletin)
2011 Research File - The Impact of Physical Activity on Children and Youth with Asthma (bulletin)
2011 Research File - Physical Activity and the natural environment: an issue of mental health (bulletin)
2011 Research File - The impact of 'Exergaming' on Physical Activity levels of Children and Youth (bulletin)
2011 Lifestyle Tips - Oh Canada, our home and unfit land? (bulletin)
2011 Research File - Fitness levels of Canadians: How far have we come? (bulletin)
2010 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Where and how do children participate in sport? (bulletin)
2010 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Participation in sport among children and youth (bulletin)
2010 Kids CAN Play Encouraging children to be active at home, at school, and in their communities Methodology, CANPLAY study (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Main locations for physical activity (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Methodology for the Parental Awareness Study (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Barriers to physical activity among children (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Activities to help children to stay fit and maintain healthy weights (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Sedentary activities among children (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Children's participation in sport (bulletin)
2008 Getting Kids Active! Physical Activity Monitor: Facts & Figures. Where and how do children participate in sport? (bulletin)

2005 – CFLRI – Physical Activity Monitor - Physical Activity Among Canadians. The Current Situation (report)
2005 – CFLRI – Physical Activity Monitor – Choices in Commuting (report)
2005 - CFLRI – Physical Activity Monitor – Physical Activity Programming in the School Environment (report)
2005 - CFLRI – Physical Activity Monitor – Use of Time After School (report)
2005 - CFLRI – Physical Activity Monitor – Local Opportunities to be Active (report)
2005 - CFLRI – Physical Activity Monitor – Parental Involvement in Children's Physical Activity (report)
2005 - CFLRI – Physical Activity Monitor – Children's Physical Activity and Sport Preferences (report)
2012 Research File – Children's unstructured outdoor free-play – individual, social and physical environmental factors (bulletin)
2012 Research File – Active Play

APPENDIX D

Codes and Definitions for Discourse Analysis

THEMES, CODES AND DEFINITIONS

<table>
<tr><td colspan="3" align="center"><h3>1. Imperative of health</h3></td></tr>
<tr><td colspan="3">Lupton writes: "where once, for instance, physical activity was undertaken for…'the pleasure of functioning', it is now often understood as a medical activity, undertaken for the purposes of good health". By identifying the prescriptions and recommendations related to children's health, play and physical activity as well as the way they are framed and their justification, the following codes help examine an 'imperative of health' emerging in Public Health as it relates to children's activities and play.</td></tr>
<tr><td>Code</td><td>Definition</td><td>Questions or Examples</td></tr>
<tr><td>1.1 Physical Activity: General</td><td>Physical activity promotion for children. This includes promotion of all types of physical activity (as opposed to physical activity = play).</td><td>E.g., walking kids to school; running with kids; biking together; skateboarding; physical education lessons in school; recommendations for PA.</td></tr>
<tr><td>1.2 Physical Activity = Play</td><td>Any mention of physical activity for children as equated to playing, or physical activity and play used interchangeably. The assumption that play is necessarily – or should be - physically active.</td><td>E.g., prescriptions for increased active play; the assumption play will be active; the assumption that physical activities are considered 'play' (fun, pleasurable) for children.</td></tr>
<tr><td>1.3 Places for play</td><td>Any recommendations of the places where children can/should play or be active. Where they are encouraged to play as a safe place, a place for 'good', active, healthy play. Also mention of where they should not play.</td><td></td></tr>
<tr><td>1.3.1 Indoor play</td><td>Mention of play indoors. Positive or negative, sedentary or active.</td><td>E.g., home mostly.</td></tr>
<tr><td>1.3.2 Outdoor play</td><td>Mention of play outdoors. Positive or negative, sedentary or active.</td><td>E.g., Playgrounds; backyards; schoolyards; parks;</td></tr>
<tr><td>1.4 Organised Leisure activities</td><td>Any mention of recommended (approved) organized leisure activities for children. Many will be related to organized sports, but also code any mention of other organized leisure activities recommended in the documents.</td><td>E.g., team sports; clubs; other activities you need membership for; lessons; classes.
Formal environment.</td></tr>
<tr><td>1.5 Non-organised Leisure activities <i>(Free-Play)</i></td><td>This includes recommendation of sports that are <i>not organized.</i> Not involved through membership, organizations, clubs. This would be sport with an element of 'free-play'.</td><td>E.g., pick up soccer with friends; street hockey; frisbee in park; puzzle playing, reading, hanging out with friends.</td></tr>
</table>

1.6 Making Time to play	Includes recommendations for times in which children should play. This will most often be time for active play. This might be interesting when considering making time for supervised 'free play', which is then, by its scheduling and surveillance, not free.	E.g., Play after school; during the busy week; in free time; on weekends while doing other activities. "Finding time to play"; "setting time aside to play" "dedicating time to play" actively.
1.7 Self-government	Linked to the idea of panopticism, the 'whole set of techniques and institutions for supervising, measuring, correcting…' become internalised by subjects who begin to survey their own behaviours – to self-govern and discipline themselves. This is related to, but different from, "individual responsibility" because it focuses on the PH valueing of eventually families and children self-governing. Self-controlled, self-contained, managed individuals taking care to prevent illness.	E.g., "with these behaviours starting young, children will become healthy active adults". PH recommendations idealizing internalisation of their messages; 'exemplary' children or families who engage in recommended activity (i.e., making charts, workbooks), who involve themselves in ParticipAction initiatives, school activity initiatives.

2. Technologies of power applied to children's health and play
In the case of the medical and health institutions such as public health, "technologies of power" are forms of power that are "susceptible of producing discourses of truth". These technologies focus on the body as the 'object and target of power' to shape the body. It includes social practices that "determine the conduct of individuals and submit them to certain ends" (Markula, p. 25; 38). These technologies of power ensure that a population of children become sufficiently (i.e., normatively) healthy, productive members of society.

Code	Definition	Questions or Examples
2.1 Surveillance and collection of information	Reference to the surveillance (observation) and collection of information as well as statistics regarding children's bodies, their lives and their activities. Medical and health information surveyed, collected and distributed about the link between children's play and health.	E.g., Surveys or measures or counting, monitoring children's health, bodies, measuring normal weight, obesity levels; BMI; *Report Card* monitoring physical activity in play.

2.2 Crisis - Epidemic	Reference to the terms and to research referring to: *crisis* and *epidemic*. The term *crisis* implies seriousness and the urgent need for immediate collective action; *epidemic* implies the statistical occurrence of a 'disease' in a population that substantially exceeds what is expected; to properly address an epidemic, all the medical surveillance, and monitoring (above) are called upon. Heightens and pushes the urgency to act according.	E.g., crisis of obesity, crisis of inactivity/ overweight/ obesity, the country in crisis, childhood in crisis; reliance of this research to make statements/ recommendations about children's health and play.
2.3 Subject categories	The use of information to classify and identify categories of children. "Subject categories" identify how 'people are made up' by the use of categories in texts. Any mention of classification or categorization of children and the categories to which they can belong available in this discourse. Related to subjectification effects and 'subject positions' - the idea that people become particular kinds of subjects through discourses. (related to productive, utilitarian values)	E.g., Inactive child; physically active child; healthy child; obese child; responsible parenting; role model parent; activities *for* boys/girls; class (SES), ethnicity.
2.4 Normalisation/ Norm setting	Practices or judgments or recommendations that create the 'normal' subject and engender a desire to become the 'normal' subject through 'rewards' (i.e., as good child, proper family). It is the creation of norms against which the population of children can be judged and examined and delineated as normal/abnormal.	
2.4.1 Dividing practices	Any reference to binaries or implication of dichotomous, oppositional relationships with regard to children and their activities (one side privileged, the other not). *Dividing practices* include the ways problem representations position groups in opposition to one another, a governmental practice encouraging desired and discouraging undesired behaviours. These oppositions justify control of certain groups of people.	E.g., Fat vs not fat; obese vs normal body weight; good active play vs less desired inactive play; motivated vs unmotivated child; images of happy active child vs lonely inactive child; child at risk vs child not at risk.
2.4.2 Physical activity levels	Activity level recommendations for different age groups; normal activity levels.	E.g., # mins of activity per day; fitness tests.

2.4.3 Health Consequences of (in)active play	The **health consequences** related to insufficient or incorrect play or activities – as well as consequences of less obesity, and sufficient amounts of active play.	E.g., Health of children as adults; the future generations; responsibility of today for tomorrow.
2.4.4 Social Consequences of (in)active play	The **social consequences** of certain forms of play and activities. Individual social consequences and more global social consequences.	E.g., Fewer or more friends; more or less pleasure; more or less creative; more or less academic success; a future of children of a particular type.
2.5 Risk/ Safety around play	As identification of *risks* can be considered a governmental strategy justifying the increased surveillance and management of a population (e.g., obese children), examining how risk is discussed in Public Health and the meanings/ truth knowledges associated with risk is important. This includes identifying the conditions / activities that produce risk; identifying the way children "at-risk" are defined; identifying the ways risk should be avoided or managed through activities to protect from risk; identifying the implications of not managing risks (or benefits of doing so). Also any reference to *safety* / risk-free behaviours.	E.g., 1. Conditions leading to risk (i.e., obesogenic environments, risky play); 2. Identification of children' at-risk, engaging in risky behaviours (i.e., high BMI, inactive play, risky play); 3. Managing risks / safety (i.e., increasing active play, risk-free playgrounds, safety precautions protect from risk, navigate risks, avoid risk). 4. Implications of managing or not exposure to risks (i.e., related to consequences; 5. Safety (i.e., from risks associated with obesity, safe forms of active play, risk-free play)

3. Cultural and political values and presuppositions re. health and play

Public health approaches and interventions are based upon particular forms of taken for granted knowledge – the assumptions that are 'lodged within the current problem representations'.

Code	Definition	Questions or Examples
3.1 Explicit use of the term "Play"	Any mention of the term '*play*'. Attend to how play is discussed; in what context it is mentioned; how it is defined; what assumptions go along with it (i.e., active, fun, organized); who is defining play, who is playing and how.	E.g., Play as structured; play as fun; play as physical; play as work etc.
3.2 Pleasure/ Fun	Activities that are motivated predominantly by *pleasure* have been considered by public health to be unproductive, potentially irrational and to predispose people to possible risks. The promotion of 'normative' (i.e., safe and healthy) play behaviours has thus taken precedence over the *pleasures* in childhood play. Attending to different ways *pleasure* is discussed and the meanings it carries is relevant.	E.g., Pleasure, leisure, fun as it relates to children's experiences, activities, playing, physical activity or health. Prescribed pleasure (i.e., "All kids love being active"); Pleasure as element in its own right. *Has physical activity become a prescribed pleasure for children?*
3.3 Productive, Utilitarian Activities	Any mention of children's play/leisure activities as being productive or not productive for health, society, economic reasons, the self; suggestions of activities as useful for..; 'Play' as a means to some productive health end; Play as an instrument to achieve/reach another goal; rational or irrational behaviours / reasoning regarding health and activities.	E.g., Play for physical health; for intellectual development; for socialisation and new friends; for self-esteem.

3.4 Individual Responsibility for proper activities	A political stance towards health emphasising "the self who is expected to live life in a prudent, calculating way, and to be ever-vigilant of risks" "self-regulating and productive" (Peterson and Lupton, 1996). Attend to instances of parents and children as responsible for their health/activity; ways of being responsible. Also any positive tone given to choice and agency in health.	E.g., "Parents should be role models, and active themselves"; "Children can take control of their activity". Individual child or family being given the responsibility for their child's health, activities, future.
3.5 Institutional responsibility for proper activities	Responsibility given to schools (phys-ed and other teachers representing), governments, community (neoliberal view of community).	E.g., suggestions for getting involved in your local gov't; be part of "your community".
3.6 Scientific Truth Claims & Evidence	The reliance on *scientific forms of evidence and experts* (and the authority they wield in public health discourse) give authority to the claims made by experts and the recommendations based on this evidence regarding activities and play. They can be called 'truth claims' based on a particular kind of (scientific) knowledge. (clarify what I mean by scientific truth and evidence – to distinguish from imperative of health, which is also based on scientific truth claims).	
3.6.1 Reference to biomedical evidence	Mention of biomedical evidence regarding children's health and play.	E.g., reliance on expert claims (doctors, scientists, researchers); use of biostatistics for justification; discussion of 'truth'

3.7 Body as biological	Biological view of health and the body has implications for the ways it *can be* discussed, described, classified, analysed and intervened upon by Public Health. Also shapes the kinds of play/ activities are appropriate for particular types of bodies. It will also shape the justifications given for particular recommendations (i.e., biomedical evidence) and discussion of how the body can be shaped / influenced by different forms of play/ activity. This understanding of the body also draws on and advances particular knowledges (i.e., medical) when discussing children's bodies and their play activities.	E.g., Mention of the body's physical status as healthy, unhealthy; its shape (i.e., obese, thin, muscles, fat, BMI); the biological results of play activities (i.e., strong, growth); its physical appearance (i.e., valued as good, bad, attractive); play and relation to the biological entities of the body (i.e., dancing and muscles, playing and heart rate).

4. Emerging codes	
Code	**Definition**
4.1 Active Gaming	Mention of video gaming, which has a negative/sedentary/indoor label, but which now, with active gaming has taken on a tension within public health.
4.2 Gender	Any mention of boys and girls being different, play or activities that are appropriate for each, or the level of activity that each does or does not have, gender and vulnerability.
4.3 Omissions & Resistance	Resistance/omissions/non-reiterations of the dominant discourse. Places in which mantra/dominant discourse fails to repeat itself successfully. Fails to reiterate. Where there is discussion of play in other terms.
4.4 Socio-Economics	Consideration of different income, education as a factor in determining levels of play, PA, follow recommendations etc.

4.5 Sedentary play	Discussion of play that is too sedentary, or that kids are too sedentary. Most often this will have a negative connotation, and becomes particularly interesting when otherwise positive activities (Reading) are grouped into unhealthy sedentary activities. Also includes discussion of 'Screen Time' which is a growing form of leisure/play for kids, but increasingly described as dangerous/risky/sedentary.
4.6 Societal Changes	The way the world is today, lifestyles changing, in the past more active. What we are today (children, adults) is a product of our social life, which has changed.

APPENDIX E

Description of the Process of Analysis

Process of analysis: discourse analysis

Journal-style notes were taken spanning the entire research process: searching for, collecting, coding and analysing the documents. To start, once websites and documents were identified, collected and read for a first time (i.e., before explicit coding), notes were taken about the content and relevance of particular sites. For instance, regarding a Health Canada website, this note was made:

> this page has mainly a white background with several child-friendly photos and images of "healthy-looking, happy" children sitting on blocks. The page offers information on many things (see links below) but also on safety (rail, road, sleep, toy, injury) which might be interesting to look through later as well.

Specifically for the coding and analysis of the documents, analytical notes in the form of a journal and memos were kept about the salient ideas emerging from particular organisations (e.g., AHKC, ParticipACTION). These notes were linked to any new ideas and possible interpretations and regarding the theoretical interests and topics of the thesis. See examples below:

Documents 3-5:

> Use of language about a 'report card' and 'grade' is interesting. And citation in one document from a "Shaniece Thomas, Grade 7 student, Market Lane Public School", who is quoted as saying: "If my school report card had grades like this, I'd be in serious trouble with my parents, and my teacher and principal would be very concerned".
> This might be a type of shaming and responsibilizing of… the audience reading the document? SES and Gender also come up. These are both in the 'subject categories' code, but I made a separate SES code and will make a gender code too - an analysis I will try to do in the photography/interviews with children as well.

Document 6:

> There is mention of 'organised' and 'unorganised' play as important, without it having a specific 'list' of activities. I am coding this within the IofH – "*organised and unorganised activity*" because it indicates both relevant and both being discussed in PH documents.

Document 7

> Earlier AHKC documents referred to Report Cards with wording such as: "**Canada** received a failing grade'. In a 2008 document, it reads: "Canadian **children** who receive a failing grade". Is this individual responsibilisation?

Document 8

> Increasing pressure in 2009, to be active, and for productive reasons to play actively - first only for health, then also for social, academic reasons as well. This discourse is collecting the reasons to convince children to play more actively. Also, introduction

of active video games.

Document 9

One line from document: "Kids under five demonstrating dangerous lifestyle habits" - Really? Kids under five have lifestyle habits???
Discussion here of new e-parenting apps – potential critique of these. Not sure what to code this - it's a societal critique, electronic media etc.

Document 10-11

Here we see first mention of needing supervised play (safe), and this as a way to avoid riskiness of other teen activities. Here also comparison with European countries. Have to start thinking about how to code the images in these documents, which says much as some of the text I am coding. Maybe I can describe and code them?
"Active video gaming" is another topic coming up here, but seen from a potentially positive perspective.

Document 12

Chapter 3 from the 2011 AHKC Report Card – "After School. Time to Get Active."
Starts talking about societal influences, or changes over the generations regarding play. I am going to code this "Omissions_resistance" for now, because it is an acknowledgment of changes socially and how public health is adopting itself to these changes (even if it is part of these changes). An interesting paradox perhaps? I also coded it "Productive_Utilitarian" as I think it is related to relevant political/cultural values.

As each document was read and coded, notes were taken about how the material would begin to answer Bacchi's (2009) analytic questions. Code reports were created as word files for each code (e.g., one report for "active play", one for "risk", one for "surveillance" and so forth). These files contained all coded text excerpts for each code from *all* documents coded. The code reports were organised according to how they would help to answer Bacchi's (2009) questions, and were examined in this manner for further analysis.

Process of analysis: children's photography and interviews

The process of analysis involved a mix of a thematic analysis of the interviews and photographs, through which themes emerging from the interviews were noted (and coded), and an analysis based on the theoretical themes of the study, which were also part of the coding scheme.

During the data collection as well as during the coding and analysis of the photographs and interviews I kept analytical notes in the form of a journal and memos about the ideas emerging from interviews and children's photographs. See examples below:

Interview Alisha
> Alisha has taken photos of a snail *Rapido*, and talks about liking to play with bugs/ out in nature, preferring to go to the collective garden than to the park. She also seems to be a bit of a daredevil, or at least she takes 'risks' that her siblings are afraid to take. Also go on runs with the family, physical activity important to family.
> Themes of interest in this interview: risk, outdoor, nature, animal.

Interview Annelise
> Annelise in Hochelaga-Maisonneuve. In one of her descriptions - of the drawing of playing soccer on the hill - she told it like a story that was going to happen in the future: how she would like it – her parents say yes to being able to play, and she, her brother, and little sister (who would be older) all go to play. Her parents make an exception for her brother (to come) because it's his birthday. Normally he's not allowed to?
> She also mentions that the photo of her dog is important because the dog is like a friend and protects her – she likes to play with her dog. Annelise also talks about different moods and play - being angry or sad and play being a part of that.

