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# Play, Ritual, and Child-Centered Research

## An Interview with Cindy Dell Clark

Professor Emerita of Anthropology at Rutgers University (Camden), Cindy Dell Clark is a psychological anthropologist who has spent her career conducting research on children's vantage points and experiences. Earning her master's and doctoral degrees from the Committee on Human Development at the University of Chicago, she has published works on play, well-being, and children's participation in cultural activity, including *Flights of Fancy, Leaps of Faith: Children's Myths in Contemporary America* (1995) and *In Sickness and In Play: Children Coping with Chronic Illness* (2003), a family-based ethnography of how American children use play to cope with chronic illness. Most recently, her *All Together Now: American Holiday Symbolism Among Children and Adults* (2019) is a child- and parent-focused ethnography of American holidays including Halloween, Hannukah, Easter, Christmas, Memorial Day, and the Fourth of July. Also author of a widely cited handbook for conducting child-centered inquiry, *In a Younger Voice* (2010), Clark is a pioneer of child-centered qualitative methods. **Key words:** childhood play; child-centered qualitative research; holidays; imaginal coping; play therapy; ritual

***American Journal of Play:*** Much of your research has focused on children's play, myths, and rituals. How did you come to study children?

**Cindy Dell Clark:** I believe my obsession with children's lives is deep seated. My mother grew up in an orphanage, and I think she inspired me to care about children through stories about her childhood. Her memories of lacking voice or power left a mark on me, so a serious passion to understand and make known children's perspectives took root.

My college thesis in international relations at the University of Pennsylvania in 1974 was on the lives of children during the Troubles of Northern Ireland in the 1970s. My master's thesis at the University of Chicago was on Iranian children's political socialization. Following my master's degree,

I did a lengthy stint in the real world as an applied researcher specializing in kids' qualitative research. I initially developed play-based, kid-centered methods of exploring young lives when doing applied research for non-profit and for-profit clients. As a research consultant, I studied everything from zoo exhibits, to family orchestra concerts, to Ronald McDonald. Through this practical experience, I honed methods to learn from child informants that I later applied to scholarly investigation.

**AJP:** What was your own childhood like? Can you describe how you played?

**Clark:** I was the youngest of three children, with two older brothers. We moved homes from city to city over the course of my childhood. My brother Richard was an important playmate, since he was only a year older than I. We were baby boomers with a lot of freedom to play outside—leaving home in the morning and roaming the neighborhood and nearby woods unsupervised much of the time. I recall lots of pretend play out of doors. Playmates were easy to find. I had girlfriends in each of the neighborhoods that we lived in, with whom I played Barbies and board games. At school recess in elementary school, I remember our group of girls acting out *Little Women* on the school playground. One summer, the neighborhood boys and girls put on a talent show in the garage of one of our friends. All of this play was kid initiated and kid organized.

**AJP:** In the introduction to *In a Younger Voice*, you write that at the start of your career you were “forewarned that children made difficult subjects.” What is so challenging about exploring children's worlds?

**Clark:** Endeavoring to study children's worlds can be tricky, because oftentimes adults view children in ways biased by an adult-dominated social order. In developmental psychology, adult researchers seek to understand how children transform into maturity, rather than to focus on children's experiences in the here and now. In conventional studies of child socialization, there was an implicit assumption that learning is a top-down, reduplicative process in which adults shape passive, receptive youth. Yet children have an active stake in ongoing social dynamics and may discern their experience differently from adults. In *Children of the Rainforest*, published in 2023, for example, Camilla Morelli traces how children in contemporary Matsigenka society have shifted away from the forest-based lifestyles of their hunter-gatherer elders, instead identifying with river-connected horizons linked to urban practices. Myra Bluebond-Langner's 1976 book *The Private Worlds of Dying Children* uncovered how American children with leukemia

kept their intricate understandings of having a fatal prognosis secret from the adults around them; parents and physicians wrongly assumed child patients didn't know they were dying.

So researchers need to take children seriously as human beings with their own outlooks, rather than presume that children are merely unfinished and in transit to being adults. Research that regards the young on their own terms and from children's eye view requires a paradigm shift. Inquiry needs to be organized with humility to appreciate how children actively frame and approach experience.

