



A BEGINNER'S GUIDE TO

# SELF-DIRECTED NEURODIVERGENT PLAY

"Play is serious, yet not serious, trivial yet profound, imaginative and spontaneous, yet bound by rules and anchored in the real world. It is childish yet underlies many of the greatest accomplishments. From an evolutionary perspective, play is nature's way of ensuring that children and other young mammals will learn what they must do to survive and do well. From another perspective, play is a gift that makes life on earth worthwhile" (Gray, 2013, p.139).

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# SELF-DIRECTED NEURODIVERGENT PLAY

## WHY NEURODIVERGENT PLAY?

Neurodivergent children are often defined by so-called deficits in their play (see the work of Conn, 2015, Pritchard, 2023). For example, educators or specialists might say, “Play doesn’t come naturally to this child because they are autistic” or “All this child does is line things up; we need to stop this”. The play patterns and cultures of neurodivergent and disabled children are often misunderstood because research has historically focused on proving that neurodivergent play is a problem to be fixed. Therefore, children with development differences must be taught how to play properly, functionally, or appropriately – or, in short, to play, learn and behave more like their neurotypical peers. When a child’s play “looks” different to what we usually observe, there can be a tendency to see this as evidence that their play is trivial, pointless or lacks value. This guide aims to help you challenge this idea with your own practice and more broadly within the field of early education. Emerging research in neurodivergent play is giving us exciting and joyful insights that we should embrace all types of play. In the words of the neurodivergent community, ALL PLAY IS OKAY!

# SELF-DIRECTED NEURODIVERGENT PLAY

## (UN)DEFINING PLAY

“The child is the teacher of play.”  
(Bondioli, 2002)

The one thing we can be certain of when it comes to play is that it is notoriously difficult to define. It is a tricky and complicated word that gets us tangled up in knots. Furthermore, play rarely stands on its own. Researchers and play advocates often create play terminologies that further restrict the true essence of play. For example, “purposeful play” has become popular in recent decades to describe play we, adults, don’t deem pointless. But why is it the adult who gets to decide what is purposeful or not? Unfortunately, these terminologies often suggest that adults dominate the definitions of play and, therefore get to teach children the “right” way to play. We as adults get to decide which play is valid and which is rejected, denied or turned into a problem. Play researchers Jeffrey Trawick-Smith and Traci Dziurgot (2011) suggest that play is intentionally ambiguous, especially for adults, and a definition is better left alone – or at least left to children to decide what play is. It seems when we as adults attempt to define it, we almost re-mould it to fit adult-centric and neuronormative expectations. For example, how often do we hear play choices bound by rules: “of course you can play in the water tray, but please use your quiet hands when playing, and no splashing”. Or play can only be play if it has some added value: “of course you can play in the water tray, so long as you complete today's challenge of counting all the sea animals”. These prior requests aren’t necessarily bad practices but illustrate that play often comes with conditions that make it much less true play.

Where does that position us for this guide? First – we need to (un)define play as adults. Every child’s play blueprint is different, and the only person who can truly define their play is the person playing. Drawing upon the quote from Bondioli (2002), the child is the one who teaches us play. This requires us to sit in a space of discomfort because we have to accept that there are no parameters to what play is and what play can be. But the joyful side is that play offers us infinite possibilities.

# SELF-DIRECTED NEURODIVERGENT PLAY

## PLAY FEATURES

Some of the concerns raised in the field of early childhood in recent years is the deprivation of play in favour of getting children ready for school. Increasingly, early educators are pressured to direct children's learning through play-based approaches that ensure they will later "fit in" and comply with the academic and behavioural expectations of the schooling system (see the work of Cathy Nutbrown, 2018 and Suzanne Axelsson, 2022). This impacts all children but is particularly harmful to children with developmental differences. Early childhood is a critical, time-sensitive period in which play is the main event for exploration, joy, discovery, awe and wonder – for perceiving, feeling, acting and making sense of the world (Lester and Russell, 2010). A play-filled mind and body are the conditions in which our holistic development thrives. Pressure to play according to another's expectations interferes with our development. While a single definition of play is better left alone, it is important to consider what play features are most compatible with the playing child. The pioneering work of Peter Gray in *Free to Learn* (2016) gives us fundamental insights into the difference between being playful and pure play – often referred to as self-directed play.