Interview Lana
> Lana played outside a lot and talked about having to do Karate. She said it was her parents who insisted on her doing Karate and she talked about it requiring a lot of practice. This is worth noting regarding freedom and organised activities. Lana also talked about a time when she climbed in a tree that it was not hard – she said that this became less and less dangerous the more she did it. The more she climbed, the more familiar it was. Lana also explained well the difference between playing sports and playing in the park and interestingly, and worth thinking through is that she also said she feels she should be active when she's reading a book.

Interview Michel
> Michel has some very interesting things to say about organised and freer play, and that he likes it a bit better when it is less organized and not in the form of classes. The piano photo is interesting, because it launched him into the discussion of classes, and playing freely or not.

Interview Arman

Arman talked about risky play and fun regarding his teachers and his acrobatics. This is quite a contrast to other children. A VERY interesting discussion about their neighbourhood, about risk in the area, and about not being able to play in the same way as before. The DAD cuts in too talking about the neighbourhood when he overhears Arman.

Also really interesting that he repeated word for word a ParticipACTION television ad, telling me "you have to do 60 mins a day", although he said he didn't understand it. At the same time, Arman does a lot of creative activities – magic, building boats with dad, playing music at school.

Arman also makes a big distinction between the playgrounds and his old school in the town he used to live in, and the poorer neighbourhood in Montreal where he lives and goes to school now. He mentions it was WAY more fun before. The playground he took me to (by his new school) only has one module. He also says there is less time to play at recess than at his old school. These are all interesting issues about play, safety, risk in play, and pleasure in different forms of play.

APPENDIX F

**Recruitment Sites and
Recruitment Poster**

Recruitment efforts
Recruiting the first 5 or so children for the study through my own contacts was relatively quick. However, these children were all relatively similar in terms of SES and I wanted to recruit a diverse group of children. Attempts were then made to recruit families and children who lived in as many different areas of Montréal as possible to reach families who had different SES. However, this proved to be more difficult and several waves of recruitment were needed to find 25 participants in our study. Despite these attempts, the majority of the children who participated in our study come from families that can be characterised as having a higher or middle range SES.

Recruitment posters were placed in various locations:

- Three YMCAs – Pointe Saint Charles, Mile End and Hochelaga Maisonneuve
- Six city libraries – Mile End library, Parc Extension library, Intercultural library on Côte-des-Neiges, Côte-des-Neiges library, Verdun library, Point Saint Charles library
- Concordia Education Listserve
- Université de Montréal, Département de médicine sociale et préventive
- Université de Montréal, École de musique des jeunes,
- Two second hand clothing stores (Fripe-Prix)
- Swimming pool St Hubert
- Contacted 'Camp de Jour Cesam' for posters to give parents

Active recruitment:

Handing out recruitment leaflets to parents with children
- Université de Montréal, CEPSUM Sports day camp for children
- Centre communautaire de loisir de la Côte-des-Neiges – recreation centre for children
- Youth group at Saint-Ambroise Church
- Spanish Language School, St Zotique

Presented my project
- *Centre de Services Préventifs à l'Enfance* (Côte des Neiges) at a meeting with educators and families
- *Centre Assistance d'enfants en difficultés* (Hochelaga Maisonneuve) met with the organiser and some of the children at the centre about participating and left them with recruitment leaflets

Personal Network emailed recruitment materials:

- Professor of Psychology working with Children
- Old Director of Saturday German School
- Colleagues, friends and network of friends with children

Does your child like to PLAY ??!!

I am a PhD student in public health at University of Montréal and am conducting a study to learn about *children's perspectives on playing.*

If you have a child between the *ages of 7 and 11*, I would love to hear what he/she has to say about play!

What does it involve?

To get children's perspectives about their playing, I am asking children to *take photos* of things they associate with 'play' and to *tell me what they think* of their photos and their ideas about playing.

Why participate?

I hope that this study will be **FUN**! Also, your child's ideas about playing will help institutions like public health understand the different forms of playing that children find important.

PRIZE! As a thank you, each child will be given a **disposable camera**!

To find out more or to participate contact me:
Stephanie Alexander, Université de Montréal
Tel: 514-270-5024 *OR*
Email: Stephanie.alexander@umontreal.ca

Est-ce que votre enfant aime JOUER ??!!

Je suis étudiante au doctorat en santé publique à l'Université de Montréal et je fais une étude pour en apprendre plus sur les *perspectives des enfants sur leurs jeux.*

Si vous avez un enfant agé entre *7 et 11 ans*, je serai vraiment heureuse d'entendre ce qu'il/elle pense du jeu!

Qu'est-ce que ça implique?

Pour connaître la perspective des enfants, je leur demande de *prendre des photos* des endroits où ils aiment 'jouer' et de me dire **ce qu'ils pensent** de leurs photos et jeux.

Pourquoi participer?

J'espère que cette étude sera **AMUSANTE**! De plus, les idées que votre enfant partage avec moi pourraient aider des institutions (ex. santé publique) à comprendre ce que signifie « jouer » pour les enfant.

PRIX! Pour vous remercier, chaque enfant recevra une **camera jetable**!

Pour plus d'infos ou pour participer contactez:
Stéphanie Alexander, Université de Montréal
Tel: 514-270-5024 *OU*
Email: Stephanie.alexander@umontreal.ca

APPENDIX G

**Socio-demographic Questionnaire
and Information**

Socio-Demographic Questionnaire for Parents / Guardians

I am CHILD's:
Mother ☐
Father ☐
Legal guardian ☐

Parent/Guardian's First language: _____
Parent/Guardian's Age: _____
Parent/Guardian's Job Description: _____

Parent/Guardian's Education (check the box that is your highest level of education):
No high school ☐
Some high school ☐
High school completion/equivalency ☐
Some college/CEGEP ☐
College/CEGEP degree ☐
Some university ☐
University degree ☐
Postgraduate degree ☐

<u>Information about Child's Second Parent:</u>

CHILD's other parent is:
Mother ☐
Father ☐
Legal guardian ☐
N/A: I am a single parent or sole guardian ☐

Parent/Guardian's First language: _____
Parent/Guardian's Age: _____
Other Parent's Job Description: _____

Other Parent's Education (check the box that is their highest level of education):
No high school ☐
Some high school ☐
High school completion/equivalency ☐
Some college/CEGEP ☐
College/CEGEP degree ☐
Some university ☐
University degree ☐
Postgraduate degree ☐

<u>Information about Your Family:</u>
Are there other children in the family besides the child who is (children who are) now participating?

Yes ☐   No ☐
If yes, please indicate how many and their ages

_____

Questionnaire Socio-démographique pour parents / tuteurs

Informations sur vous :
Je suis:
La mère ☐
Le père ☐
Le tuteur légal ☐

Votre langue maternelle : _____
Votre Age: _____
Votre Emploi du temps: _____

Plus haut niveau d'études atteint (SVP cocher la boite):
Primaire ☐
Études secondaires non-complétées ☐
Diplôme d'études secondaires (DES) ou l'équivalent ☐
Études collégiales (CÉGEP) non-complétées ☐
Diplôme d'études collégiales/ CÉGEP (DEC) ☐
Études universitaires non-complétées ☐
Diplôme universitaire : baccaulauréat ☐
Diplôme universitaire : maîtrise ou doctorat ☐

Information concernant l'autre parent/tuteur de l'enfant:
L'autre parent/tuteur de l'enfant est:
La mère ☐
Le père ☐
Le tuteur ☐
N/A: Je suis mono-parental(e) ou le seul tuteur ☐

Sa langue maternelle : _____
Son Age: _____
Son Emploi du temps: _____

Plus haut niveau d'études atteint (SVP cocher la boite):
Primaire ☐
Études secondaires non-complétées ☐
Diplôme d'études secondaires (DES) ou l'équivalent ☐
Études collégiales (CÉGEP) non-complétées ☐
Diplôme d'études collégiales/ CÉGEP (DEC) ☐
Études universitaires non-complétées ☐
Diplôme universitaire : baccaulauréat ☐
Diplôme universitaire : maîtrise ou doctorat ☐

Informations sur votre famille:
Y a t-il d'autres enfants dans la famille autre que celui (ceux/celles) qui participe qui participe(nt) présentment?

Oui ☐   Non ☐
Si oui, SVP indiquer le nombre d'enfants et leurs âges :
_____

	Name	**f/m**	**Age**	**Parents**	**Lang.**	**Parent Age**	**Self-decl Educ parent**	**Self-decl Employ**	**Siblings**	**Neighb**	**SES**

Socio-demographic information (all children's names have been replaced with pseudonyms)

	Name	**f/m**	**Age**	**Parents**	**Lang.**	**Parent Age**	**Self-decl Educ parent**	**Self-decl Employ**	**Siblings**	**Neighb**	**SES**
1	Cara	f	9	Mother & father	**Fr**, En	34; 35	MSc; LLB	Gov't Health Institute; MA Student Law	2 younger	Rosemont	High
2	Chloé	f	7	Mother & father	**Fr**, En	34; 35	MSc; LLB	Gov't Health Institute; MA Student Law	1 older one younger (3yrs)	Rosemont	High
3	Sarah	f	11	Mother & father	**En**, Fr	30s; 30s	PhD; (not given)	Research; (not given)	1 older (14yrs)	Pt. St. Charles	High
4	Michel	m	9	Mother & father	Fr	30s; 30s	MSC/PhD; (not given)	PhD student; (not given)	1 younger (5 yrs?)	Petite Patrie	High
5	Anabella	f	8	Two mothers	**En**, Grk	30s; 30s	BFA; BA	Designer; MA student	1 younger (4 yrs?)	Mile End	High
6	Carla	f	10	Mother & father	Fr	35; 35	MSC/PhD; MSC/PhD	Looking for work; Hydro-Québec	2 younger (8 & 5 yrs)	Rosemont	High
7	Alisha	f	8	Mother & father	Fr	35; 35	MSC/PhD; MSC/PhD	Looking for work; Hydro-Québec	1 older one younger (10 and 5 yrs)	Rosemont	High
8	Annelise	f	8	Mother & male guardian	Fr	33; 36	BA; Cégep (not sure)	None; Stage technician	1 older (12 yrs) one younger (7 months)	Mercier Hoch-Maisonn.	Low
9	Lisette	f	8	Mother & father	Fr	35; 37	MSC/PhD; MSC/PhD	Researcher Gov't Health Institute; Director asset management	1 younger (3 yrs)	Villeray	High
10	Timothy	m	7	Mother & father	Fr	37; 38	Some university; MSC/PhD	Acupuncture; Biologist	1 younger (13 months)	Mercier Hoch-Maisonn./ Centre-Sud	Mid
11	Marianne	f	10	Mother & father	Fr	31; 31	Highschool; Highschool	Director of La Leche League; Mailman	2 younger (5 yrs., 18 months)	Mercier Hoch-Maisonn.	Low
12	Chantal	f	8	Mother & father	Fr	41; 38	Some university; MSC/PhD	Teacher at college; none	1 younger (4 yrs) 1 older (11)	Rosemont	High

13	Andrew	m	11	Mother & father	Fr	41; 38	Some university; MSC/PhD	Teacher at college; none	2 younger (4 yrs, 8 yrs)	Rosemont	High
14	Lana	f	7	Mother & father	Fr	42; 42	MSC/PhD; BA	Manager; professional	only child	Rosemont	High
15	Elena	f	8	Mother & father	Fr	37; 37	BA (MSC not completed); BA (MSC not completed)	Acupuncture; film director	only child	Plateau	High
16	Veronica	f	8	Mother & father	Spn; **Fr**	40; 44	BA; Cégep	Consultant; Manager	only child	Ville St Laurent	High
17	Florence	f	8	Mother & father	Fr	37; 38	BA; BA	Teacher; Sport coordinator	2 younger (5 & 3 yrs)	Côte Des Neiges	Mid
18	Sullivan	m	9	Mother & father	**Fr**, En	38; 36	BA; BA	Researcher (film); Film producer	1 older (14 yrs)	Mile End	mid
19	Henri	m	9	Mother & father	Fr	37; 38	MSC/PHD; BA	Research Analyst; Project director	2 younger (4 & 5 yrs?)	Parc Extension	High
20	Eric	m	7	Mother & father	Fr	34; 37	MSC/PhD; BA	Psychologist; Engineer	one older (9 yrs) two younger (4 & 1.5 yrs)	Rosemont	High
21	Alain	m	9	Mother & father	Fr	34; 37	MSC/PhD; BA	Psychologist; Engineer	three younger (7, 4 & 1.5 yrs)	Rosemont	High
22	Francis	m	9	Mother & father	Chn; **En**; Fr	39; 37	BA; MSC/PHD	Homemaker; Computer programmer	two younger (4 & 3 yrs)	Mile End	High
23	Arman	m	9	Mother & father	Arm; **Fr**	33; 36	MA (completing); BA	MA student; Sales Rep	one younger (3 yrs)	Côte des Neiges (poor area)	mid
24	Sebastien	m	11	Mother & father	Fr	33; 43	Cegep; BA	Fashion designer; Kinesiologist	one older (14 yrs) & one younger (1.5 yrs)	St Michel	Low/mid
25	Binati	f	8	Mother & father	En/**Fr**/Bengali	32; 39	Gr 10 and 12	none; cook	3 other children 7, 4 and baby	Parc Extension	low

APPENDIX H

English and French Consent Forms
Ethics Certificate of Approval and Renewal of Approval

<h1 style="text-align: center">**English Consent Form to Participate for parents/guardians**</h1>

Research Project Title
"All work and no play … ?" A critical investigation of an emerging public health discourse on children's play.

Investigators
Stephanie Ann Claire Alexander, MSc, PhD student in Health Promotion, Faculty of Medicine, Department of social and preventive medicine, Université de Montréal, ████

Supervisors:
Katherine Leigh Frohlich, Ph.D., Associate professor, Faculty of Medicine, Département de médecine sociale et préventive, Université de Montréal.
Caroline Fusco, Ph.D., Associate Professor, Faculty of Physical Education and Health, University of Toronto.

Purpose of Research
The purpose of this study, which has been approved by the Research Ethics Board of the Faculty of Medicine at the Université de Montréal, is to critically examine public health's views on children's play. As well as reviewing public health documents and literature, I also want to explore children's own perspectives and views of playing. I want to see whether children have similar or different views about play than public health institutions, and your child is being invited to participate in this research project to give their perspectives and ideas about playing. This study aims to talk with a diversity of children about many different forms of play and is not aiming to establish preferred or correct forms of playing for children. As such, it is important to know that there will be no evaluation of your child or determination of better forms of play or perspectives on playing.

Research Procedures
This study will include two meeting points. The first will include a walking and photography session with your child and me; the second will include an interview with your child about the photographs they have taken in the previous meeting. Both will be scheduled at your and your child's convenience. If your child has a friend who is also participating in the study, they will be able to go on the walking photography session together.

1) During the first meeting I will explain the study to you and your child and show him/her how to use the cameras. Then, with your consent, your child will take me on a walking tour of where they play in order to take photographs of playing (e.g., they may choose the park, backyard or playroom). During this walking photography session your child's conversations and play will be recorded. Your child will be asked to take approximately 25-30 photographs but they can take fewer photos if they wish. When the walking photography session is completed, your child will be brought back to your home (or to the previously agreed upon starting point location). Once we have arrived back at the starting point location at the end of this meeting, I will collect the camera, upload the photographs onto a laptop computer and we will look at them together. I will ask your child to select five photos, which I will print and bring along to the second meeting. This session may take up to 2-3 hrs.

2) During the second meeting with your child I will bring the five printed photographs that your child selected and I will ask them a series of questions about play (i.e., what play is to them, where they play, who they play with etc) and they will be asked also to describe the images of play in the photographs they have taken. At the end of this session, your child will be given a Certificate of Participation, a disposable camera as well as the printed photographs that they took. This second meeting may take up to one hour.

Confidentiality
Digital interview recordings will be made into transcribed hardcopies. When this happens your child's name or the names of other people will be replaced by pseudonyms. All information that you and your child share with us will be kept strictly confidential. All data will be stored in locked cabinets at the Université de Montréal and will only be seen by my research supervisors and me. No information that discloses the identity of your child will be released or published without consent. After recordings are transcribed and checked, original recordings of interviews will be erased. Transcripts and photographs will be stored by me for up to 10 years after the study is completed. For the purposes of research surveillance and quality control your information could be consulted by someone mandated by the faculty of medicine's ethics committee at the Université de Montréal. These individuals are equally held to the confidentiality requirements of this study.

Dissemination of Findings
The findings of this research project will be published and public presentations based on the research findings will be made in order to inform public health researchers and practitioners about children's perspectives on play. What your child tells us about play and the photographs they take will be used to illustrate this in publications and presentations. In these publications and presentations, neither you nor your child will be identifiable by name or in any other way (e.g., descriptions, in quotes). If any photographs that identify your child (i.e., their faces can be seen) would be particularly useful to illustrate children's perspectives on play, these would only be used if you give and your child give consent for their use. If you or your child would like to know the results of the study when finished, a summary will be sent to you.

Reimbursement
There will be no monetary compensation for your child's participation, but the study will involve no expense on his/her or your part, and will be carried out at your and at his/her convenience. Your child will receive a Certificate of Participation and the printed photographs that they took as well as a disposable camera at the end of their participation.

Potential Harms or Discomforts
There are no known harms associated with participation in the study about play. I will take every precaution to keep your child safe, for example if walking to and from a park or a playground involves crossing busy streets or if the playing area is unsupervised. The route taken with your child and the location we walk to will be checked with you before we begin. Another adult can be present if the child requests but the researcher will ask the adult to remain at a distance or in the background so that it does not influence the child's perspective.

Potential Benefits
A benefit of your participation in this study is primarily that your child's ideas about playing will help us better understand what play means to young children and it may help institutions like public health and schools understand the importance of certain forms of play for children. The results of a study like this one might also help promote the space for freer forms of play for kids, which might also influence children's health and happiness.

Voluntary Participation and Early Withdrawal
You and your child's participation is voluntary and involves no risk to you or your child. You and your child may refuse to participate or answer any questions in the interview without penalty or explanation. You and/or your child may withdraw your consent to participate in the study at any time. If you or your child chooses to withdraw from the study, you will also have the option to withdraw the information that you provided. You may withdraw from the study at any time by contacting the researcher by phone ███████ ██ Any concerns regarding your participation in this study can be addressed to the Université de Montréal Ombudsman by telephone at: ██ The Ombudsman accepts collect calls and speaks both French and English. As part of your participation in the study you should know that the researcher's project is scheduled for completion by May 2012 and you can contact me at any time for clarification purposes.