**AJP:** What are some of the methods you used to engage children and make qualitative research with them more fruitful?

**Clark:** Children have their own ways of communicating, so engaging them in research involves honoring kids' age-variable and culture-variable socio-linguistic practices. Put simply, research should aim to establish a communicative context compatible with children's everyday ways of discourse. Imaginative ways of communicating, such as role playing or interacting with visual or tactile props can be very helpful. In interviewing children about tooth loss and the tooth fairy ritual in *Flights of Fancy, Leaps of Faith*, I used a puppet-figure of a child with a missing tooth, which children employed to explain tooth loss to me through role playing. Drawings can also be useful tools for preadolescent children, such as when kids shared their views of the tooth fairy using colored markers. (Drawings broke the ice for children to talk about the tooth fairy as well.) Child-centered researchers have developed a wide variety of child-involving methods, from interactive focus groups to in-situ observation to photography, videos, animation, and more. At a 2026 Symposium on Multimodal Research Methodologies with Children and Youth (at the Research Centre of the Slovenian Academy of Sciences and Arts) scholars shared a myriad of innovative, kid-friendly methods (reviewed in an upcoming book edited by Barbara Turk Niskac and Camilla Morelli). The seemingly endless range of methods that have been developed share a common goal: to empower children to reveal their worlds while staying within children's comfort zone for how to share information. Often, this means playful or art-based ways of interacting, using props and hands-on activities that go beyond strictly verbal question-and-answer.

One of the methods I've found useful in my research among American five- to eight-year-olds with diabetes and asthma was the metaphor

sort technique, in which children used a set of pictured objects or scenes and chose which had similarity to an illness or its treatments. I presented children with two boxes and asked them to put the cutout pictured objects in separate boxes for those that did, or did not, remind them of a particular treatment for their illness. The set of child-familiar objects included a teddy bear, a magic wand, an umbrella, boxing gloves, a lightning bolt, a baseball batting helmet, a school bus, a butterfly, a life jacket, and a rainbow. Asthmatic children sorted through these cutouts of objects and chose those that have the same feeling or mood as their inhaler or their nebulizer machine, placing analogous objects in the same box together. In explaining why they chose a particular object as comparable to their inhaler (or nebulizer), children made clear their feelings about that treatment device. Rescue inhalers they said, in comments, were analogous to protective, trusted objects such as teddy bears. One girl compared a nebulizer machine to a baseball batting helmet because (as she explained) a helmet is “boring, boring, boring” (like a tedious nebulizer treatment) even though (as she further explained) a nebulizer is also like an umbrella that ensures you don’t get wet since a nebulizer “gives you air so you won’t die.” In a separate picture sort, children sorted through pictures of scenery and chose scenes that reminded them of asthma. Kids often selected a scene showing a foggy city as analogous to asthma for its sense of impediment and dread. Children also linked asthma to lifeless scenes of fire damage, caves, or floods—prompting them to express how alarmed and threatened asthma makes them feel. Sorting these pictures stimulated, complemented, and supported children’s verbal utterances about how they felt and allowed them to raise vulnerabilities without the interviewer directly asking. It’s a good example of how visual, nonliteral tasks can activate a child’s discursive power, reduce their deference to an adult interviewer, and enhance the child’s authority in an adult-child encounter.

Let me add that no method of child research should stand on its own as a source of data. I have a preference for mixed methods so that data from various tools are triangulated and interrelated when interpreting what children say. With multiple tools, if a particular child balks at one activity, she may find a different activity more conducive to communicating.

**AJP:** Tell us more about photo elicitation. What are its methodological strengths and weaknesses? How have you used it in your own work?

**Clark:** In photo elicitation, photographs of the child’s experiences serve as the

basis for a child-directed interview. Children can take their own photos of an experience (such as photos of what happens on a particular holiday) and then describe or narrate developed snapshots during an interview. In this way, children frame pictures of subject matter they think to be relevant and explain the pictures on their own terms, resulting in a very child-driven exchange. They are able to show their worlds close up, to recapture feelings related to the circumstances, and to reflect in hindsight about events. (Another possibility is for the researcher to take or gather photographs and invite kids to comment on pictures taken by someone else.)