On the following page is a description of the seven features with some considerations for neurodivergent play.

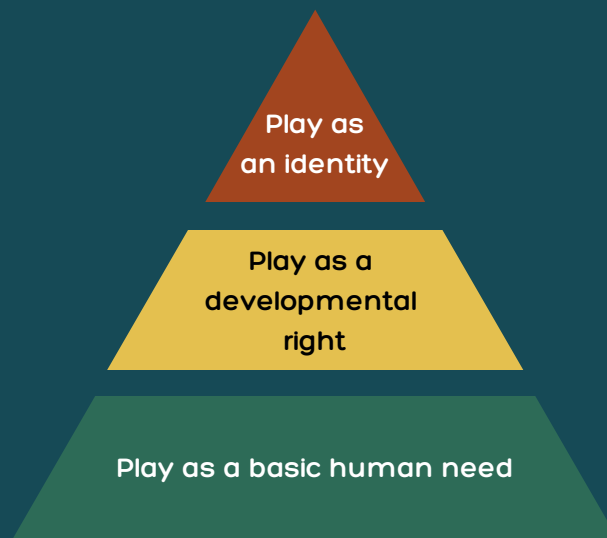
# SELF-DIRECTED NEURODIVERGENT PLAY

Pure play...	
...is self-chosen and self-directed	To be considered play, play must be chosen by the child, not assigned, or directed by the adult (Trawick-Smith, 2019). Educators or peers may influence, interact or "meddle in the middle" (Fisher, 2016), but autonomy and choice remain crucial to self-directed play. If you are telling the child what, how, and where to play...it is not pure play.
...values process over product	Self-directed play is an intrinsically motivated activity, prioritising the experience rather than seeking the shortest path or quickest outcome (Gray, 2016). Trawick-Smith (2019) further emphasises the importance of immersing oneself in the play experience without stress or interruption. In autism studies, there is a growing body of research on monotropism. It proposes that autistic people tend to direct their attention towards specific interests and can, therefore, find themselves in a monotropic tunnel or state of "flow" (Murray, Lesser, and Lawson, 2005). Play and Monotropism has not been extensively studied in early childhood, but it could be argued that self-directed play is compatible with monotropism and may offer insights into the importance of uninterrupted time spent engaging in interests.
...is guided by mental rules	Gray (2016) highlights that although play is a voluntary choice, it has structure and rules, but these are often determined by the player. This feature of play may be misunderstood by educators who do not comprehend the self-directed rules. This holds particular relevance in the context of neurodivergent play and may help educators to challenge assumptions surrounding restrictive, repetitive and rigid play. For example, autistic children are sometimes accused of being rigid in their play, but there may be an argument that the so-called rigidity may indicate a structure or mental rule. For example, the rules of repeating actions or patterns. Similarly, we may find children who try to create new rules, for example going up rather than down a slide.
...is imaginative	Gray (2016) comments that play is "serious yet not serious, real yet not real" (p.149). In play a child enters their own realm and within this space is imagination. Imagination is in the mind of the player, yet neurodivergent children are often considered to have limited imaginations simply due to a sometimes lesser interest in socio-dramatic play. It is an area that warrants further exploration to move us away from the "no imagination" narrative. Interestingly, lots of neurodivergent people anecdotally share a love of daydreaming.
...is an active, alert yet stress-free state	Play should be active and stress-free rather than driven by external pressures (Gray, 2016). Trawick-Smith (2015) argues that play-based interventions, however, do not always provide a stress-free state and can result in rebellion and resistance from the child. And rightly so.
...emotionally meaningful	Play is personal and will elicit a range of emotions (Murphy, 2022). Children form emotional connections to their play worlds, and they hold those experiences in mind which can help them to emotionally regulate and make sense of the world around them. Taking away play can result in dysregulating children.