Acceptance of the Conditions of the Research Process and Consent
By signing this form, I acknowledge that:
a) The researcher has given me and my child the opportunity to ask questions about the research study, and these questions have been answered to my satisfaction.
b) At any time during the study, I may request further clarification from the researcher. I can do this by contacting the researcher by phone ████████████████████ ████████████████████

c) Stephanie Alexander would like to interview my child_____(names).

d) My child and I are under no obligation to participate in the research study and are free to withdraw from the study at any time, without explanation and that I am free to withdraw my permission and consent at any time during the research study.

e) We are free now, and in the future, to ask any questions about the study.

f) I have been told that our information will be kept confidential, except where release of information is required by law, e.g., suspected child abuse.

g) I understand that no information that would identify us will be released or published without our consent.

h) The possible harms and discomforts and the possible benefits (if any) of the research study have been explained to me, and in no way does signing this consent form waive my legal rights nor does it relieve the researchers or involved institutions from their legal and professional responsibilities. I have been given a copy of this consent form for my records.

I, _____ (print parent's name) allow my child_____(print child's name) to participate in the research project entitled "All work and no play … ?" A critical investigation of an emerging public health discourse on children's play by Stephanie Alexander (Université de Montréal)

_____ (signature) _____ (date)

In addition, I also grant permission to the researcher to digitally audio record the interview with my child.
_____ YES (signature required)

In addition, I give permission for interviews and photographs to be used for:

a) Research publications _____YES (signature required);
b) Presentations at academic meetings _____YES (signature required):

I, the undersigned, have, to the best of my ability, fully explained the nature of this study to the parent/guardian. I believe that the person whose signature appears above understands the implications and voluntary nature of his/her child's participation in the research procedures.

_____
Researcher's signature   Location   Date

Assent of child

I was present when _____ was given a description of the study and gave his/her verbal assent.

Participant's signature: _____

I have been given a copy of this Assent Form for my records.

Participant's Signature: _____

Name of person who obtained assents/consent: _____

Signature: _____   Date:
_____

Titre du projet de recherche
"All work and no play…?" Une exploration critique d'un discours émergent en santé publique sur le jeu chez les enfants.

Chercheuse
Stephanie Ann Claire Alexander, M.Sc., étudiante au doctorat en promotion de la santé, Faculté de médecine, Département de Médecine sociale et préventive, Université de Montréal. Tél: ███████████████████

Directrices de recherche
Katherine Leigh Frohlich, Ph.D., Professeur agrégée, Faculté de médecine, Département de médecine sociale et préventive, Université de Montréal.
Caroline Fusco, Ph.D., Professeur agrégée, Faculty of Physical Education and Health, University of Toronto.

Objectif de la recherche
Le but de cette étude est d'explorer avec une perspective critique le discours de santé publique du jeu chez les enfants. Cette étude a été approuvée par le comité d'éthique de la recherche chez les êtres humains de la Faculté de médecine (CERFM) de l'Université de Montréal. En plus d'examiner la documentation et la littérature en santé publique, cette étude se penchera sur les perspectives des enfants eux-mêmes face aux jeux afin de voir si elles sont similaires ou différentes des perspectives trouvées dans la littérature en santé publique. Votre enfant est invité à participer à ce projet de recherche pour donner son point de vue et ses idées sur les jeux. Cette étude vise à parler avec une diversité d'enfants sur différentes formes de jeu et ne vise pas à spécifier quelles sont les façons préférables ou correctes de jouer. Il est donc important de savoir qu'il n'y aura aucune évaluation de votre enfant et qu'on ne déterminera d'aucune façon les meilleures formes de jeu ou de perspectives de jeu.

Procédures de recherche
Cette étude comprendra deux rencontres. La première prendra la forme d'une promenade en compagnie de la chercheuse (S.A.C. Alexander), où votre enfant prendra des photographies; la deuxième rencontre se déroulera sous forme d'entretien avec votre enfant au sujet des photos qu'il a prises à la rencontre précédente. Les rencontres seront fixées à des moments qui vous conviennent le mieux tous les deux. Si votre enfant a un ami qui participe également à l'étude, ils pourront faire la promenade et la prise de photographies ensemble.

1) Au cours de la première rencontre, la chercheuse vous expliquera l'étude à tous les deux et montrera à votre enfant comment utiliser la caméra. Ensuite, avec votre consentement, votre enfant et la chercheuse iront se promener pour visiter des endroits où il aime jouer pour qu'il puisse y prendre des photos (par exemple, le parc, le jardin ou la salle de jeux). Au cours de cette promenade et de cette session de photographie, les conversations avec votre enfant seront enregistrées. Votre enfant sera invité à prendre environ 25 à 30 photos mais il peut en prendre moins. Quand la promenade et la session de photographie seront terminées, votre enfant sera ramené à votre domicile (ou à un autre endroit prédéterminé comme point de départ). Au retour, la chercheuse téléchargera les photos qui ont été prises

sur un ordinateur portable pour les regarder avec votre enfant. Elle lui demandera de choisir cinq photos, qu'elle imprimera en prévision de la deuxième rencontre. Cette première session pourrait durer de 2 à 3 heures.

2) Pour la deuxième rencontre avec votre enfant, la chercheuse apportera les cinq photographies imprimées que votre enfant a sélectionnées pendant la première rencontre et elle lui posera une série de questions sur le jeu (c.-à-d., ce que le jeu signifie pour lui, l'endroit où il aime jouer, avec qui, etc). Je lui demanderai également de décrire les images dans les cinq photographies. Les entretiens seront enregistrés. À la fin de cette deuxième session, votre enfant recevra un certificat de participation, un appareil photo jetable ainsi que les photographies imprimées qu'il a prises. Cette deuxième rencontre pourrait durer jusqu'à une heure.

Confidentialité
Les discussions et entretiens enregistrés seront transcrits sous forme de verbatim. Pour les transcriptions, le nom de votre enfant et les noms d'autres personnes nommées dans les discussions et les entretiens seront remplacées par des pseudonymes. De plus, toutes les informations qui pourraient permettre de vous identifier seront retirées des transcriptions, de manière à protéger la confidentialité de votre enfant. Tout le matériel sera rangé dans des armoires verrouillées à l'Université de Montréal et ne sera vu que par la chercheuse et les directrices de recherche. Aucune information qui pourrait révéler l'identité de votre enfant ne sera diffusée ou publiée sans votre consentement. Après la transcription des enregistrements et leur vérification, les enregistrements originaux des entretiens seront effacés. Les transcriptions et les photographies seront gardées pendant 10 ans après votre participation à l'étude. Pour des raisons de surveillance et de contrôle de la recherche, votre dossier pourra être consulté par une personne mandatée par le Comité d'éthique de la recherche de la Faculté de médecine (CÉRFM) de l'Université de Montréal. Toutes ces personnes sont tenues à la confidentialité.

Diffusion des résultats
Les résultats de ce projet de recherche seront publiés dans des revues scientifiques et présentés dans des conférences pour informer les chercheurs et praticiens de santé publique des perspectives des enfants sur les jeux. Ce que votre enfant nous aura raconté sur le jeu et les photographies de jeux qu'il aura prises seront donc utilisés pour illustrer sa perspective dans des revues scientifique et des présentations. Ni vous ni votre enfant ne serez identifiés par votre nom ou de toute autre manière (par exemple, descriptions, citations). S'il existe des photos sur lesquelles votre enfant figure (c.-a.-d. que son visage soit visible) et qui seraient particulièrement pertinentes pour illustrer les perspectives des enfants, elles seront utilisées seulement avec votre consentement et celui de votre enfant. Si vous ou votre enfant aimeriez connaître les résultats de l'étude lorsque cette dernière sera terminée, un résumé vous sera envoyé.

Compensation
Il n'y aura aucune compensation financière pour la participation de votre enfant, comme l'étude ne comporte aucune dépense pour vous et votre enfant et les rencontres seront fixées à des temps qui vous conviennent. Votre enfant recevra un certificat de participation, les photographies imprimées qu'il a prises, ainsi qu'un appareil photo jetable à la fin de sa participation.

Les inconvénients ou risques possibles

Il n'y a pas de risques connus associés à la participation à cette étude sur les jeux. Pourtant, je prendrai toutes les précautions nécessaires pour protéger votre enfant - par exemple, si l'on doit traverser une rue pour se rendre au parc. Le trajet de la promenade avec votre enfant et les endroits visités seront vérifiés avec vous avant de commencer. Un autre adulte peut aussi être présent, si l'enfant le veux, toutefois la chercheuse demandera à ce que l'adulte reste à distance ou en arrière-plan pour ne pas influencer la perspective de l'enfant.

Avantages possibles

Un des avantages de votre participation à cette étude est que le point de vue de votre enfant sur les jeux nous aidera à mieux comprendre ce que signifie le fait de jouer pour les enfants. Cela peut aussi aider les institutions comme les organismes de santé publique et les écoles à mieux comprendre l'importance de certaines formes de jeux chez les enfants. Les résultats d'une étude comme celle-ci pourraient également promouvoir des formes de jeux plus libres pour les enfants, ce qui pourrait également avoir un impact sur la santé, le bien-être et le bonheur des enfants

Participation volontaire et possibilité de retrait de l'étude

Votre participation et celle de votre enfant est volontaire et ne comporte aucun risque pour vous ou votre enfant. Vous et votre enfant pouvez aussi refuser de participer ou de répondre aux questions de l'entrevue, sans pénalité et sans fournir d'explications d'aucune forme. Vous et votre enfant pouvez retirer votre consentement à participer à l'étude à tout moment. Si vous et votre enfant choisissez de vous retirer de l'étude, vous avez également la possibilité de retirer les informations que vous nous avez déjà fournies. Vous pouvez vous retirer de l'étude à tout moment en contactant la chercheure par téléphone : ███████ ████████████████████████████████████ Toute plainte relative à votre participation à cette recherche peut être adressée à l'ombudsman de l'Université de Montréal, au numéro de téléphone ████████████████████████ ███████████████████ L'ombudsman accepte les appels à frais virés et s'exprime en français et en anglais. Dans le cadre de votre participation à l'étude, les chercheuses vous informent que la fin du projet est prévue pour mai 2012 et que pouvez contacter Stéphanie Alexander à tout moment à des fins de clarification.

Acceptation des conditions de recherche et consentement

En signant ce formulaire, je reconnais que:

La chercheuse nous a donné l'occasion, à mon enfant et moi, de poser des questions sur l'étude et a répondu à ces questions d'une façon satisfaisante.

b) À tout moment pendant l'étude, je peux demander des clarifications. Je peux le faire en communiquant avec la chercheuse principale par téléphone : ████████████████ ████████████████████

c) Stephanie Alexander aimerait parler avec mon enfant _____ (nom).

d) Mon enfant et moi ne sommes pas obligés de participer à cette étude et nous sommes libres de nous retirer de l'étude à tout moment, sans explication. Je suis libre de retirer mon autorisation et mon consentement à tout moment pendant l'étude.

e) Nous sommes libres maintenant, et dans l'avenir, de poser des questions au sujet de l'étude.

f) J'ai été informé que nos données personnelles demeureront confidentielles, sauf lorsque leur divulgation est exigée par la loi, par exemple, dans le cas où un mauvais traitement est présumé.

g) Je comprends qu'aucun renseignement permettant de nous identifier ne sera diffusé ou publié sans notre consentement.

h) Les inconvénients et les risques possibles et les avantages (le cas échéant) de l'étude m'ont été expliqués et, en signant ce formulaire de consentement, je ne renonce pas à mes droits légaux. Ma signature ne relève pas les responsabilités juridiques et professionnelles des chercheuses ou des institutions impliquées. J'ai reçu une copie de ce formulaire de consentement pour mes dossiers.

Je, _____ (nom du parent/tuteur en lettres moulées) permet à mon enfant _____ (nom de l'enfant en lettres moulées) de participer au projet de recherche intitulé « 'All work and no play…?' Une exploration critique d'un discours émergent en santé publique sur le jeu chez les enfants » par Stéphanie Alexander (Université de Montréal)

_____ (Signature) _____ (date)

J'ai également accordé la permission à la chercheuse d'enregistrer l'entrevue avec mon enfant.

_____ OUI (signature obligatoire)

Je donne l'autorisation d'utiliser les entrevues et les photographies pour:

a) Publications de recherche _____OUI (signature obligatoire)
b) Présentations lors de conférences/congrès scientifiques
_____ OUI (signature obligatoire)

Je, soussigné, me suis engagée au meilleur de mes connaissances, à expliquer d'une façon complète la nature de cette étude au parent / tuteur. Je suis confiante que la personne dont la signature apparaît ci-dessus comprend les implications et la nature volontaire de sa participation et de celle de son enfant dans le processus de recherche.

_____

Signature de la chercheure _____ Lieu_____
        Date_____

Assentiment de l'enfant

J'étais présent quand _____ a été informé sur l'étude et a donné son consentement verbal.

Signature du participant:_____

J'ai reçu une copie de ce formulaire de consentement pour mes dossiers :
Signature du participant:_____

Nom de la personne qui a obtenu le consentement: _____

Signature: _____   Date: _____

Université ⋔
de Montréal

Comité d'éthique de la recherche de la Faculté de médecine

25 février 2011

OBJET: Certificat d'éthique – « « All work and no play...? » A critical investigation of an emerging public health discourse on children's play »

Madame Stéphanie Alexander,

Le Comité d'éthique de la recherche de la Faculté de médecine (CÉRFM) a étudié le projet de recherche susmentionné et a délivré le certificat d'éthique demandé suite à la satisfaction des exigences précédemment émises. Vous trouverez ci-joint une copie numérisée de votre certificat; copie également envoyée à votre directeur/directrice de recherche et à la technicienne en gestion de dossiers étudiants (TGDE) de votre département.

Notez qu'il y apparaît une mention relative à un suivi annuel et que le certificat comporte une date de fin de validité. En effet, afin de répondre aux exigences éthiques en vigueur au Canada et à l'Université de Montréal, nous devons exercer un suivi annuel auprès des chercheurs et étudiants-chercheurs.

De manière à rendre ce processus le plus simple possible et afin d'en tirer pour tous le plus grand profit, nous avons élaboré un court questionnaire qui vous permettra à la fois de satisfaire aux exigences du suivi et de nous faire part de vos commentaires et de vos besoins en matière d'éthique en cours de recherche. Ce questionnaire de suivi devra être rempli annuellement jusqu'à la fin du projet et pourra nous être retourné par courriel. La validité de l'approbation éthique est conditionnelle à ce suivi. Sur réception du dernier rapport de suivi en fin de projet, votre dossier sera clos.

Il est entendu que cela ne modifie en rien l'obligation pour le chercheur, tel qu'indiqué sur le certificat d'éthique, de signaler au CÉRFM tout incident grave dès qu'il survient ou de lui faire part de tout changement anticipé au protocole de recherche.

Nous vous prions d'agréer, Madame, l'expression de nos sentiments les meilleurs,

Isabelle Ganache, présidente
Comité d'éthique de la recherche de la Faculté de médecine

Université de Montréal

/gp

c.c. Gestion des certificats, BRDV
     Katherine Leigh Frohlich, professeure agrégée, Faculté de médecine, Département de médecine sociale et préventive
     Caroline Fusco, professeure agrégée,
     Maryse Tremblay (MSP & bioéthique)
p.j. Certificat #11-014-CERFM-P

adresse postale
C.P. 6128, succ. Centre-ville
Montréal QC H3C 3J7

Département de kinésiologie
Cepsum
2100 Boul. Édouard-Montpetit
7ᵉ étage, bur. 7213
Montréal QC H3T 1J4

Téléphone : 514-343-6111 poste 2604
Télécopieur : 514-343-2181
cerfm@umontreal.ca

Université de Montréal

Comité d'éthique de la recherche de la Faculté de médecine

CERTIFICAT D'ÉTHIQUE

Le Comité d'éthique de la recherche de la Faculté de médecine (CÉRFM), selon les procédures en vigueur, en vertu des documents qui lui ont été fournis, a examiné le projet de recherche suivant et conclu qu'il respecte les règles d'éthique énoncées dans la Politique sur la recherche avec des êtres humains *de l'Université de Montréal.*

Projet	
Titre du projet	« All work and no play...? » A critical investigation of an emerging public health discourse on children's play
Étudiant requérant	**Stéphanie Alexander** (ALES03627704) Candidate au Ph. D. en santé publique Faculté de médecine
Sous la direction de	Katherine Leigh Frohlich, professeure agrégée, Faculté de médecine, Département de médecine sociale et préventive, Université de Montréal Caroline Fusco, professeure agrégée, University of Toronto

Financement	
Organisme	Non financé
Programme	
Titre de l'octroi si différent	
Numéro d'octroi	
Chercheur principal	
No de compte	.

MODALITÉS D'APPLICATION

Tout changement anticipé au protocole de recherche doit être communiqué au CÉRFM qui en évaluera l'impact au chapitre de l'éthique.

Toute interruption prématurée du projet ou tout incident grave doit être immédiatement signalé au CÉRFM .

Selon les règles universitaires en vigueur, un suivi annuel est minimalement exigé pour maintenir la validité de la présente approbation éthique, et ce, jusqu'à la fin du projet. Le questionnaire de suivi est disponible sur la page web du CÉRFM .

Isabelle Ganache, présidente
Comité d'éthique de la recherche de la Faculté
de médecine (CÉRFM)
Université de Montréal

25 février 2011
Date de délivrance

1er mai 2012
Date de fin de validité

Université de Montréal

Comité d'éthique de la recherche en santé

21 January 2013

Objet: Certificat d'éthique - 1er renouvellement – « « All work and no play...? » A critical investigation of an emerging public health discourse on children's play »

Mme Stéphanie Alexander,

Le Comité d'éthique de la recherche en santé (CERES) - anciennement connu sous le nom de Comité d'éthique de la recherche de la Faculté de médecine (CERFM) -a étudié votre demande de renouvellement pour le projet de recherche susmentionné et a délivré le certificat d'éthique demandé suite à la satisfaction des exigences qui prévalent. Vous trouverez ci-joint une copie numérisée de votre certificat; copie également envoyée à votre directeur/directrice de recherche et à la technicienne en gestion de dossiers étudiants (TGDE) de votre département.