Photo elicitation has become a widely used method by researchers seeking to see the world through youthful eyes. It has been used with children as young as five years old and is also employed when studying adolescents.

An important drawback involves the anonymity and ethical issues raised by photographs. Matters of privacy and consent by those photographed must be carefully weighed, especially if a researcher plans to publish the photos or display them publicly. Secure storage of photos and documented permissions for dissemination are important.

Videos can also be used instead of photos in video elicitation. Thanks to today's easily mastered technology, videos can be taken by a child or can be recorded by having children wear video recording devices as they go about their day. Later, these videos can similarly serve as stimulus for children's commentary in an interview.

**AJP:** Was child-centered inquiry new when you started your own research? How did you see yourself fitting into this broader movement of centering children's voices in qualitative research?

**Clark:** I was lucky that my career corresponded with an upsurge of interest in the child-centered approach. I helped organize multiple conferences and talks that disseminated interest in child-centered inquiry. I have informed or mentored other researchers to the extent that I could, including through my how-to book *In a Younger Voice*. I have tried to be a catalyst within a movement of scholars, and I am glad to see that the field of child-centered inquiry has become vibrant.

**AJP:** How did you apply this child-centered approach in *Flights of Fancy, Leaps of Faith*?

**Clark:** When I first set out to study kids' views of the tooth fairy, Santa Claus, and the Easter bunny, I was dismayed to find that these topics—so salient and significant to young American children—had been little acknowledged

or seriously studied by scholars. These were ideal subjects to take on in child-centered research, because children really cared about them.

In my first book, I used several methods for gathering data, including drawing with markers; bunny ears for the child to wear while role playing the Easter bunny; a set of pictures of Santa and a set of pictures of the Easter bunny, for children to sort through, comment upon, and explain which ones were “right” or “wrong”; a puppet figure of a toothless child, for role playing about tooth loss; interviews and videos of children in a shopping mall, visiting the Santa impersonator or the Easter bunny impersonator; and field notes kept by mothers about their own children’s experience with Santa, the Easter bunny, and the tooth fairy.

**AJP:** What did your study of the Tooth Fairy, Santa Claus, and the Easter Bunny reveal about children that we did not know previously?

**Clark:** Culture, it turns out, is not handed down or copied from one generation to the next. However children are taught by their elders, they resist some cultural content, welcome some cultural innovations, and successfully lobby for some cultural innovations themselves. Take Easter as an example. Children largely disregarded the religious aspect of Easter, the part of Easter that was most salient to adults. It was children who actively spoke out for and often instigated the secular practices of dying eggs, attending Easter egg hunts, and seeing the Easter bunny impersonator at the mall. Children found adults’ anthropomorphic depictions of the Easter bunny to be wrong. They did not accept that the Easter bunny had humanlike upright posture, wore clothing, or did humanlike behaviors. Instead, kids generally viewed the Easter bunny as a nature-associated lifelike rabbit. In sum, children have their own perceptions and attractions that do not necessarily map onto adult models.

There is an additional sense, too, in which children actively make up their own ways to internalize culture. Children have the capacity cognitively to suspend disbelief and to extend trust in cultural entities, including intangible entities. (This capacity can be compared to the transitional object, which receives children’s active trust and attachment to a soft blanket, a bit of cloth, or a stuffed animal of their choosing.) Through a capacity for imaginal or as-if experience, children creatively construed, and “kept alive” these mythological figures. Faith in an abiding, nonliteral reality is thus actively conceived. This is not a matter of misjudging fantasy for reality. Child and culture are mutually constituting, as children actively lend essence to that which they regard as real.

**AJP:** In *All Together Now*, you returned to the study of holidays. Why are these rituals so often understood as opportunities to play?