# SELF-DIRECTED NEURODIVERGENT PLAY

## THE PLAY PYRAMID

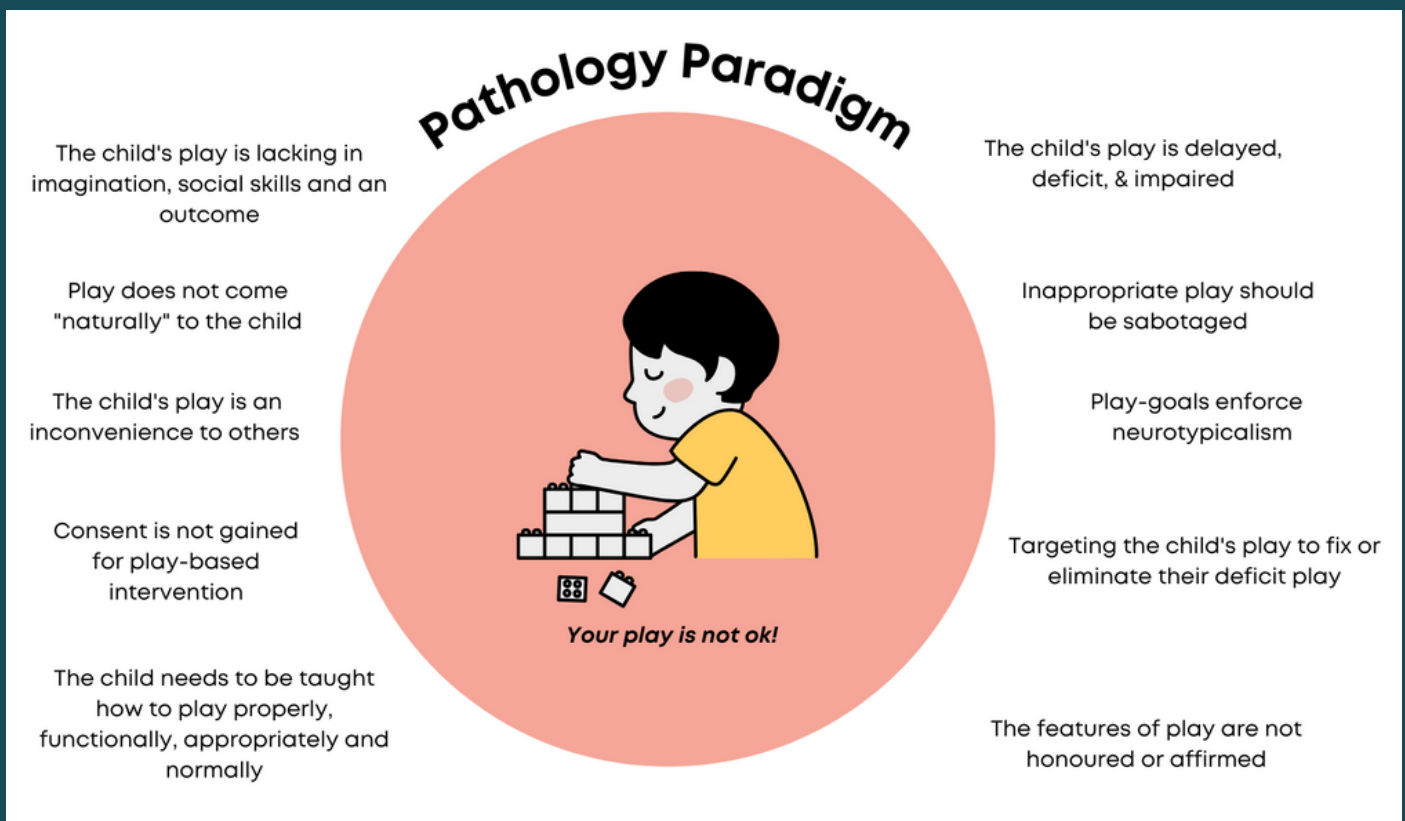


"Play must be the right of every child. Not a privilege. After all, when regarded as a privilege, it is granted to some and denied to others, creating further inequalities" (Souto-Manning, 2020, p.785)

Pure play is an innate part of the human experience, meaning that children are quite literally born to play. It is childhood's way of being in the world. It is not a mere folly or triviality. Nor is it a luxury or bargaining tool that should be used to make a child act or be a certain way. We often see play talked about as a right, which it is, but it also exists within a wider framework. Firstly, Play is a basic human need at the heart of children's experience. Secondly, it is a developmental right because it is considered so essential to human health. Finally, it forms part of our lifelong identities because how we play weaves into our identity formation. It helps us discover who we are, what we are motivated by, what we are good at and how we relate to the world. This framework applies to all children, not just those we deem worthy of play. As educators, we must uphold the needs, rights and identities framework to ensure that all children are afforded play-filled lives.