Notez qu'il y apparaît une mention relative à un suivi annuel et que le certificat comporte une date de fin de validité. En effet, afin de répondre aux exigences éthiques en vigueur au Canada et à l'Université de Montréal, nous devons exercer un suivi annuel auprès des chercheurs et étudiants-chercheurs.

De manière à rendre ce processus le plus simple possible et afin d'en tirer pour tous le plus grand profit, nous avons élaboré un court questionnaire qui vous permettra à la fois de satisfaire aux exigences du suivi et de nous faire part de vos commentaires et de vos besoins en matière d'éthique en cours de recherche. Ce questionnaire de suivi devra être rempli annuellement jusqu'à la fin du projet et pourra nous être retourné par courriel. La validité de l'approbation éthique est conditionnelle à ce suivi. Sur réception du dernier rapport de suivi en fin de projet, votre dossier sera clos.

Il est entendu que cela ne modifie en rien l'obligation pour le chercheur, tel qu'indiqué sur le certificat d'éthique, de signaler au CERES tout incident grave dès qu'il survient ou de lui faire part de tout changement anticipé au protocole de recherche.

Nous vous prions d'agréer, Madame, l'expression de nos sentiments les meilleurs,

Guillaume Paré, conseiller en éthique de la recherche.
Coordonnateur
Comité d'éthique de la recherche en santé (CERES)
Université de Montréal

c.c. Gestion des certificats, BRDV
   Katherine Leigh Frohlich, professeure agrégée, Faculté de médecine, Département de médecine sociale et préventive
   Caroline Fusco, professeure agrégée,
   TGDE - PhD Santé publique
p.j. Certificat #11-014-CERFM-P

Université de Montréal

Comité d'éthique de la recherche en santé

CERTIFICAT D'APPROBATION ÉTHIQUE
- 1er renouvellement -

Le Comité d'éthique de la recherche en santé (CERES), selon les procédures en vigueur et en vertu des documents relatifs au suivi qui lui a été fournis conclu qu'il respecte les règles d'éthique énoncées dans la Politique sur la recherche avec des êtres humains de l'Université de Montréal

Projet	
Titre du projet	**« All work and no play…? » A critical investigation of an emerging public health discourse on children's play**
Étudiante requérant	**Stéphanie Alexander** (ALES03627704), Candidate au Ph. D. en santé publique, Faculté de médecine - Département de médecine sociale et préventive
Sous la direction de	Katherine Leigh Frohlich, professeure agrégée, Faculté de médecine, Département de médecine sociale et préventive, Université de Montréal & Caroline Fusco, professeure agrégée, University of Toronto.

Financement	
Organisme	Non financé
Programme	
Titre de l'octroi si différent	
Numéro d'octroi	
Chercheur principal	
No de compte	

MODALITÉS D'APPLICATION
Tout changement anticipé au protocole de recherche doit être communiqué au CERES qui en évaluera l'impact au chapitre de l'éthique. Toute interruption prématurée du projet ou tout incident grave doit être immédiatement signalé au CERES.

Selon les règles universitaires en vigueur, un suivi annuel est minimalement exigé pour maintenir la validité de la présente approbation éthique, et ce, jusqu'à la fin du projet. Le questionnaire de suivi est disponible sur la page web du CERES.
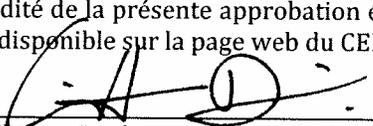
Guillaume Paré, conseiller en éthique de la recherche.
Comité d'éthique de la recherche en santé
Université de Montréal

21 janvier 2013
Date de délivrance du renouvellement ou de la réémission*

25 février 2011
Date du certificat initial

1er février 2014
Date du prochain suivi

1er février 2014
Date de fin de validité
*Le présent renouvellement est en continuité avec le précédent certificat

adresse postale
C.P. 6128, succ. Centre-ville
Montréal QC H3C 3J7

3744 Jean-Brillant
4e étage, bur. 430-11
Montréal QC H3T 1P1

Téléphone : 514-343-6111 poste 2604
ceres@umontreal.ca
www.ceres.umontreal.ca

APPENDIX I

Fieldnotes / Observation Grid

Fieldnotes and observation grids for the photography and interview sessions:

Photography session: fieldnotes / observation grid:
1. Describe the neighbourhood, street etc. *Who* did you see, *what* did you see?
2. Describe a bit of the home - who's there, what is there in the home, what is it like?
3. Describe your arrival to the home, what was it like, what was going on?
4. Describe the parent(s) you met – what are they like, interactions?
5. Describe what happened when you took photos – where did you go, what was talked about, and how, what photos were taken?
6. Any notable comments about play linked to themes of interest (e.g., outdoor/indoor, risk, active/sedentary play etc).

Two examples of fieldnotes for the photography session:

Participant 3
July 19th, mid-day. I arrived just before 13h and the only person home was a son, who said his mom and Annelise would be back soon, but not sure when. I sat on the porch with their beautiful dog for about 15-20 mins before they arrived.

The street in front of their house is pretty busy. It has a bike lane on it going west, and a number of people out and about walking, some biking. There were some people noisily fixing up a car and transporting it. Across the house were what looked like walk up apartments, and older, somewhat rundown homes (from what it looked like on the outside). There was a lot of talking in the street – the people who were out seemed to know one another.

The family has one dog and two cats, from what I could tell. The house was relatively messy, especially Annelise's room. The whole time I was there the TV was on in the living room and the older brother (12 years old) was on the computer playing video games.

When Annelise's mother and Annelise arrived they were with their little 6-month-old daughter/sister too. Annelise's mother had died pink long hair and tattoos on her arms/shoulders, was wearing a black short skirt and looked quite young. Annelise's mother seemed in a bit of a rush. She told me she had just come back from the 'entrepôt de couches' (diaper warehouse) on Crémazie where they were waiting for a delivery which had not come. Then the phone rang and it was the delivery person, so she had to leave again. I explained the consent form to her before she left, she signed it while she was holding the baby, on the phone and rushing off. But before leaving she started reminding Annelise of things she could photograph, so I made sure to reiterate that it was Annelise's ideas for photos and play that I wanted to capture.

When Annelise's mother left, Annelise said she wanted to go to the park (3 streets away) and wanted to ride her bike there. She wanted me to take her photo in some of the images, and others she wanted to photograph herself. We first took photos of her with her bike, then on the monkey bars. Her school was right behind the park so this is where she played at recess too. She told me that they played tag, and "homme à terre", which she took a photo of. I asked about the other kids that were in the park that day and if there were always a lot of kids at the park. She told me that only those kids who don't have air conditioning at home are in the park. Those who have air conditioning stay at home. She doesn't have air

conditioning, so she comes out here to the water park (small pool). She told me that at her home they did have fans and that this was ok too.

We walked around to the indoor pool right next to the park and the library, places where Annelise said she went to often, and she took photos of these. On the way there two girls from school ran up to her to say hi and talk to her (asking her "c'est qui cette madame!?"). These were neighbourhood and school friends who she often played with and went to the indoor pool with.

At home again she took a photo of a drawing she had made of playing soccer. She doesn't play soccer herself, except at recess at school. She took a photo of her TV in her room, which she said she watches a lot, and one of a little wading pool in the back yard. She took one with her dog too, because she had been mentioning the dog park where she takes her dog. Since she didn't know where it was and her brother didn't seem to know either, we didn't go there to take photos. I left before the Annelise's mother got home again.

Participant 11
October 4th, evening. I have never been to a neighbourhood like this before. It is a new and very rich area, known as Bois Franc, and while not quite a gated community, has the feel of exclusivity. I took the bus to a golf course north-west in the city and was at a loss for how to get around a golf course to the new housing community on the other side. When I asked the clerks at the nearby *Couche-Tard* convenience store how to get to the other side of the golf course, they didn't know either. One of the women working there told me that she only arrived through "that door" and left again to her neighbourhood after work.

The route I found was along a road without a sidewalk bordering the golf course and I had an eerie feeling walking the route from the bus to their home – I felt cautious of my own behaviour. When I arrived in the neighbourhood, there was a group of kids playing near a playground, of which there are multiple every few streets in the community. [context photos]. This first playground was on a narrow strip of grass/park area encircled by a road and homes. It had a few swings but no kids playing, the kids were playing in the street nearby.

Otherwise there were a lot of families with dogs and kids, and you could see them through the windows of homes eating dinner and arriving home from work. The neighbourhood was full of cul-de-sacs and new homes had a very open concept - perhaps it was not meant to be so open, but you could see 'through' everything it seemed, and there were remarkably few trees (so no places to 'hide'). Walking in the street, I felt very exposed.

When I arrived at the home Veronica's mother and father were there with Veronica and her father was still in his business suit and going to take their dog for a walk. The house was very clean and new, and the mother very welcoming. When I placed my bag and jacket on a kitchen chair, Veronica's mother immediately came toward me and said she'd move my jacket into the closet for jackets. It seemed that everything had its place. Veronica's mother told me they were from Mexico, had come maybe 5 or 6 years ago, had lived in the house for two years

Veronica wanted to go to a playground that was similar to the one I passed on my arrival, but which she said had more modules and more kids playing normally (when we went,

there were no other children). When Veronica and I walked to the park to take photos (just across the road), her mother came with us and took the dog along for the walk. On the way to the park there were people walking their dogs, still arriving home from work with kids. There were really a lot of kids, but for that it was strangely official and organised, unlike I had seen in other neighbourhoods - it gave me the impression of being on the set of a film.

Veronica's mother walked the dog around the border of the playground (no dogs allowed inside the park) while Veronica took photographs. There were benches all around the park and the play modules were in the middle, the surface of the park was sand. The park itself seemed relatively common in terms of equipment. But when I noticed that I had spread some sand with my shoes from the playground onto the sidewalk bordering the playground, I immediately felt like I should sweep it clean again. In this way, the outdoor park felt to me like a home or a well-kept backyard: the grass was tended to, the sand in its place, just so. One area of the playground had a sloping hill which seemed like it would great be for the kids, except that it had a sewage hole mid way down. That was the only grassy area.

The first photo Veronica took was of a climbing structure, which looked quite new. She told me that each time she comes to the park she climbs it right away, so she wanted to do this before taking a photo. There was a climbing wall and she was trying, without success, to climb them – I asked whether it would be better if there were one more knob a bit lower to get your first leg up, and she replied "but no, that would make it too easy".

She took a photo of the cemented sidewalk which is sloped into the grassy area, and on which she rides with her scooter with her friends. She told me that the small grassy area is used for soccer sometimes – some kids play – but she doesn't like soccer at all. She took a photo of the park as a whole and told me what she sometimes runs around here with her friends playing tag or on the scooter. One of her friends lives in a house that borders the park directly. They also play on the swings to see who can go highest. On the other side of the park where there is a property but no homes built yet. Veronica told me she sometimes goes there without her friends with her bike or her scooter.

After taking these photos Veronica wanted to play a bit. She ran up the slide, tried to climb the climbing wall. I stayed with her a bit but also left her to play. Veronica's mother joined me with the dog on a bench and we chatted a bit. She was horrified that her dog was barking so much (apparently the dog was in heat…). The park had two parts, one for younger kids –for 2-7 year olds and then 5-12 year olds or so. This was to prevent 15 year olds from playing in the same park as the 2 year olds, which Veronica's mother was happy about. She said she'd been scared in Westmount when her daughter was 3 years old that some 14 year old was playing in the same park as her, and this scared her. There was another park that was a bit larger a bit further along, that was also for older kids.

On the way back to her house we walked together, and Veronica ran into her friend and after she told me "There are lots of parks in the neighbourhood and that attracts kids and families". "I like to go to the park".

At home she took a few more photos, although with less motivation. She took a photo of her book, of a few drawings/paper puzzles saying "J'adore déssiné/I love to draw". She took photos of board games, an architecture book (which was lying on the table) and she took a last photo of her dog jumping up at the camera. After this session she was happy

with the single use camera and said it was the first camera she had ever received.

Interview session: fieldnotes / observation grid:
1. Describe details of the photography sessions and interviews not captured in the transcripts or photographs,
    a. non-verbal information during photo-taking and the interviews,
    b. reactions or facial expressions,
    c. tone of voice during the interviews,
    d. insights referring to other interviews.

Three examples of fieldnotes for the interview session:

Participant 6
October 13, early evening.
As soon as I arrived, I gave Florence the photos and she walked directly into her room to do the interview - she seemed excited to have the photos given to her. She laid them out in a very precise order, placing them so she could look at them from her perspective. We started talking and she was hesitant at first. She didn't understand a question from time to time and she sometimes seemed unsure of what to answer. She seems quite shy and being recorded might have made her feel more nervous. I ensured her that it was not like at school, and was not an evaluation or of having to know the right answer.

As the interview progressed she became a bit more animated and interested in her ideas. Her face at times lit up, or she smiled when she talked. She talked about being both sad and being happy when she played, which I thought was interesting.

At the end of the interview I said that I had gone through my main questions and simply wanted to know if there were other things she might want to add, things she did not get to photograph or talk about and somehow this seemed to put her at ease, like we were 'just' talking now. So she told me about her grandparents' place up north and that she goes there with her cousins and that the play tag or hide and seek outside in a forest and that she likes it because there are a lot of rocks to hide behind. It was in saying this that she was the most animated and her face was most lit up. When I asked if this was better or the same as playing at a park she said it was the same.

Participant 23
May 11, afternoon.
It was raining and grey - actually quite depressing - and it had been a week since the sun had been out. I was feeling tired, but I was looking forward to talking to Sarah about her photos, because in the previous session she had been so animated.

I arrived and she and her mother were there – Sarah was completing some practice exams for an exam at school next week. I set things up and we sat in the living room on the floor. Sarah seemed nervous and a bit fidgety as well as a bit more tentative to talk about things than she had been for the photography session, and my guess was that it was again because of the recording.

When the interview was over she seemed to relax a bit. She did talk about all of the topics from the walk the previous week, and definitely had a preference to talk about one photo (the sculpture which is not part of the park and not meant for climbing), which it seemed is one of her favourite places to play.

The session went alright as a whole, but I had hoped for more relaxed way of talking. I am not sure if I was giving off a more serious mood or whether she was just tired or intimidated by the recording. I was conscious of this and tried to make the interview as casual and light-hearted as possible.

After the interview Sarah's mother said that her kids have been climbing on this play sculpture for years, and she used to worry one of them would fall off. It was not something that directly came up as 'risky' in the interview, but Sarah mentioned it was fun precisely because it was not a 'play structure' in a park.

Participant 10
October 11, early evening.
The interview was unfortunately a bit short. It seemed like there was a lot less 'energy' in the house this week. Sullivan's mother had gotten annoyed at Sullivan for something and when I came to talk to him he was just sitting in the corner, quiet and almost hiding. We went to his room for the interview, which was good, but he seemed very timid. Almost as though he was afraid of answering some of the questions.

Having noticed this mood, I tried to emphasise the casualness of our converstaion, to talk about his hockey (favourite sport), and he did light up a few times on that topic (going to a Canadiens' game at the Bell Centre, but never going to a game that they've won!). But for the rest of the interview he seemed not sure, or like thinking about things or giving examples was hard. Several times he just said he didn't know, or "it depends". It was a bit disappointing, because his initial answers to some of the questions were interesting, but no follow up. For example, when I asked "Does anyone ever tell you how you should play?" he answered with an exasperated face "Yes, lots of people", but when I asked who or what they said, he didn't really answer. Maybe he was embarrassed? Or maybe he felt like he was 'telling on' them? This is the impression I got, but not sure.

APPENDIX J

List of Photographs Taken by Children

#	Name	Photo	Content	Where	Theme	Print	Sex	Age
1	**Cara**							
		1	ball in yard behind fence	outdoor	active	not	f	9
		2	plastic play slide in back alley	outdoor	active	not		
		3	boy, wheel car, me holding dog in alley	outdoor	active	not		
		4	pull wagon in alley	outdoor	active	not		
		5	wheel car up close in alley	outdoor	active	not		
		6	see-saw toy in alley	outdoor	active	not		
		7	adult bike in alley	outdoor	active	not		
		8	hockey net in alley	outdoor	active	not		
		9	scooter lying in grass yard	outdoor	active	not		
		10	small bike, training wheels in yard	outdoor	active	not		
		11	plastic pool, in yard, branches	outdoor	active	not		
		12	plastic sled, branches	outdoor	active	not		
		13	basket ball close up on earth	outdoor	active	not		
		14	dog in back alley	outdoor	active/ animal	printed		
		15	dog face close up	outdoor	animal	printed		
		16	basketball hoop in neighbour yard	outdoor	active	printed		
		17	Ca hugging dog in alley	outdoor	animal	printed		
		18	little sister on scooter	outdoor	active	printed		
		19	adult bike in yard	outdoor	active	printed		
		20	**no additional photos**					
2	**Chloé**							
		1	two sisters, dog, kids/toys in background	outdoor	active/ animal	not	f	7
		2	back alley, toy wagons, kids	outdoor	active	not		
		3	back alley, toys, bike, kids, mom	outdoor	active	not		
		4	sister, friend with ball, bike in alley	outdoor	active	not		
		5	mom and little sister in back alley	outdoor	active	not		
		6	little neighbour boy in back alley	outdoor	active	not		
		7	dad in back alley	outdoor	animal	not		
		8	neighbour boy with plastic slide alley	outdoor	active	not		
		9	ball in alley, toys and adult in distance	outdoor	active	not		

		10	little sister on training bike	outdoor	active	not		
		11	bathroom and toilet, fuzzy photo	indoor	creative	not		
		12	Easter card and paper crafts	indoor	creative/ crafts	not		
		13	parents bedroom and bed	indoor	home/ family	not		
		14	fuzzy, photos of kids	indoor	creative/ family	not		
		15	dog on leash in alley	outdoor	active/ animal	printed		
		16	little sister standing in alley	outdoor	active	printed		
		17	C next to hockey net in alley	outdoor	active	printed		
		18	mom with dog in alley	outdoor	active	printed		
		19	me with ball sitting in alley	outdoor	active	printed		
		20	C bedroom, bed	indoor	home, solit, privacy	printed		
3	Sarah							
		1	*[soccer net, field, school in backgrd]*	**Double/DE L**			f	11
		2	rink, empty, buildings in background	outdoor	active	not		
		3	S on the 'rolly thing', kid park	outdoor	active	not		
		4	S on a trapeze bridge, sand, kids	outdoor	active	not		
		5	S in her backyard	outdoor	active	not		
		6	S in her backyard	outdoor	active	not		
		7	S and Brother frisbee in backyard	outdoor	active	not		
		8	Sin kitchen holding craft, twisty globe	indoor	creative/ crafts	not		
		9	S in kitchen holding circus baton	indoor	creative/ circus	not		
		10	S and Brother frisbee in backyard, close-up	outdoor	active	not		
		11	sculpture, park 1	outdoor	risky/ safe	printed		
		12	soccer net, field, school in background	outdoor	active	printed		
		13	S on the 'rolly thing', kid park, take 2	outdoor	active	printed		
		14	S on kid park slide	outdoor	active	printed		
		15	bare swings stand, no swings, sand, apts	outdoor	active	printed		