# SELF-DIRECTED NEURODIVERGENT PLAY

## THE PATHOLOGY PARADIGM



In an early childhood and early intervention context, play has been used as a mechanism to judge neurodivergent children as incompetent, deficient, or unskilled in their development (see the work of Conn, 2015). This can feel quite confronting as an early years educator. Still, the reality is that most of us were trained to identify concerns in how children play and to use this as evidence that they require assessment, intervention and diagnosis. The dominant idea is that play should “look” a certain way to be considered successful, purposeful and of value to broader development. If the play does not appear to lead to neurotypical developmental outcomes, this play can then be considered in need of correcting. Essentially, we teach a child how to play more “normally”.



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## THE PATHOLOGY PARADIGM CONTINUED

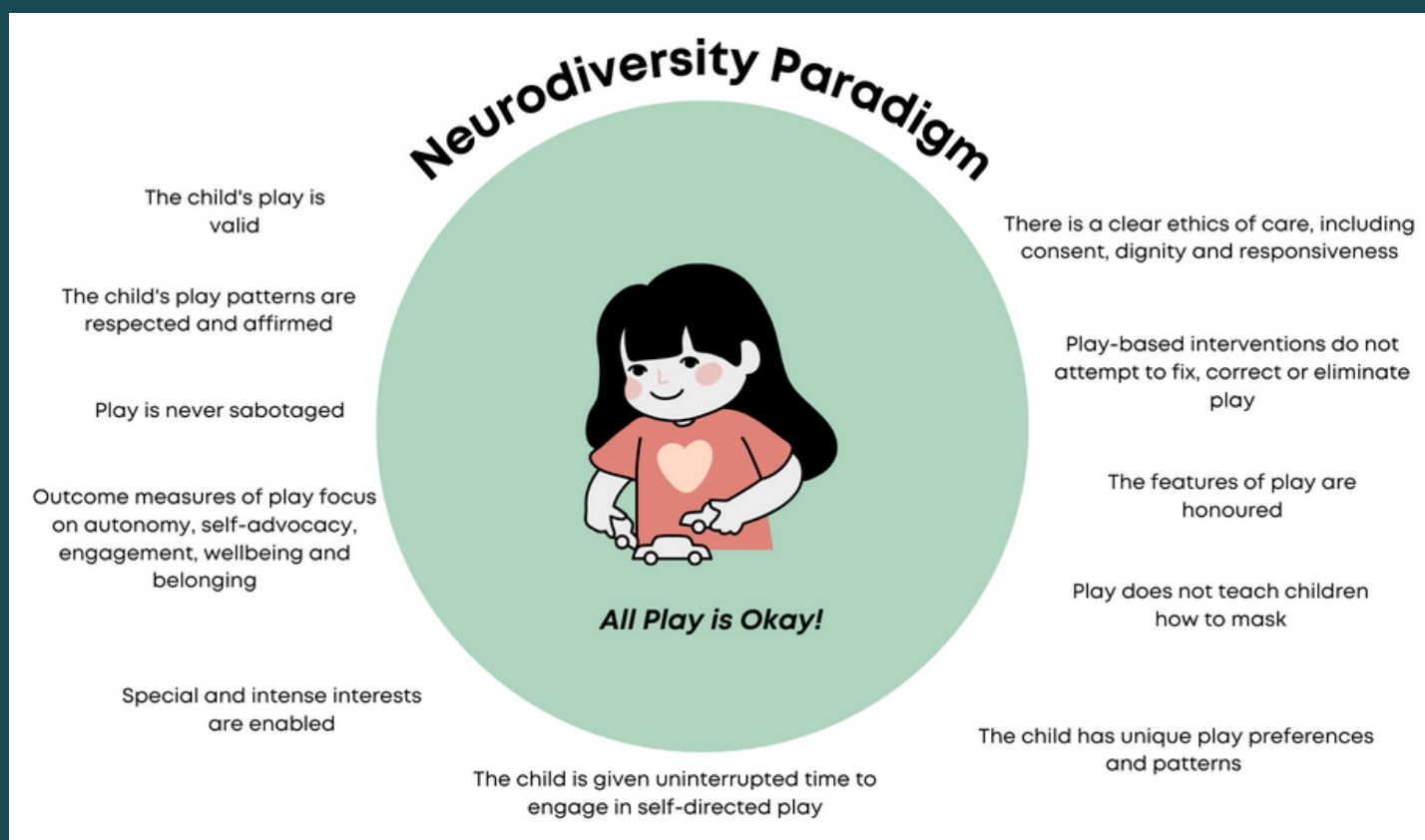
Identifying and supporting children with developmental differences and difficulties is crucial. Still, we must be careful not to assume that all differences and difficulties are a sign of inherent “wrongness” within the child, particularly for those children whose differences are lifelong, such as dyslexia or autism. The risk of the “righting a wrong” approach is that we inadvertently communicate to the child that their identity doesn’t belong. For example, sabotaging a child’s special interest play communicates that it is wrong to have special interests. These ideas are rooted in the pathology paradigm of disability and disease.