		16	S atop trapeze, cell tower	outdoor	active	printed		
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
4	**Michel**							
		1	book on bed	indoor	reading	not	m	9
		2	M sitting on physio ball	indoor	active	not		
		3	hand on piano	indoor	creative	not		
		4	M holding handmade necklace	indoor	creative/ crafts	not		
		5	M jumping on trampoline	indoor	active	not		
		6	TV screen	indoor	screen	not		
		7	Wii remote and screen	indoor	screen	not		
		8	M legs and rabbit	indoor	animal	not		
		9	M holding some toy in hand	outdoor	active	not		
		10	M jumping on trampoline	indoor	active	printed		
		11	M doing handstand	indoor	active	printed		
		12	M doing circus batons	indoor	creative/ circus	printed		
		13	M on skateboard	outdoor	active	printed		
		14	M on scooter	outdoor	active	printed		
		15	hand holding soccer ball	outdoor	active	printed		
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
5	**Anabella**							
		1	bookshelf and open door to bedroom	indoor	reading	not	f	8
		2	drawing cut-outs glued onto a sheet	indoor	creative/ crafts	not		
		3	A in bedroom, climb up bed	indoor	playing while photo	not		
		4	photo of baby (her?) and man	indoor	creative/ photos	not		
		5	rabbit book	indoor	reading	not		
		6	clue board game	indoor	games	not		
		7	playing guitar	indoor	creative/ music	not		
		8	fun calendar/day schedule	indoor	creative/ family	not		

		9	colourful month calendar	indoor	creative/ family	not		
		10	cat change purse	indoor	toy	not		
		11	A on swings	outdoor	active	not		
		12	A on hanging playground	outdoor	active	not		
		13	A upside down on playground	outdoor	active	not		
		14	skateboard	outdoor	active	not		
		15	Nintendo DS	indoor	screen	printed		
		16	doing cartwheel in park	outdoor	active	printed		
		17	standing on playground structure	outdoor	active	printed		
		18	hanging on playground structure	outdoor	active	printed		
		19	lego flowers	indoor	toy	printed		
		20	slinky	indoor	toy	printed		
6	**Carla**							
		1	board games	indoor	sedentary games	printed	f	10
		2	costumes	indoor	creative/d ress up	printed		
		3	water gun	outdoor	active	printed		
		4	chalk	indoor	creative/ chalk	printed		
		5	book	indoor	education /reading	printed		
		6	bike	outdoor	active	printed		
		7	scrapbook	indoor	creative/ scrapboo k	not		
		8	crayons	indoor	creative/ drawing	not		
		9	paintbrushes	indoor	creative/ painting	not		
		10	easy-knitting box	indoor	creative/ knitting	not		
		11	plastic melt people	indoor	creative/ crafts	not		
		12	piano	indoor	creative/ music	not		
		13	playdough	indoor	creative/ crafts	not		
		14	board games	indoor	sedentary	not		
		15	tree & jumping rope	outdoor	active	not		

		16	toy shed & shovel	outdoor	active	not		
		17	hula hoop	outdoor	active	not		
		18	water sponge	outdoor	active	not		
		19	life jacket hanging	outdoor	active	not		
		20	CD / DVD	indoor	sedentary	not		
7	**Alisha**							
		1	hula-hooping	outdoor	active	not	f	8
		2	little brother with skip rope	outdoor	active	not		
		3	water gun	outdoor	toy	not		
		4	brother on garden stairs	outdoor	active	not		
		5	painting	indoor	creative/ painting	not		
		6	magazine for kids	indoor	reading	not		
		7	necklace	indoor	clothing item	not		
		8	park/playground	outdoor	active	not		
		9	snail on hand	outdoor	animal	not		
		10	collective garden	outdoor	nature	not		
		11	sandbox in collective garden	outdoor	creative/ outdoor	not		
		12	her and cat	outdoor	animal	printed		
		13	plastic melt people	indoor	creative/ crafts	printed		
		14	craft of drawing and gluing	indoor	creative/ crafts	printed		
		15	mp3 player	indoor	music	printed		
		16	swing set (without swings)	outdoor	active	printed		
		17	snail on hand	outdoor	animal	printed		
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
8	**Annelise**							
		1	bike at park bench	outdoor	active	not	f	8
		2	A in front of playground slide	outdoor	active	not		
		3	Hochelaga library	indoor	reading	not		
		4	TV in her room	indoor	screen	not		
		5	kiddie pool out back (not set up)	outdoor	active	not		
		6	A hanging on playground equip	outdoor	active	printed		
		7	A doing a flip on playground equip	outdoor	active	printed		
		8	water 'park' at playground	outdoor	active	printed		

		9	water from the pool	indoor	active	printed		
		10	drawing of hill and 4 people	indoor	creative/ drawing	printed		
		11	A and dog	indoor	animal	printed		
		12	**no additional photos**					
		13	**no additional photos**					
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
9	**Lisette**							
		1	swings with people on them	outdoor	active	not	f	7
		2	slide with people	outdoor	active	not		
		3	park/playground	outdoor	active	not		
		4	outdoor pool	outdoor	active	not		
		5	pond in park	outdoor	nature	not		
		6	trees and field	outdoor	active	not		
		7	rocky path to park island	outdoor	nature	not		
		8	another view of path to park island	outdoor	nature	not		
		9	people lying under trees on island	outdoor	nature	not		
		10	flowers on path in park	outdoor	nature	not		
		11	fountain in park	outdoor	nature	not		
		12	people playing soccer in park	outdoor	active	not		
		13	plants in park	outdoor	nature	not		
		14	trees in park	outdoor	nature	not		
		15	outdoor pool	outdoor	active	printed		
		16	my and L's feet on hill	outdoor	playing while photo	printed		
		17	L running down hill	outdoor	active	printed		
		18	walking on park concrete block	outdoor	active	printed		
		19	flowers on path in park	outdoor	nature	printed		
		20	fuzzy picture of grass and path	outdoor	playing while photo	printed		
10	**Timothy**							
		1	T's friend's house front	outdoor	active	not	m	7
		2	empty park	outdoor	active	not		

		3	baby brother held by dad	indoor	family play	not		
		4	movie on screen (unclear)	…	…	…		
		5	movie on screen (clear)	indoor	screen	not		
		6	T's friend's house front	outdoor	active	printed		
		7	water 'park' at playground	outdoor	active	printed		
		8	home made swords lined up on wall	indoor	creative/ crafts; active	printed		
		9	soccer ball on child mat	indoor	active	printed		
		10	T with snorkelling gear	outdoor	active	printed		
		11	book	indoor	reading	printed		
		12	**no additional photos**					
		13	**no additional photos**					
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
11	**Marianne**							
		1	Wii fit plus DVD + hand of sibling	indoor	active gaming	not	f	10
		2	computer laptop open	indoor	screen	not		
		3	journaling book for girls	indoor	creative/ writing	not		
		4	chalkboard	indoor	creative/ drawing	not		
		5	DVD player and movie	indoor	screen	not		
		6	monopoly board game	indoor	social games	not		
		7	chalk	outdoor	creative/ drawing	not		
		8	playground spider climbing structure	outdoor	active	not		
		9	Swing set and sand	outdoor	active	not		
		10	fruits and fruit stand	outdoor	food; family activity	not		
		11	wading pool	outdoor	active	not		
		12	Swing set and sand; houses in background	outdoor	active	not		
		13	slide and other playground structure	outdoor	active	not		
		14	M doing a cartwheel	outdoor	active	not		

		15	little brother with toy	indoor	family play	printed		
		16	Harry Potter novel	indoor	reading	printed		
		17	drawings of girls in fashion clothes	indoor	creative/ drawing	printed		
		18	school pencils and books	indoor	reading	printed		
		19	small pool in backyard	outdoor	active	printed		
		20	wall of candies in dépanneur	indoor	food; treats	printed		
12	**Chantal**							
		1	wall shelf full of games and board games	indoor	social games	not	f	8
		2	rubix cube	indoor	game	not		
		3	hockey stick and ball	outdoor	active	not		
		4	train cars on tract	indoor	toy	not		
		5	batons from circus	indoor	active	not		
		6	Painting easel	indoor	creative/ painting	not		
		7	piano	indoor	Creative /music	not		
		8	hockey net with other sports items	outdoor	active	not		
		9	pirate dress-up costume	indoor	creative/ dress up	not		
		10	laptop	indoor	screen	not		
		11	backyard slide and climb structure	outdoor	active	not		
		12	soap bubble container	outdoor	game	not		
		13	knitting	indoor	creative/ crafts	not		
		14	Wii super galaxy	indoor	screen	not		
		15	lego box	indoor	games	printed		
		16	DS electronic game device	indoor	screen	printed		
		17	Pear ball photo	outdoor	active	printed		
		18	mini toy skateboards	indoor	toy	printed		
		19	Card game "Nouvelle Lune"	indoor	social games	printed		
		20	soccer shoes and ball	outdoor	active	printed		
13	**Andrew**							
		1	back alley and trees	outdoor	active	not	m	11
		2	sister in alley	outdoor	sibling play	not		
		3	books in shelf	indoor	reading	not		
		4	Board games	indoor	social games	not		

		5	Board games	indoor	social games	not		
		6	baskets with lego in them	indoor	toy	not		
		7	bike	outdoor	active	printed		
		8	park modules	outdoor	active	printed		
		9	tennis rackets	outdoor	active	printed		
		10	computer laptop open	indoor	screen	printed		
		11	DS electronic game device	indoor	screen	printed		
		12	Card game "Nouvelle Lune"	indoor	social games	printed		
		13	**no additional photos**					
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
14	**Lana**							
		1	back alley and trees	outdoor	active	not	f	7
		2	cat in backyard	outdoor	animal	not		
		3	view through fence at backyard	outdoor	active	not		
		4	trees, path and park	outdoor	nature	not		
		5	barrier to park	outdoor	active	not		
		6	park and trees	outdoor	nature	not		
		7	flowers next to park	outdoor	nature	not		
		8	playground next to park	outdoor	active	not		
		9	garage entrance from alley	outdoor	active	not		
		10	keyboard with scooter leaning on it	outdoor	active	not		
		11	smaller keyboard	indoor	creative/ music	not		
		12	book about dolphins	indoor	reading	not		
		13	Wii machine	indoor	screen	not		
		14	computer screen	indoor	screen	not		
		15	tree in back yard	outdoor	nature	printed		
		16	back alley and trees	outdoor	active	printed		
		17	friend's house from back alley	outdoor	active	printed		
		18	friend's house from back alley	outdoor	active	printed		
		19	playground and benches	outdoor	active	printed		
		20	fence to friend's yard with plants	outdoor	active	printed		

15	**Elena**							
		1	poem or writing on notebook	indoor	creative/ writing	not	f	8
		2	lego people	indoor	toy	not		
		3	bat gammon	indoor	social games	not		
		4	scooter	outdoor	active	not		
		5	a little stone or rock	indoor	creative/ crafts	not		
		6	skipping rope	outdoor	active	not		
		7	comic strip E is drawing/writing	indoor	creative/ writing	not		
		8	doll E's mom made	indoor	toy	printed		
		9	teddy bear	indoor	toy	printed		
		10	Harry Potter novel	indoor	reading	printed		
		11	big red dress	indoor	creative/ dress up	printed		
		12	Ballon poire (pear ball)	outdoor	active	printed		
		13	doll	indoor	toy	printed		
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
16	**Veronica**							
		1	houses surround park, concrete, grass	outdoor	active	not	f	8
		2	view of the park, bins, concrete, grass	outdoor	active	not		
		3	swings, sand, houses	outdoor	active	not		
		4	playing with swing over head	outdoor	active	not		
		5	paper game with faces drawn on	indoor	creative/ crafts; game	not		
		6	bebe papa pencil drawing	indoor	creative/ drawing	not		
		7	mama vaca pencil drawing	indoor	creative/ drawing	not		
		8	Board game sorry	indoor	social games	not		
		9	brain builder board game	indoor	social games	not		

		10	structure in playground	outdoor	active	printed		
		11	playground and houses/swings	outdoor	active	printed		
		12	playing with swing over head	outdoor	active	printed		
		13	book	indoor	reading	printed		
		14	bebe papa pencil drawing	indoor	creative/ drawing	printed		
		15	dog holding toy	indoor	animal	printed		
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
17	**Florence**							
		1	mom	indoor	family play	not	f	8
		2	mosaic of a girl on horse	indoor	creative/ crafts	not		
		3	bike out back	outdoor	active	not		
		4	laptop	indoor	screen	not		
		5	crocheted scarf	indoor	creative/ crafts	not		
		6	barbie dolls	indoor	toy	printed		
		7	4 princess books	indoor	reading	printed		
		8	scooter	outdoor	active	printed		
		9	slide playground in back alley	outdoor	active	printed		
		10	basket hoop in back	outdoor	active	printed		
		11	knitting wool	indoor	creative/ crafts	printed		
		12	**no additional photos**					
		13	**no additional photos**					
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
18	**Sullivan**							
		1	metal arm for costume	indoor	creative/ dress up	not	m	9
		2	lego	indoor	toy	not		

		3	other lego	indoor	toy	not		
		4	drawings of tanks, buildings, weapons	indoor	creative/ drawing	not		
		5	hockey net	outdoor	active	not		
		6	computer screen	indoor	screen	not		
		7	electrical interior of something	indoor	creative/ crafts	not		
		8	electrical interior of something	indoor	creative/ crafts	not		
		9	several dice	indoor	games	not		
		10	pokemon cards	indoor	games	not		
		11	TV	indoor	screen	printed		
		12	Wii machine	indoor	screen	printed		
		13	hockey equipment	outdoor	active	printed		
		14	soccer ball	outdoor	active	printed		
		15	computer screen	indoor	screen	printed		
		16	water gun	outdoor	social games	printed		
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
19	**Henri**							
		1	shelves full of games	indoor	social games	not	m	9
		2	indoor climbing wall	indoor	active	not		
		3	book merlin	indoor	reading	not		
		4	back yard	outdoor	active	not		
		5	book Celtina	indoor	reading	not		
		6	book 'j'aime lire' (I like to read)	indoor	reading	not		
		7	colourful paper stacked	indoor	creative/ crafts	not		
		8	magnifying glass and dissection kit	indoor	creative/ education	not		
		9	skateboard	outdoor	active	not		
		10	ball	outdoor	active	not		
		11	Dress-up clothes	indoor	creative/ dress up	not		
		12	dart board	indoor	active	not		
		13	electronic construction kit	indoor	creative/ education	not		
		14	Wii machine	indoor	screen	not		

		15	puzzle pieces	indoor	creative/ game	printed		
		16	computer screen	indoor	screen	printed		
		17	card games	indoor	social games	printed		
		18	book lord of rings	indoor	reading	printed		
		19	magazine	indoor	reading	printed		
		20	piano and notes	indoor	creative/ music	printed		
20	**Eric**							
		1	chalk board with drawings	indoor	creative/ drawing	not	m	7
		2	sand box out back	outdoor	active	not		
		3	wheel on path out back	outdoor	active	not		
		4	ball on grass	outdoor	active	not		
		5	little brother in back yard	outdoor	sibling play	not		
		6	back yard and siblings	outdoor	sibling play	not		
		7	back yard and siblings	outdoor	screen	not		
		8	brother on board	outdoor	active	not		
		9	two brothers on board	outdoor	active	not		
		10	brother's wrestling	outdoor	active; sibling play	not		
		11	brother's wrestling	outdoor	active; sibling play	not		
		12	garage mowing machines	outdoor	active	not		
		13	brother with board	outdoor	active	not		
		14	mom in bathroom	indoor	family play	not		
		15	television	indoor	screen	printed		
		16	computer screen	indoor	screen	printed		
		17	bike out back	outdoor	active	printed		
		18	scooter	outdoor	active	printed		
		19	brother's wrestling	outdoor	active; sibling play	printed		
		20	dad on computer	indoor	family play	printed		
21	**Alain**							
		1	mom	indoor	family play	not	m	9
		2	dad in kitchen	indoor	family play	not		

		3	dad in kitchen	indoor	family play	**OUT**		
		4	little brothers	indoor	family play	not		
		5	little brothers	indoor	family play	not		
		6	swing in basement	indoor	active	not		
		7	chalk board with drawings	indoor	creative/ drawing	not		
		8	cat in basement	indoor	animal	not		
		9	freezer and washer appliances	indoor	family play	not		
		10	computer screen	indoor	screen	not		
		11	brother older	indoor	family play	not		
		12	baby brother	indoor	family play	not		
		13	bedroom bunk-bed	indoor	family play	not		
		14	box/game on bed	indoor	social games	not		
		15	three brothers	indoor	family play	printed		
		16	robot toys on shelf	indoor	creative/ crafts; game	printed		
		17	TV	indoor	screen	printed		
		18	two brothers	indoor	family play	printed		
		19	two stuffed animals in box	indoor	toy	printed		
		20	car racing puzzle	indoor	creative/ game	printed		
22	**Francis**							
		1	consent forms on table	indoor	test photo	**OUT**	m	9
		2	back yard full of snow	outdoor	active	not		
		3	snow angel in back yard	outdoor	active	not		
		4	cube game	indoor	creative/ game	not		
		5	bike helmet	outdoor	active	not		
		6	books in shelf	indoor	reading	not		
		7	Wind-seeker game	indoor	games	not		
		8	lego built	indoor	creative/ game	not		
		9	board game	indoor	social games	not		

		10	lego club box	indoor	creative/ game	not		
		11	puzzle on wall he made	indoor	creative/ game	not		
		12	making snowball in back	outdoor	active	printed		
		13	making snow angel in back yard	outdoor	active	printed		
		14	sword paper plans	indoor	creative/ crafts; game	printed		
		15	laptop open	indoor	screen	printed		
		16	Y swim team	indoor	active	printed		
		17	pokemon cards	indoor	creative/ game	printed		
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
23	**Arman**							
		1	magic trick box	indoor	creative/ game	not	m	9
		2	plastic red maple leafs above door	indoor	decoratio n	not		
		3	playground structure in evening	outdoor	active	not		
		4	playground structure in evening	outdoor	active	not		
		5	him hanging on playground structure	outdoor	active	not		
		6	sliding through (trick) on playground structure	outdoor	active	not		
		7	sliding through (trick) on playground structure	outdoor	active	not		
		8	corner of school building and sky	outdoor	active	not		
		9	courtyard concrete of school	outdoor	active	not		
		10	clay pottery he made	indoor	creative/ crafts	printed		
		11	bike	outdoor	active	printed		
		12	recorder from school	indoor	creative/ music	printed		
		13	boat made with sticks and bottles	indoor	creative/ crafts	printed		
		14	laptop open	indoor	screen	printed		
		15	book Diables	indoor	reading	printed		
		16	**no additional photos**					

		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
24	Sebastien							
		1	Wii machine	indoor	screen	not	m	11
		2	television	indoor	screen	not		
		3	drawing of person	indoor	creative/ drawing	not		
		4	board games	indoor	social games	not		
		5	iPhone type music player	indoor	screen	printed		
		6	cat on stairs	indoor	animal	printed		
		7	computer	indoor	screen	printed		
		8	drawing of person	indoor	creative/ drawing	printed		
		9	picture of class photo	indoor	friends/ play	printed		
		10	picture of soccer team photo	outdoor	active	printed		
		11	**no additional photos**					
		12	**no additional photos**					
		13	**no additional photos**					
		14	**no additional photos**					
		15	**no additional photos**					
		16	**no additional photos**					
		17	**no additional photos**					
		18	**no additional photos**					
		19	**no additional photos**					
		20	**no additional photos**					
25	Binati							
		1	fish tank in living room	indoor	animal	not	f	8
		2	television	indoor	screen	not		
		3	painting in living room	indoor	decoration	not		
		4	lamp on dresser	indoor	decoration	not		
		5	bedroom of parents	indoor	family play	not		
		6	painting on kitchen wall	indoor	decoration	not		
		7	plates in kitchen	indoor	family play	not		
		8	bird in cage	indoor	animal	not		
		9	statue with wings (little)	indoor	decoration	not		

		10	statues in cabinet	indoor	decoration	not	
		11	scooter	outdoor	active	not	
		12	ball	outdoor	active	not	
		13	decorative plate on wall	indoor	decoration	not	
		14	chimes hanging from fan	indoor	decoration	not	
		15	fancy plates in cabinet	indoor	decoration	printed	
		16	golden decoration on wall	indoor	decoration	printed	
		17	chandelier in living room	indoor	decoration	printed	
		18	plastic flowers in call	indoor	decoration	printed	
		19	plants in hall	indoor	nature	printed	
		20	television not working	indoor	screen	printed	

APPENDIX K

Additional Selection of Children's Photographs

Two additional photographs for each child.
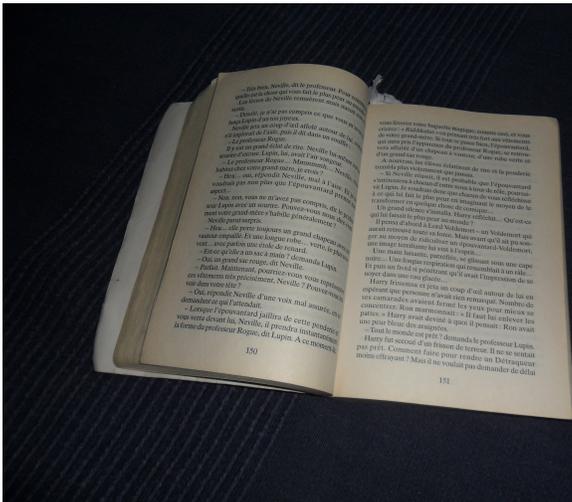
1. Cara, aged 9

2. Chloé, aged 7

3. Sarah, aged 11

4. Michel, aged 9

5. Anabella, aged 8

6. Carla, aged 10

7. Alisha, aged 8

8. Annelise, aged 8

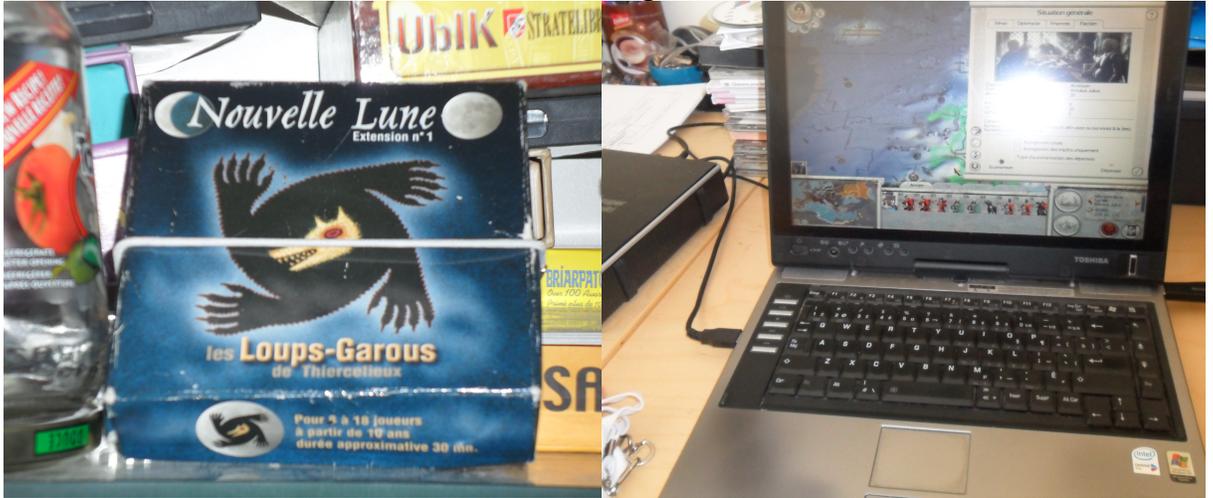**9. Lisette, aged 7**
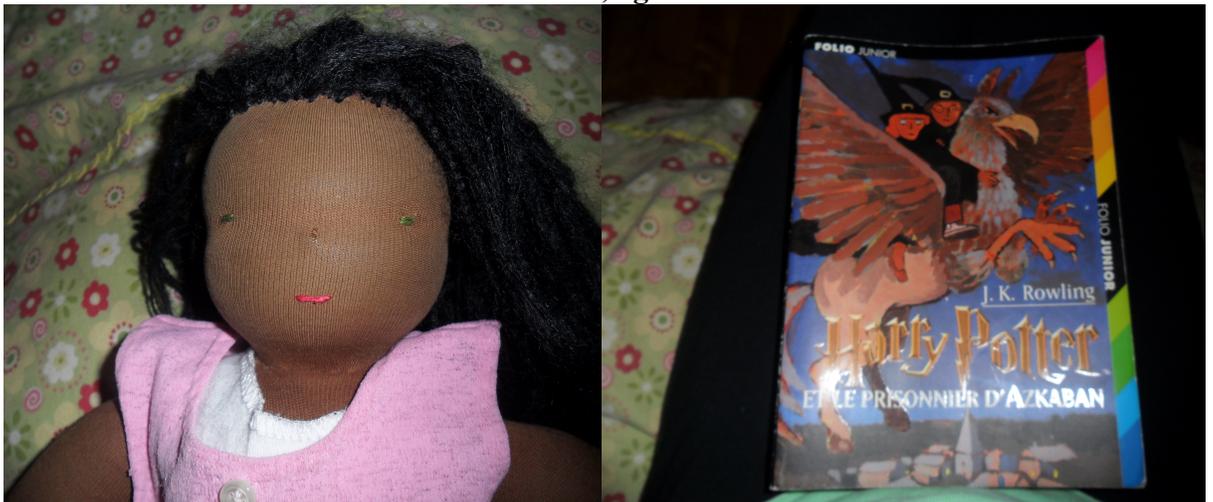
10. Timothy, aged 7

11. Marianne, aged 10

12. Chantal, aged 8

13. Andrew, aged 11

14. Lana, aged 7

15. Elena, aged 8

16. Veronica, aged 8

17. Florence, aged 8

18. Sullivan, aged 9

19. Henri, aged 9
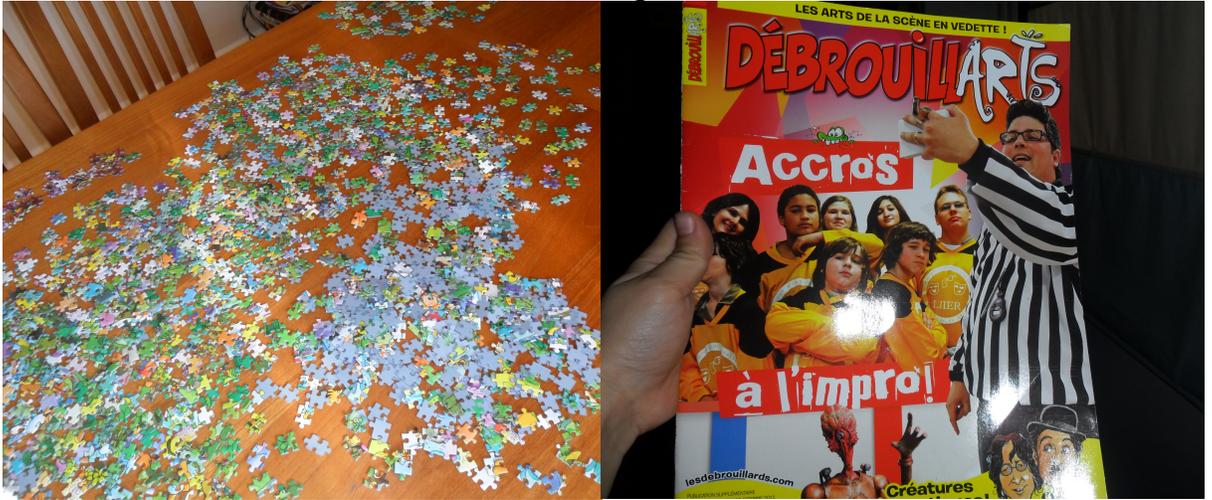
20. Eric, aged 7

21. Alain, aged 9

22. Francis, aged 9

23. Arman, aged 9

24. Sébastien, aged 11
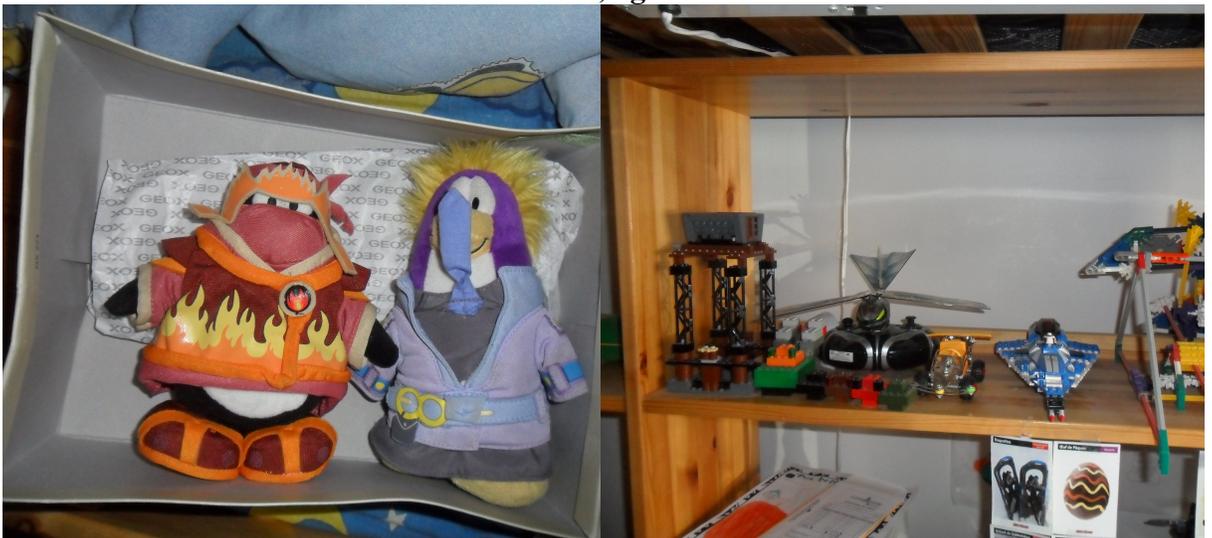
APPENDIX L

Interview Guide
English and French

Questions about play:

I want to ask you a little bit about playing, and there are no right or wrong answers to my questions. I am really interested in hearing about what children think about play and what you do when you are playing.

Intro: Children's words about their own play
1. What do you think of, when you think of play or playing?

    a. What does it mean to you to play the way you want to or where you want to?

2. Can you tell me something about your play?

    a. What kind of play do you like most? Why?

    b. When do you play this?

    c. Where do you play this? What are your favourite places to play? Why?

3. How did you decide what you wanted to take photographs of?

    a. Why did you choose these five photos?

    b. What do you like most about these photographs? What's special about them?

    c. Can you tell me a story about this photograph?

    d. What is happening? When / where / with whom do you play this? [*refer to photos*]

    4. Do you participate in sports?

    e. What sports? Are there any similarities or differences between your sports and the playing you have told me about?

Pleasure, risk, normative play and restrictions around playing
    5. How do you feel when you are playing --- ? [*refer to photos*]

    a. Is it fun? Are you Happy? Full of energy? Tired?

    b. What makes it feel [-----]?

6. Do you find playing *easy* or is it sometimes *hard*? [*refer to photos*]

    a. Do you need to practice it? How does it feel when you practice?

7. Does anyone tell you how/what to play?

    a. Your parents? Teachers? Friends? What do they say?

    b. Is this how you like to play best?

8. Do you think that some kinds of playing are dangerous? What kinds? Why?

9. Are some kinds of playing that *you* think are really fun, sometimes called dangerous?

    a. [If yes…] What kinds? Why? How do you feel when you are playing in this way? What do you think makes it feel like this?

10. Do you think you have to be careful when you play?

    a. Does anyone else say that you have to be careful when you play? Who? Why?

11. Who are your favorite people to play with? Why?

    a. Do you ever play on your own? What do you play?

12. Do you like playing on your own better or with friends?

Imperative of health, prescriptions for play

13. Do you think that there are some ways of playing that are better than others?

    a. Is all play 'good'? Are some ways not as good? Why do you think this?

14. When you are playing, are you always moving or running around?

    a. Do you sometimes play in ways where you are not moving around?

    b. Do you ever feel like you're supposed to be more active/move around more when you play? What/who makes you feel this way?

15. Is there anything you'd change about your everyday play that would make it more fun?

    a. Are there things you would like to play that are not allowed?

16. When do you get to play during the day?

    a. Do you want to play more? [Do you have enough time to play?]

    b. What stops you from playing more?

17. Is there anything else you want to tell me about your play?

18. Is there anything else that you want to tell me about these photographs or the play taking place in them?

19. Is there any place that you like to play but that you could not photograph, or that we haven't talked about so far?

Thank you for participating in this project!

Quelques questions sur le jeu:

J'aimerai te poser quelques questions sur le jeu - il n'y a pas de bonnes ou de mauvaises réponses à mes questions. Je suis vraiment intéressée à connaître ce que les enfants pensent des jeux et ce qu'ils font quand ils jouent.

Intro: Jouer, dans les mots des enfants

1. À quoi penses-tu, quand tu penses à jouer ou aux jeux?
   a. Qu'est-ce que ça veut dire pour toi de pouvoir jouer comme tu veux, là où tu veux?
2. Parle-moi de *ta* manière de jouer?
   a. *Quel genre de jeu* préfères-tu? Pourquoi?
   b. *Quand* joues-tu à ça?
   c. *Où* joues-tu à ça? Quels sont les endroits que tu préfères pour jouer? Pourquoi?
3. Comment as-tu décidé, ce que tu voulais photographier?
   a. Pourquoi as-tu choisi ces cinq photos?
   b. Qu'est ce tu aimes le plus dans ces photos ? Qu'est ce qu'il y a de spécial/particulier dans ces photos?
   c. Peux-tu me raconter l'histoire de cette photo? [*refer to photos*]
   d. Qu'est-ce qui se passe? Quand/ où/ avec qui joues-tu à ça?
4. Est-ce que tu pratiques des sports?
   a. Quels sports? Y a-t-il des ressemblances ou des différences entre les sports que tu pratiques et les jeux dont tu m'as déjà parlé?

Plaisir, risque, jeux normatifs et restrictions concernant les jeux

5. Comment te sens-tu quand tu joues… [*photos*]?
   a. Est-ce que c'est le « **fun** »? Tu es content(e)? Plein(e) d'énergie? Fatigué?
   b. Qu'est-ce qui fait que tu te sens … [----]?
6. Trouves-tu ça *facile* de jouer ou est-ce que c'est *difficile* parfois? [*refer to photos*].

     a. Est-ce qu'il te faut de la pratique pour jouer? Comment te sens-tu en pratiquant ça?

7. Est-ce que quelqu'un te dit comment ou à quoi jouer?

     a. Tes parents? Professeurs? Amis? Qu'est-ce qu'ils disent?

     b. Est-ce que c'est comme ça que tu aimes jouer le plus?

8. Penses-tu qu'il y a certaines façons de jouer qui sont dangereuses? Quelles sortes de jeux sont dangereues? Pourquoi?

9. Y a t-il des façons de jouer (sortes de jeux) que *toi, tu* trouves vraiment le 'fun' (amusantes), qui sont desfois décrites comme dangereuses?

     a. **[Si oui…]** Quelles sortes? Pourquoi? Comment te sens-tu quand tu joues de cette façon? Qu'est-ce qui fait que tu te sens comme ça?

10. Penses-tu que tu dois faire attention quand tu joues?

     a. Y-a t-il quelqu'un qui dit que tu dois faire attention? Qui? Pourquoi?

11. Avec quelles personnes aimes-tu le plus jouer? Pourquoi?

     a. Joues-tu parfois seule/par toi même? À quoi joues-tu quand tu joues tout seul/par toi même?

     b. Est-ce que tu préfères jouer tout seul ou avec des amis?

Impératif de la santé, prescriptions pour jouer

12. Penses-tu qu'il y a certaines façons de jouer qui sont 'meilleures' que d'autres?

     a. Est-ce que toutes les façons de jouer sont 'bonnes'? Y a t-il des façons qui ne sont pas aussi bonnes? Pourquoi penses-tu ça?