Pathology relates to the cause and effect (symptoms) of a particular disease, condition, disability, or disorder. Many neurotypes are categorised as conditions and disorders, meaning play skills are more likely to be considered symptoms of a disorder rather than being a neurodivergent play pattern. For example, solitary play beyond a certain age is often interpreted as a problem in autistic children, despite solitary play being a play preference and pattern that can feel intrinsically good. Paradigm – put simply – means a set of ideas. Currently our early education system is influenced by wider societal views towards disability and difference and is therefore subject to the idea that neurodivergence is something we need to fix. Play is a major ingredient of early childhood, and therefore play is targeted by the pathology paradigm.

**But there is hope! There is a change! And there is movement.**

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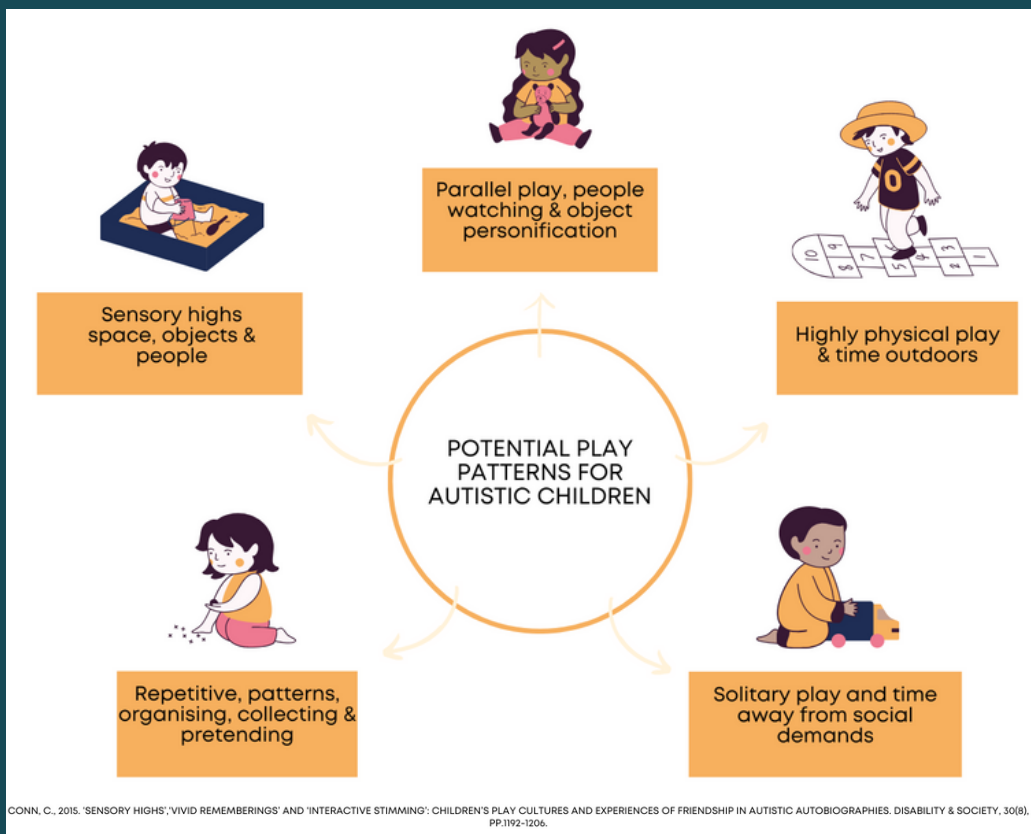
## THE NEURODIVERSITY PARADIGM



This perception of neurodivergence is changing with a move towards neurodiversity-affirming practice. The neurodiversity paradigm (and the movement formed by advocates and accomplices) views neurodivergence in a more neutral way, and recognises that all humans have strengths, traits, differences and needs that need to be understood and supported. When we apply this to how children play, there is an opportunity to become more curious about children's play and adopt a strengths-led and affirming approach. The image below shows you some differences between the pathology paradigm and neurodiversity paradigm.