13. Quand tu joues, es-tu toujours en mouvement ou en train de bouger/courir?

     a. Joues-tu parfois d'une manière où tu ne bouges pas beaucoup?

     b. Est-ce que tu as l'impression que tu es censé être plus actif(ve) ou bouger plus quand tu joues? Qu'est-ce qui/qui te donne cette impression?

14. Y a-t-il quelque chose que tu changerais dans ton jeu de 'tous les jours' qui le rendrait plus amusant pour toi?

     a. Y a t-il des choses que tu aimerais jouer qui ne sont pas permis?

15. Quand peux-tu jouer pendant ta journée?

     a. Aimerais-tu jouer plus? [as-tu assez de temps pour jouer?]

     b. Qu'est-ce qui t'empêche de jouer plus?

16. Y a t-il autre chose dont tu aimerais me parler au sujet de tes jeux?

17. Y a t-il autre chose que tu aimerais me raconter au sujet de ces photos ou des jeux qu'on voit sur ces photos?

18. Y a t-il des endroits où tu aimes jouer, mais que tu ne pouvais pas photographier, ou dont on n'a pas encore discuté?

Merci pour ta participation à ce projet!

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Note regarding the use of the interview guides in the interview sessions:

This detailed guide was used for all of the interviews and most of the question prompts were asked or referred to during the conversations with children. However, in some cases, children were less interested in talking about some of these topics or mentioned them without a prompt being needed. For example, questions 1-4 were often answered by the children themselves when they simply told me about their ways of playing or their favourite play activities and when they talked to me about their chosen photographs. In this way, the first four questions did not always have to be asked explicitly. If they were not brought up by children, I asked them. Questions 6, 7, 10 and 12 were at times difficult for some of the younger children to answer, so in some cases these questions were left aside in subsequent interviews or only asked when it seemed the child would understand (i.e., older). The last series of questions were asked to have children talk about things that they might have wanted to say, but that they did not think of earlier. This often elicited interesting additional perspectives on play.

APPENDIX M

**Codes and Definitions for Children's
Photographs and Interviews**

1. Play experiences		
Code	**Definition**	**Questions or Examples**
1.1 Emotions and play	Expressions of emotion related to playing.	
1.1.1 Happy/Fun/ Pleasure	Play as done when one is happy, it makes one happy, it is fun, or involves fun activities. Playing for pleasure not for a purpose.	E.g., 'Playing is fun, it makes me happy'
1.1.2 Sad/Frustrated	Play as something done when one is sad, or when has no friends around or when one is frustrated or angry.	E.g., 'When I'm feeling sad, I play to make myself feel better'
1.2 Solitary Play	Preference or description of what is played alone.	E.g., "I like to read in my room alone"
1.3 Social Play	Preference or description of play that is done with others. (friends, family)	E.g., "I prefer to play with my friends"; "I like to play --- with my sisters"
1.4 Risky / Safe play	Mention of risky or safe play that children play themselves or identify in others' play.	
1.4.1 Children view risky/safe	Children discussing what they consider unsafe/risky or safe/risky.	E.g., "I think it's safe and fun"; "I don't do that bc it's dangerous"
1.4.2 Parent/ teacher view risky/safe	This includes parents / teachers regulating what is safe / risky or identifying ways risk should be avoided or managed to protect from risk.	E.g., "Ya my mom nags that we shouldn't do this because it's dangerous"

2. Types of play		
Code	**Definition**	**Questions or Examples**
2.1 Organised Leisure activities	Any mention of *organized* leisure activities. Can be organized sports, but also other organized leisure activities that children mention.	E.g., team sports; clubs; lessons; classes. Formal environment.
2.2 Non-organised Leisure activities	Leisure activities that are *not organized.* Any form of playing freely and unstructured.	E.g., street hockey; frisbee in park; puzzling, reading, hanging out with friends.
2.3 Places for play	Mention of the places where children like to play. Where they prefer to play or where they are allowed or not allowed to play.	

2.3.1 Indoor places like	Mention of places *indoors* where children like to play.	E.g., I like to play in our basement.
2.3.2 Indoor places *not* allowed	Mention of places *indoors* where children not allowed to play.	E.g., We're not always allowed to play computers.
2.3.3 Outdoor places like	Mention of places *outdoors* where children like to play.	E.g., I prefer to play at grandmas farm.
2.3.4 Outdoor places *not* allowed	Mention of places *outdoors* where children are not allowed to play.	E.g., Not allowed to play in alley.
2.4 Sedentary play	Mention of play that is not predominantly physically active.	E.g., Reading, drawing, puzzles, dress-up.
2.5 Active play	Mention of play that is predominantly physically active.	E.g., ballon-poire, soccer, swimming.
2.6 Screen-play	Mention of playing games that involve electronic media.	E.g., computers video games, DVD, ipod, TV, movies. *[If 'active gaming', code both active play and screen play]*
2.6.1 Prefer screen play	Preference for screen-play.	E.g., My favorite thing is playing on the computer.
2.6.2 Restrict screen play	Time or place for screen-play restricted.	E.g., I'm not allowed to play computers after school.
2.7 Sports and play	Explicit mention of sports and play – as comparison, being the same or different, preference.	E.g., "I prefer sports, but playing is like sport"; "Playing is different than sport…"

3. Prescriptions for play		
Code	**Definition**	**Questions or Examples**
3.1 Scheduling (time for) Play	Mention of when they can play, if it is organized, how long – mention of timing for play.	E.g., "Sometimes I don't have time to play"; "I play after I have done my homework"
3.2 Self-governing active play	Mention of playing in particular (active) ways according to prescriptions (from parents, teachers, TV).	E.g., "I have to do exercises every day"; "You have to be active 60 mins".
3.3 Play and Physical Health	Mention of play or activities talked about as play as related to physical health, related to the body.	E.g., play as good for health, for body, told to play for health; "Playing helps me get stronger

3.4 Play as means to end	Mention of playing for certain outcomes, playing as good for things other than 'just' playing. Learning, well-being.	E.g., "Playing this helps me learn"; "We should always play, it's good for making friends"

4. Emerging codes		
Code	**Definition**	**Questions or Examples**
4.1 Resistance	Mention of children resisting parents, teachers, restrictions with regard to how to play. This may be explicit forms of resistance or general less explicit expression of play as resisting a dominant play prescription.	E.g., "I like to play there anyway, even if I'm not allowed!"; *"We do a lot of circus play, just because it's fun."*
4.2 Reading	Note photos or discussions of children thinking reading as play.	
4.3 Animals	Any animals or mention of playing with animals and affective responses to animals/bugs.	
4.4 Creative/Crafts	Any crafty things referred to as play	
4.5 Nature play	Photos or mention of nature/trees/green parks as play	
4.6 Play as challenge	Play as difficult, challenge, hard.	

APPENDIX N

Article 5

Article 5. "All work and no play?" The nascent discourse on play in health research

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Authors: Katherine L. Frohlich[1], Stephanie A.C. Alexander[1] and Caroline Fusco[2]

[1]*Department of Social and Preventive Medicine, IRSPUM, Université de Montréal, Pavillon Mont-Royal, 1430, boul. Mont-Royal, Montréal, QC, Canada H2V 4P3*
[2]*Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord Street, Toronto, ON, Canada M5S 2W6*

Note regarding my contribution to the article:

I contributed substantially to the conceptualisation of the article's argument, as well as to the writing and revision of several drafts of the manuscript.

Original Article

All work and no play? The nascent discourse on play in health research

Katherine L. Frohlich[a],*, Stephanie A.C. Alexander[a] and Caroline Fusco[b]

[a]Département de Médecine Sociale et Préventive, IRSPUM (Institut de Recherche en Santé Publique de Montréal), Université de Montréal, C.P. 6128, succursale Centre-Ville, Montréal, Québec H3C 3J7, Canada.
E-mail: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
[b]University of Toronto, Faculty of Kinesiology and Physical Education, 55 Harbord Street, RM 328 Toronto, ON, Canada M5S 2W6.

*Corresponding author.

Abstract   A high value is attributed to playing, particularly for its role in children's development, health and well-being. There is a recent awareness, however, that the way children play has changed considerably over the last few decades with a decline in 'free-play' documented. In response, there has been a call to resurrect free-play. Concomitantly, public health alarms over a childhood-obesity 'epidemic' have emerged. A utilitarian conception of play has thus begun to be advanced as a means to 'fight' the childhood obesity epidemic and physical inactivity. We reflect on the fact that views of play as useful are beginning to seep into public health discourse and this may constitute a danger for the health and well-being of populations. We explore some of the popular discourses regarding play and analyse them, drawing on social theory, to describe a nascent one that involves a critical paradox.
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Introduction

We all play. Our main activity as babies and young children is to play and we continue to play, in various forms, throughout our lives. Some of the largely agreed upon characteristics of play define it as an activity that is intrinsically motivated, as a process rather than an outcome, and as including the freedom to suspend reality (Berinstein and Magalhaes, 2009). Indeed playing freely is considered so critical for the physical, cognitive, emotional and social well-being

of children that it has been declared a 'right of every child' by the United Nation's Convention on the Rights of the Child (United Nations, 1990; O'Brien and Smith, 2002; Burdette and Whitaker, 2005a; Cole-Hamilton, 2006; Veitch *et al*, 2006; Carver *et al*, 2008; Berinstein and Magalhaes, 2009; Brown, 2009). These specific attributes of play are necessary for it to be considered free and to retain its fundamental quality, that of being pleasurable.

But what would happen if play was no longer defined as such, but rather, viewed to be goal-oriented, a means to a specific end, necessary to make us healthy? Or perhaps even worse, what if play was viewed to be risky, irresponsible, frivolous and dangerous? We reflect on the fact that both of these views of play are seeping into the health discourse in Euro-American society and that this may constitute a danger for the well-being and general happiness of both adults and children.

In this article, we explore some of the current popular discourses around play and analyse these to describe a nascent one in public health research and intervention; one that involves a critical paradox. We explore how modern public health discourse in some industrialized Western nations seems to be reshaping, transforming and restructuring play as a new social practice of concern. This exploration is the spring-board for the development of a programme of research on the theme of play in Canadian public health. This programme of research will be briefly introduced in this article.

The Disappearance of Free-Play

Among the numerous discourses with regard to play, the one that is perhaps the most concerning to both researchers and lay people is the disappearance of free-play. The term 'free-play' is of common usage in the psychological and early education literature and refers to forms of play that are intrinsically motivated by children with limited adult intervention. The term is used in contrast to the increasingly dominant forms of play that are pre-structured, rule-based and adult-guided (Santer *et al*, 2007). And indeed, there is increasing public awareness in North America, parts of Europe and Australia that the way play is experienced in the modern context of children's lives has changed considerably over the past few decades (Sturgess, 2002; Elkind, 2007; Gill, 2007; Brown, 2009), with a now familiar concern being: 'Kids just don't play the way they used to'. We acknowledge that this popular belief may depend on children's gendered, physical, racialized and socio-spatial locations. For example, middle-class children may have many more opportunities and resources to engage in structured leisure activities that may distract them from free-play, whereas children from lower social class groups may only be able to participate in

non-structured play activities, precisely because of a lack of resources. Moreover, children living in different environments (that is, urban or rural) may be differently positioned in terms of their opportunities for either unstructured or structured play.

Notwithstanding these differences, data does show that between the early 1980s and late 1990s 'children's free playtime dropped by an estimated 25%' in the United States (Burdette and Whitaker, 2005a, p. 46). The large number of popular psychology books recently published on the topic of play in childhood is illustrative of this concern (see Elkind, 2007; Honoré, 2008; Brown, 2009) as are the numerous public discussions of the importance of play (for example radio programmes; television documentaries; articles in the Scientific American) and various cross-disciplinary associations dedicated to raising awareness about the value of childhood 'play' (for example, the Association for the Study of Play (1973); the National Institute for Play, Play Scotland and Play England; 'Play = Learning' conference, 2005, Yale University; Right to Play™).

Free-play as Detrimental to Cognitive Development: The Need for Structured Play

The decline of free-play is viewed to be owing to a number of converging factors. First, recent developments in neuro-science regarding critical periods in brain development have led to a new emphasis on formal education in the early years of childhood. Hence it is increasingly believed that children should be stimulated, in a structured way, as much and as early as possible to optimize their cognitive abilities. In tandem, societal and cultural trends in North America in the late twentieth and the twenty-first century have created an increasingly competitive educational environment for children with early childhood education beginning to move away from learning through unstructured play activities towards earlier formal and structured learning methods (Sutton-Smith, 2001; Sturgess, 2002; Davis, 2007; Elkind, 2007; Santer *et al*, 2007; Miller and Almon, 2009).

Miller and Almon (2009) have found that in kindergartens, for instance, children now spend four to six times as much time being formally 'taught and tested on literacy and math skills' (p. 11) than on learning through play and exploration. In addition, some childhood education and policy practices, particularly in the US school system, have adopted the view that play is not essential for child development and argue that school time should not be wasted on 'free-play or other frivolous behavior' (Roskos *et al*, 2010, p. 57). Alarmingly for some, this is happening at an early age for most children, and we

speculate that this may even cross gender, racialized, ethnic, class and ability groupings. Hirsch-Pasek argues that these educational trends are 'robbing young children of playtime at home and school in an effort to give them a head start on academic skills' (cited in Roskos *et al*, 2010, p. 56). Similarly, play theorist Brian Sutton-Smith (in Pellegrini, 1995) suggests that it is; 'quite easy to find educators and administrators and politicians who act in a practical way as if play is of no damn use whatsoever by closing playgrounds, by abolishing recess and by organizing children's free time in every possible way' (p. 280).

Similarly, the emphasis now placed on standardized testing by provincial education policies in Canada (for example see www.edu.gov.on.ca/eng/) means that free-play opportunities for elementary children are greatly reduced while the curriculum foci on reading, writing and math skills increases. Although elementary school children still do have opportunities to play in their Daily Physical Activity (DPA) (Daily Physical Activity in Schools, 2010), these DPA lessons are usually geared towards improving children's physical fitness.

As a result, activities involving educational video games, toys and structured 'pedagogical' classes for young children are increasingly being recommended for parents hoping to help their children 'get ahead' (Gill, 2007; Hirsh-Pasek and Golinkoff, 2008; Honoré, 2008), reflecting a 'Yale or Jail' attitude towards child development (McDonald, 2009). Evans and Davies (2010) and describe how private enterprises in the United Kingdom profit from the pressure parents feel to do the best for their children by offering products sold as the 'right' kinds of play. They explore how parents are reassured about their fulfillment of parental obligations through the consumption of programmes that include structured informal play. These programmes are marketed as being capable of helping children develop complex sets of physical, social and intellectual skills. Hirsh-Pasek suggests that such educational trends are promoting what she calls the 'adultification of infancy', which is fostering a culture that considers unorganized, free-play as frivolous and irresponsible (Sturgess, 2002; Hirsh-Pasek and Golinkoff, 2008; Brown, 2009).

Free-play as Risky

Second, issues of risk have become associated with children's free-play. Fears of child safety, for instance, are a growing barrier to children's outdoor play (Valentine and McKendrick, 1997; O'Brien and Smith, 2002; Timperio *et al*, 2004; Powell *et al*, 2005; Veitch *et al*, 2006; Farley *et al*, 2007; Carver *et al*, 2008). Veitch *et al* (2006) have qualitatively explored parental perceptions of children's play to identify the main factors influencing where and how their children play. The authors found that the most frequently reported factor determining where

children played was child safety. Concerns regarded 'the way the world is today' (p. 387), which included 'stranger danger', bullying from older teens, syringes, traffic/road safety and accidental injury, all of which were limiting the places children were permitted to play freely. O'Brien and Smith (2002) have similarly examined the relationship between fear of the risk associated with play and the resulting limits of children's options for play by parents. These parents were concerned with 'trying to keep control' of their children's play and activities by supervising them and limiting their freedom of movement to minimize risks. Much of this was achieved by putting them into organized activities (ibid.), which are often, ironically and inappropriately, labelled play (for example, physical activity, sport, recreation). These concerns and more seem to have contributed to creating the 'backseat generation', children who are chauffeured regularly to scheduled, structured activities, supervised and organized by adults (Carver *et al*, 2008).

Free-play as Cognitively Critical

Diametrically opposed to research and policy focusing on the importance of structured play for cognitive development, researchers from other fields are beginning to emphasize the critical developmental role that free-play has in the lives of children. Research from the behavioural neurosciences (Pellis and Pellis, 2007), along with comparative evolutionary work on play in humans and non-human primates (Pellegrini and Smith, 2005), suggests a fundamental role for free-play in animal development. Comparative evolutionary research has explored the critical role of free-play behaviours (for example rough and tumble play, spontaneous play and so on) for generating the skills and knowledge required for successful functioning throughout life in many species, and has also attempted to explain the reasons why some forms of play are unique, or more common, to humans (that is, imaginative or pretend play) (ibid.).

Much of this research suggests that it is during free-play that children are most likely to use their imaginations and experiment with new activities and roles; this play, then, is important for children's future social and physical development (ibid.). It has also been concluded that children who have a diverse and rich exposure to various forms of play are more likely to be able to navigate unpredictable and varied social situations when they are adults (Pellis and Pellis, 2007; Brown, 2009). It has therefore been argued that over-structuring and supervising children's play may lead to children having a harder time 'dealing with an unpredictable, complex world' (Pellis *in* Wenner, 2009). Furthermore, structured forms of play are problematic because they are based on a priori rules

(Pellegrini and Smith, 2005; Pellegrini *in* Wenner, 2009), which do not permit the kind of creativity that free and unstructured play seems to allow.

Free-play as Critical for Physical Health

Alarms rung regarding the increasing sedentary lifestyles of children and the developing childhood obesity 'epidemic' (Booth, 2000; Mulvihill *et al*, 2000; Salmon *et al*, 2005; Wyatt *et al*, 2006; Ellaway *et al*, 2007; Parrish *et al*, 2009) have also led to support for increased children's physically active play. Implicit in the discourse of 'epidemics' is that everyone is believed to be vulnerable to fall prey to its effects, and therefore, we must all take measures to protect ourselves and our children (Gard and Wright, 2005). As a result, a developing body of literature has begun to encourage active play in all children's lives as a means of reducing childhood sedentariness and obesity (Mulvihill *et al*, 2000; Burdette *et al*, 2004; Powell *et al*, 2005; Salmon *et al*, 2005; Burdette and Whitaker, 2005a, b; Davis – Play England, 2007; Carver *et al*, 2008; Holt *et al*, 2008; Smith, 2008).

For example, one area of research has been concerned with the places and environments in which children play (Powell *et al*, 2005; Veitch *et al*, 2006; Ellaway *et al*, 2007; Potwarka *et al*, 2008). This research suggests that unstructured outdoor play spaces such as playgrounds and parks are 'prominent places for children to engage in regular bouts of physical activity' and that promoting access to these unstructured play spaces is critical for reducing childhood obesity (Potwarka *et al*, 2008, p. 345).

The Play Paradox

While the literature on play from within public health is relatively new, we note a disconcerting discourse, borrowing from all of the above discourses, that creates a contradictory argument. The contradictions, we argue, lie with the very essence of play and the way in which play is being articulated in health practice. While there is no consensus regarding any *one* definition of play (Reilly, 1974; Sutton-Smith, 2001), essential elements included in most conceptualizations are that it is pleasurable and enjoyable; includes activities pursued for their own sake without promise of external rewards (that is, unproductive) (Caillois, 1958; Reilly, 1974); and that it is often not a part of ordinary life (that is, pretence) (Huizinga, 1938; Caillois, 1958; Parham and Fazio, 1997).

And here lies the paradox. Although play is being revered and idealized by health institutions, it is at the same time being instrumentalized for particular goals, as embodied in the view of 'play as progress' (Sutton-Smith in Pellegrini, 1995). While many contemporary public health researchers are explicitly advocating on behalf of free, spontaneous and unstructured play, they are simultaneously and implicitly requiring that play be productive and progress-oriented because of its critical importance for child development and health. Free-play in this sense, then, remains a means to a productive end. Paradoxically, through the promotion of play as a purposeful activity for a productive end, play can no longer be fully free.

Furthermore, the panic surrounding children's health, inactivity and obesity has resulted in the commodification of play. The marketing of popular interventions such as exergaming (for example, Wii Exercise Games) enmeshes family leisure as consumption, with a strong discourse of reducing the alleged public health catastrophe (Rich and Miah, 2009). The introduction of exergaming for children explicitly suggests that adults need to use deception to encourage children and youth to engage in physical activity, with the implicit supposition being that children are bereft of agency, creativity, skills or motivation to create their own ways of being active (Vander Schee and Boyles, 2010). Ultimately, we would argue that play as a health prescription and in its commodified form, like many prescriptive exercise regimes, may evacuate critical elements such as pleasure, freedom, spontaneity and fun from it (Pronger, 2002); elements viewed as critical to the social, physical and emotional well-being of children.

Public Health's Focus on Progress

Brian Sutton-Smith (in Pellegrini, 1995) observes that over the past century there has been 'an obsession … amongst the life-science scholars with demonstrating that children learn something useful from their play' (p 279). He argues that this is an outcome of:

> 'the eighteenth-century Enlightenment view of humanity as susceptible to scientific study and therefore as capable of progress' (ibid.). Additionally, he believes that the 'notion of progress and scientific rationality are so pervasive' (p. 208) in the 20th century that it influences how play is perceived and researched. Despite claims to resurrect and protect free-play for children, he suggests that the rhetoric of progress dominates, which has resulted in the 'domestication of children'. (Pellegrini, 1995; Sutton-Smith, 2001, p. 121).

We can see this through adult-designed playground equipment and play spaces, organized sports and supervised play (McKendrick, 1999a, b; Gagen, 2000; Holloway and Valentine, 2000). Moreover, interestingly, the type of exergaming discussed above serves to remove children from (playing in) public spaces while increasing the surveillance of children's activities, now confined to the home. Consequently, time for creativity and spontaneity in children's playing in the home may also decrease in the service of prescriptive activity.

And this is potentially problematic given that play is meant to be purposeless, for its own sake, an end in itself. However, the new discourse on play from public health shows signs of its objectification, particularly with such phrases as 'active free play' (Veitch *et al*, 2006). Play is viewed as purposive, rather than free. Consequently, certain forms of play may become valued over others because of their capacities to expend energy and thereby, hopefully, reduce obesity and sedentary behaviour. Exacerbated by media and public policy messages, which are intended to convey to parents that they and their offspring face imminent danger and risk of health problems such as obesity (Evans and Davies, 2010), new more organized and structured play practices are being created. In this scenario, play that involves physical activity is valued because of its capacity to expend energy: this reduces play to the most efficient and rudimentary means of burning calories (Gard and Wright, 2005). These new forms of play, then, appear to be intimately related to the moral panics about obesity, which impart on individuals and their families the responsibility to (i) ensure the utmost focus on their health, and (ii) engage in a broader self-surveillance of their bodies. By advancing a utilitarian conception of play as a productive means to a health end, play within public health risks straying far from the fundamental elements defining it. If play is becoming infused, in practice, with a prescription for how to be healthy then, rather than answering the call to resurrect free-play in childhood, public health threatens to further strip play of precisely those elements viewed to be so critical to the well-being of children.

A Focus on Control and Risk

These types of prescriptions are not new. Indeed, since the late eighteenth century, the body and society have been increasingly regulated and disciplined through technologies of power and control that aim to foster the productivity and health of entire populations (Foucault, 1980). Health norms in eighteenth- and nineteenth-century Europe elicited an 'imperative of health: at once the duty of each and objective of all' (Foucault, 1980, p. 170). According to Foucault, modern health regimes used surveillance, analysis, intervention and

modification to create a bio-political order that controlled and monitored where, and how, bodies moved, worked and played (see Foucault, 1980; Armstrong, 1995). Children and their families were central to new kinds of bio-management. Indeed, the emphasis on a bio-politics of population (Foucault, 1978) meant that family life and the organization of the family's health came under great scrutiny with the advent of modernity. The drive for health and productivity continues in contemporary western societies and has underpinned the emergence of predominantly health-focused, utilitarian and normative conceptions of physical activity, exercise and fitness (Pronger, 2002). We believe that current prescriptions of play align with the modern technological approach to the body that has dominated other cultural practices of the body in modern western societies (ibid.).

Children and young people are still increasingly the targets of modern technological approaches to the body and to public health's new healthist discourses, as many researchers of late have demonstrated (see MacNeill, 2006; Reid-Boyd, 2006; Varpalotai and Singleton, 2006). In addition, youth are increasingly influenced by dominant constructions of health (Beausoleil and Rail, 2006). Indeed, it has been suggested that discourses of risk and epidemic, so prevalent in public health, work together to produce the '(un)healthy child' in a manner that aligns with the political rationalities of late modernity and neoliberalism (McDermott, 2007).

Neo-liberalism as a political practice emphasizes approaches to health that are increasingly individualized and focused on: 'the self who is expected to live life in a prudent, calculating way and to be ever-vigilant of risks, self-regulating and productive' (Peterson and Lupton, 1996, p. xiii, p. 12). An emphasis on health-focused, risk-free and productive forms of play, with implicit expectations of rationality and progress, might produce norms that constitute play along these lines. This could ultimately shape children's (and adults') perspectives of play, how children experience playing and what play practices are deemed risky and viable.

McDermott (2007) argues: 'while inactivity is identified as a risk factor for various diseases and obesity, physical inactivity is itself positioned as the result of other risk factors that are therefore of increasing regulatory concern for active living proponents, including urban design ... parental anxieties regarding unsupervised children's play' (p. 316). Although researchers in public health were initially concerned about the risks of obesity and saw play as a potential solution to this 'epidemic', play has simultaneously come to embody another set of risks for children. And, it is these risks that require further surveillance, control and prevention (ibid.). This means that despite the endorsement of free-play in theory, the practical application of the promotion of play, paradoxically, leads to a decrease of opportunities for free-play. The kinds of play supported,

then, are ones that are highly managed, surveyed, increasingly structured, supervised and productive (Wyatt *et al*, 2006; Herrington and Nicholls, 2007; Skär and Prellwity, 2008). Moreover, risk discourses have had an impact on the organization of spaces designated for play in the city, as public health, educational authorities and city officials work together to manage children's play(ing) in public spaces (Fusco, 2007).

A focus on controlling the obesity epidemic appears to justify the management of children's extra-curricular activity (McDermott, 2007). The focus on risk promulgated within the current public health discourse on play parallels discussions on surveillance and society that have led, in part, to the scrutinization of everyday activities (Armstrong, 1995). Health-related activities are not exempt from this scrutiny, and manifests through an increasingly medicalized discourse of the body and health, where seemingly unrelated features of our lives can now be recast through medical language (Crawford, 1980; Wheatley, 2005). In turn, this scrutiny leads to a heightened sense of health risk with the accompanying imperatives having a significant bearing upon the kinds of lifestyles (and playing) that are deemed acceptable for people to live/do (Rich and Miah, 2009).

The Stripping of Freedom, Pleasure and Fun from Free-play

Ascribing a productive (public) health role to play may threaten to strip it of its freedom, its unstructured quality, its lack of productivity and, importantly, its pleasurable and spontaneous elements. Sutton-Smith (2001) has argued about the salience of the pleasures of free-play for children. He maintains that play for children, quite simply, 'makes them happier' (p. 32), while a lack of play or 'the opposite of play … is not a present reality or work, it is vacillation, or worse, it is depression' (p. 198). Presently attitudes towards play appear to focus less on playfulness and pleasure of movement (Evans *et al*, 2008) and more on productivity.

And indeed there is evidence, for instance, that when physical education is focused on physical fitness, instead of physical activity for fun, children are less likely to enjoy it (Gard and Wright, 2005). Although, children may find a great deal of pleasure in activities that are defined by adults as healthy, it is altogether possible that children may resent the anxieties being foisted upon them to engage in activities that are explicitly 'fat burning', rather than just purely physically pleasurable.

It is therefore only somewhat surprising that play seems to be succumbing to public health's drive to discipline populations, make them conform to medical knowledge and to limit pleasure (Coveney and Bunton, 2003). Indeed, public

health seems to have an intrinsic fear of pleasure, seeking rather to sanitize and control behaviour (ibid.). This removal of the *ludique* (or playful) aspects to play seems to be mirroring the greater eradication of pleasure and the increase of risk discourses in other social practices such as sex, eating and exercise (Lupton, 1999; Pronger, 2002; Coveney and Bunton, 2003; Rail *et al*, 2010). Within a rational ascetic, encouraged through a neo-liberalist political order, the body is subjected to a systematic regime of rational conduct thereby prohibiting certain actions, such as idleness, and instituting methodical practices (Evans *et al*, 2008). This kind of attention to the body and its place in society permits for the focus on play to be fitness and the reduction of obesity, not pleasure.

The corollary of this, of course, is that pleasure can be found in the virtue of playing 'properly', of following the edicts of public health. Indeed, in the History of Sexuality, Foucault (1978) suggests that the management of life and the resultant focus on the body's capacities were administrated through the uses of pleasure and the exercise of power. He argues: 'pleasure and power do not cancel or turn back against one another; they seek out, overlap, and reinforce one another. They are linked together by complex mechanisms and devices of excitation and incitement' (p. 48). With respect to play, then, the regulation of conduct may become a matter of a parent's or child's desire to 'govern their own conduct freely in the service of the maximization of a version of their happiness and fulfillment that they take to be their own' (Rose, 1996, pp. 58–59). As one of our anonymous reviewers pointed out to us: 'Foucault argues that the production of pleasure is a central component of discourse and this is what makes them so persuasive'. They continue: 'social actors do not feel as if they are being coerced into certain lifestyle choices, they choose it willingly as there is pleasure to be had in the process'. To call for a reinstatement of pleasure in public health's discourses and practices of play needs to resist the exercise of pleasure as a point for the application of power. Instead, we suggest that public health pays attention to a positive sense of pleasure that may be experienced through play: an appreciation of the sacred and erotic power of play (see Pronger, 1998, 2002).

And play is also meant to be fun. It has begun to be noted, however, that the loss of the fun and freedom of play has already begun. The earlier described focus on the multitude of perceived risks such as 'stranger danger', risk of injury associated with park equipment, fear of traffic accidents due to increased traffic in urban areas, all of these associated with modern free and unstructured outdoor play for children, has shaped the constraints imposed on *how* and *where* children play (Aitken, 2001; Burdette and Whitaker, 2005a; Gill, 2007; Honoré, 2008). Increasingly only structured and supervised play is being sanctioned for children in which all possible risk is calculated (Burdette and Whitaker, 2005a). A rise in safety concerns, for example, means that playground equipment has become sterile and uninteresting (Veitch *et al*, 2006) and parks

are increasingly supervised and planned (Fusco, 2007). Approaches to play, then, in the interests of public health appear to require some negotiation between the risk and safety elements of play. Lupton (1995) suggests that the increasingly common preoccupation with risk is evidence of the modern medicalization of social life: 'where once, for instance, physical activity was undertaken for … "the pleasure of functioning", it is now often understood as a medical activity, undertaken for the purposes of good health' (p. 101).

A Research Direction

Children's experiences are often omitted from research that concerns their health and questions of play (De Winter *et al*, 1999; MacDougall *et al*, 2004), so theoretically and methodologically, we are embarking on a study that intends to gain the perspectives from children regarding their own play forms. We believe it is pertinent to critically consider how health expert knowledge and values emerging around children's play may privilege certain social practices of play and what 'child' they reproduce in these prescriptions. We intend to examine how children, and their parents, construct and negotiate play experiences within dominant socio-cultural and political discourses of obesity, risk, neoli-beralism and modernist technological approaches to the body. Our desire is to evaluate the ways in which institutional and cultural discourses on play are taken up, rejected, negotiated, resisted and/or questioned by both children and their parents, and what, if any, alternative discourses and practices are produced and embodied.

A study of the paradoxes of play requires a socio-cultural study that takes account of (1) what subjects of play (discourses, the body, children and parents) are privileged, silenced, governed and produced; (2) how play is constructed through social and spatial relations; and (3) what and when particular practices of play are vilified and valorized. Such a study requires drawing on theoretical lenses that are centrally informed by post-structural theories of power, dis-course and subjectivity and embodiment (Foucault, 1978, 1980; Dean, 1999; Rose, 1999; Pronger, 2002), which can assist in analysing the effects of play discourses and practices on the discursive, social and embodied identities of children. For example, Foucauldian concepts of biopower, governmentality, and his archaeological and genealogical analysis will be useful to examine how play is enunciated within public health discourses and what kinds of coherent truths are produced about play, and for what aim? Moreover, these concepts can assist us interrogate what kinds of power relations are fostered through play discourses and practices, and in what ways is play becoming an object of

surveillance, analysis, modification and intervention in modern, neoliberal societies?

Methodologically, we will engage in a programme of research that focuses on a diverse group of children between the ages of 7–18 because: (1) school-aged children are the primary targets of public health interventions regarding obesity and the emerging 'play for health' discourse (McDermott, 2007) and; (2) play experiences vary across the life course of children and youth. We will also be diversifying our sample of families according to socio-economic status as it has been found that pleasurable activities such as playing are contextually and socially situated (Coveney and Bunton, 2003), and as such, it is possible that children from different socio-economic backgrounds will play, and construct experiences of play, differently. Using, participant-driven photography and discussions with children as a way to shift the control from the adult researcher to the young participant (Clark, 1999; Orellana, 1999; Wang, 2006), in which the 'the subject becomes the teacher' (van Auken *et al*, 2010, p. 375), we hope to develop a study in which the child's perspective is foregrounded. The use of photography, specifically regarding play, is a way to allow for the depiction of the 'emotional and exuberant aspects of play' (MacDougall *et al*, 2004, p. 424), which are particularly salient for children, and a means through which a better understanding of children's constructions of play can be sought (MacDougall *et al*, 2004).

Conclusion

It is somewhat uncomfortable to critique the valiant efforts made by public health research to promote safer, 'better' forms of play, particularly given that they are ostensibly for the benefit of children's health. However, through these efforts, we feel that public health may also be contributing to the over-regulation of childhood through its intense focus on risk avoidance (Gill, 2007) and surveillance (Gard and Wright, 2005; Rail *et al*, 2010). Gill (ibid.) writes that: 'activities and experiences that previous generations of children enjoyed without a second thought have been relabelled as troubling or dangerous, while the adults who still permit them are branded as irresponsible' (p. 10). In contemporary western societies, the most acceptable and responsible forms of children's play are increasingly those mandated and managed by public health (O'Brien and Smith, 2002; Burdette and Whitaker, 2005a) or by sports and physical activity organizations (Fusco, 2007). By narrowing free-play possibilities, health policies may paradoxically be harmful to children's health and overall well-being (Gill, 2007; Brown, 2009). An emphasis on the instrumentalization of play as a means of health promotion, combined with a focus on risk avoidance

and effectiveness, may undermine the promotion of play as a health-inducing socio-cultural behaviour in practice. Herein lies the paradox. It is a paradox that could, however, be resolved by restoring pleasure as a value in itself to the quest for health. After all, according to the Ottawa Charter definition, health ought to be a resource for life and not merely the absence of illness (WHO, 1986). An insertion of pleasure elements into the current health discourse on play may well be critical.

We are not suggesting that public health is wrong, or that it should not exist with regard to play. We do, however, caution that the area of play may be falling prey to what Evans *et al* (2008) have termed 'the health role'. The health role places emphasis on the maximization of people's productive capacities and to the importance of preventing illness. This role, they argue, has been in-stitutionalized at the level of the nation state through the medicalized surveillance of populations and their activities. Ascribed to play, this means play will be con-stantly monitored and regulated in order to ensure performative capacity. But surely the goals of the health role might strip play of *its* essence, that of simply being pleasurable and fun? Indeed, perhaps a focus on the health role subverts the very objectives of health promotion? We propose that a study of play might permit (public) health research to take a step back from its laudable everyday activities and reflect on the ways in which it might be medicalizing play; using it as a kind of medicine to combat 'diseases' such as overweight and obesity in a political economy of neoliberalism and technological approaches to embodiment.

About the Author

Katherine Frohlich is the Associate Professor at the Département de médecine sociale et préventive and Research Associate with the Institut de Recherche en Santé Publique, Université de Montréal (IRSPUM). She holds a CIHR New Investigator award for her work on social inequities in smoking. Her current research interests include social inequities in health-related practices, social theory in social epidemiology and health promotion and the sociology of smoking and play.

Stephanie A. Alexander is a Doctoral Candidate in the School of Public Health at the University of Montréal in Montréal, Canada. Her doctoral research involves the critical discourse analysis of an emerging Canadian public health discourse addressing children's play, as well as a visual sociological examination of children's experiences and perspectives on their own play. Overall her research interests lie in sociological examinations of public health.

Caroline Fusco is Associate Professor in the Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, Canada. Her areas of

academic interests include: the sociology of physical activity and health; cultural geographies of children and youth's physical activity and health environments; poststructuralist and feminist theories of the body, gender and sexuality; ethics and social justice issues in sport and physical education; qualitative research methods; and equity and diversity studies in education.

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