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## NEURODIVERGENT PLAY FEATURES



Due to the neurodiversity paradigm and subsequent movement of advocates, researchers and educators, we are now seeing an increase in research that attempts to flip old narratives and provide exciting insights into neurodivergent play. The neurodiversity movement spans a wide array of neurotypes, identities and ways of being, and currently there is a significant drive for autistic-led research, with other areas following suit. This means that lots of our understanding currently focuses on autism. Still, lots of the findings can be considered through the lens of other neurotypes or, at the very least, provoke our general thinking about differences and disabilities. Furthermore, many children in the early years are emergent neurodivergent, meaning we might still need to learn about their developmental pathway.

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## NEURODIVERGENT PLAY FEATURES CONTINUED

There has been some important work on developing our understanding of neurodivergent play cultures and the importance of exploring our play patterns rather than pathologising them (see the work of Conn, 2015; Emma Pritchard-Rowe, 2023; Elise Guthrie Stirling and Play Radical). Conn (2015) has explored this through biographies of autistic adults reflecting on their play and with family members such as dads. Below is an overview of some of the identified play patterns. In addition, there are some anecdotal examples of play I have encountered in my practitioner observations and my doctoral research:

### PLAY PATTERNS





# SELF-DIRECTED NEURODIVERGENT PLAY

## DOES PLAY NEED INTERVENTION?

Generally, the answer to this question is no. Here is why. Children whose play deviates from the patterns exhibited by their neurotypical peers are often placed in play-based interventions. Goodley and Runswick-Cole (2010) argue that these interventions are often utilised to "rectify" a child's play behaviour and other skills, ultimately hindering their engagement and time to engage in pure play. Such an approach can prove detrimental to a child's development as it denies them the opportunity to explore their diverse interests and motivations. Instead, children are expected to conform to a prescribed standard of adult-directed play that may not align with their unique needs. Educators and researchers have speculated that this early experience of play being denied can lead to children camouflaging or concealing their inherent selves. For example, a child may stop stimming in front of others because engaging in self-stimulatory behaviour is considered pointless in the pursuit of learning - even though stimming can often signify engagement, joy, musicality, play and communication.

Similarly, neurodivergent children are often taken away from pure play to engage in structured interventions that train them out of their play patterns. For example, we may deem a child fascinated by a special interest, such as repetitive play with cars, as too restrictive. We might try to "wean" them off this special interest and then increase their attention towards playful adult-initiated activities. The sticking point with this scenario is that neurodivergent children are often labelled as having poor attention skills yet demonstrate intense periods of focus on things that motivate them. And so, the question is: does the child have poor attention skills merely because they are not motivated by the same things as the adult?

There is a long-held view that early educators must be interventionists in children's development to set them on the "right" path. But there is a greater argument that our role in children's lives is to be play partners, protagonists, facilitators, responders, advocates and champions to set them on their unique path.

The question often arises; "if not intervention, then what?" and my answer is: "Play is the thing". Not play-based, functional play, purposeful play, corrective play but uninterrupted, plentiful pure play that exists in the presence of curious adults, willing to sit with the discomfort of play that does not yet make sense and open to the infinite possibilities of meeting play where it is at.

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## STRATEGIES FOR EMPOWERING PLAY

### **Make time for self-directed pure play.**

As an educator, you can advocate for an environment that enables uninterrupted time for self-directed pure play and commit to withholding judgements or prior misconceptions about that play. Within that uninterrupted time, your observational attention and attunement is crucial in making sense of that play. With neurodivergent children, it might be that things don't make sense for a while. That is okay. Remember Trawick's words: "play is intentionally ambiguous". If everything was so obvious, would it invite as much curiosity? One tool you may find useful is to use a Play Dictionary to look for patterns in play.

### **Affirm rather than deny interests**

As a child, I related more to objects than people, often called object personification. I personified every little thing, and every little thing had feelings. Ornaments delighted me as I imagined scenarios in my head of their adventures when the humans left the room. I could daydream for hours. I was too solitary and "in my own head" to the outsider. Yet, it was when I felt most happy. I liked playing "alone" although I collected "creatures" and would meticulously line them up on my bed every morning, and so I never envisioned myself as being alone. I just preferred plushies to other kids. I still prefer plushies to humans, which often leads to people thinking of me as childish and child-like (an insult often directed at autistic people – yet I only ever receive it as a compliment). Our interests in early childhood contribute to who we are as individuals. Rather than judging or re-directing, we must figure out why they mean so much to the child or children we care for.

### **Reframe Language**

Take time to notice how you speak about neurodivergent children's play. For example, do you talk about their play skills as symptoms of their neurotype? "They just spin around all day because they are autistic" as opposed to "they seem to be doing spinning stims. I wonder what motivates that interest? Is it rotational? Is it soothing? Does it replicate something they have seen? Could I join in and connect with that play pattern?"



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## A NOTE ON INTERSECTIONALITY AND TRAUMA

### Intersectionality

No discussion on the pathologisation of play can go without discussing intersectionality. Children in our settings will have experiences of privilege versus marginalisation based on which identity markers are favoured. Drawing upon the anti-racist work of Mariana Souto-Manning (2017), we know that play is not a right upheld for all children and play is therefore “granted to some and denied to others” (n.p). We must become acutely aware of which children our bias leans towards, and we must do everything we can to ensure it does not deprive them of play-filled lives. Confronting our influence on the lived realities of the children in our care means acknowledging how intersectional webs are woven. For example, a Black autistic child’s play will be subject not only to pathologisation but he will also encounter extra surveillance of his play due to the systemic presence of racism and anti-Blackness. His play behaviours will be considered a symptom of his autism and an adultified act of non-compliance under the white voyeuristic gaze. To begin or continue the work of anti-ableism and anti-racism, you can use the anti-bias framework by Louise Derman-Sparks, which can be accessed by [clicking here](#) or listen to the Tapestry Podcast featuring Liz Pemberton and Catherine McLeod by [clicking here](#).

### Trauma

It would also be remiss to write a guide on neurodivergent play without considering the impact of trauma or adversity on how we play. The intention of this guide is not to undermine the fact that many children rely on play therapies, facilitation and support from wonderful specialists who fully feel the impact of trauma and adversity on play experiences. There may be scenarios in which adverse experiences diminish a child’s capacity to play. For example, losing a loved one may make a child fearful to initiate play. Or exposure to violence may lead to a child playing in volatile and dysregulated ways. When we support children in these experiences, I tend not to see this as teaching a child to play; rather, we are helping a child to reconnect with their inner play selves.

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## GLOSSARY

Neurodiversity	Neurodiversity encompasses us all and refers to the diverse variation of human minds and the acknowledgement that all minds and bodies have equal value. Neurodiversity refers to the collective experience of human difference.
Neurotypical	Neurotypical refers to individuals whose development conforms to the socially constructed ideas of 'normal'. They usually form part of the neuromajority of people in society.
Neurodivergence/ Neurodivergent	Neurodivergent refers to those individuals whose development diverges from neurotypicalism. For example, being autistic or dyslexic. For young children, you might refer to emergent neurodivergence if they are still on the pathway to identification of diagnosis.
Neurotype	Neurotype refers to a type of neurodivergence. For example, ADHD neurotype.
Neuronormative	Neuronormativity upholds the idea that there is a superior, or "normal" way to be through favoured assumptions, norms and practices while stigmatising those who do not conform to these assumptions.
Ableism	Ableism refers to the systemic belief that it is better to not be disabled than to be disabled. It is the favouring of able bodies and typical minds, and engaging in a society that privileges those who appear most typical or conforming to ideas of normalcy.

Definitions adapted from Walker (2016).

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## SIGNPOSTS

To learn more about neurodivergent play:

Play in Education, Development and Learning (PEDAL)  
<https://www.educ.cam.ac.uk/centres/pedal/>

Play Radical  
<https://playradical.com/tag/neurodiversity/>

I have written about Play in:

- A Guide to SEND in the Early Years: Supporting children with special educational needs and disabilities (Chapter 7: All he does is line things up)
- 50 Fantastic Ideas for Supporting Neurodiversity (Murphy and Benham, 2023) and some of the ideas mentioned in this guide can be found there.