**Clark:** Ritual has a lot in common with play. Both play and ritual use symbolism to express meaning, and in that sense they are both manifestations of the capacity for what anthropologists call mytho-poetic expression. Not surprisingly, then, games and play can be significant components within ritual. Playing dreidel is an important piece of Hannukah. Kids playing with light sticks and sparklers are a meaningful part of Fourth of July rituals. Playful swimming and water play often accompany Memorial Day picnics. Halloween trick or treating is an opportunity to act out playfully one's costumed character, such as with a light saber (for Star Wars characters) or a magic wand (for Harry Potter wizards).

Ritual, like play, uses symbolic action that is both embodied and metaphoric. The symbolism is sensory, visceral, concretizing. The values and meanings inherent to ritual (like play) are communicated through somatic and sensory channels. Fundamental cultural values can be internalized as sensoria. The sights and smell of a Christmas tree evoke its meaning as a symbol of family, while the physical lighting of the menorah at Hannukah recalls the endurance of the Jewish people. Both the lit Christmas tree and the candle-lit menorah also stand for the presence of light at the darkest time of the year, and, thus, instill a bodily felt sense of illumination and sanctity. Children are ushered into their culture's values through symbolic aesthetics, during ritual and at play.

**AJP:** What about more solemn holidays like Memorial Day? How have adults, children, and families negotiated the seriousness of remembering war dead with playing?

**Clark:** That is a very good question. Memorial Day occurs during warming weather, when children can freely play outdoors during picnics and cook-outs. Memorial Day essentially marks the beginning of summer when swimming pools first open for the year and school is about to end. At Memorial Day gatherings, outdoor play (often swimming) is commonplace in Philadelphia and its suburbs, where I studied the holiday. Play essentially formed a cheerful backdrop, a way of marking children's regained liberty to go outside and have fun.

Set against this backdrop, adults took visible pleasure at seeing children play on Memorial Day. Although this was a solemn holiday, the participation of children seemed to make the militarism of the day more palatable,

more innocent by association with the young. Children helped place flags over gravesites. In parades of scouts or youth groups, children marched alongside veterans, making the topic of war seem more approachable and less exclusively solemn to adults. Children watching the parade were also softening presences, as they gathered candy thrown to them by marchers or waved flags given to them by parade participants. Children playing freely at gatherings contributed a sense of liberty or protection (via military sacrifice), given the juxtaposition of war and joyous play. Children at times startled or cried when, in parades, a fire engine blared its siren, or when fireworks erupted noisily. But adults largely focused on children as a joyous and freedom-associated assemblage. Unwittingly, children contributed in an important way to the meaning of the day, through their play.

**AJP:** You have also explored the role of play in coping with serious childhood illness. What inspired your research in this area?

**Clark:** I had a light bulb moment that got me to study chronic illness among children, during a talk I attended by Harvard physician-anthropologist Arthur Kleinman. The talk focused on illness narratives among adults. An audience member at this session was Arthur Korman of La Rabida Children's Hospital. Dr. Korman asked Kleinman if he knew of any research on children's illness narratives. He did not! That's what motivated my work on children's accounts of chronic illness. There's a postscript to this inspiring event. After I published *In Sickness and In Play*, I was invited by Arthur Kleinman and his group at Harvard Medical School to present my findings there. So I was able to thank him in person for his inspiration.

**AJP:** Your book *In Sickness and In Play* shows how children use pretend play, humor, and playthings to cope with serious illness. Can you share some particularly salient examples of this?

**Clark:** Children's imaginal coping, using pretend play, humor, ritual and playthings to manipulate meaning during hardship, is commonplace in illness. Children receiving insulin injections for diabetes, for instance, often made light of the hurtful sting by making it more fun. One of my favorite instances was a kindergartener who sang "Hallelujah!" each time he received an insulin injection. Another example is a boy who imagined his insulin shot to be a zebra (as shown by the striped demarcations on the syringe). His mother announced that the zebra was going to give him a kiss (as she gave the injection), then after the injection, the boy stomped on the syringe and said "bad zebra, you hurt me." In a different context,

when kids with asthma did their lengthy (and tedious) nebulizer treatment, they sometimes used play to re-imagine the event. One boy used a toy car to imagine he could travel off and away during the breathing treatment. Another child role played a pilot, who could fly across the steam from the nebulizer (imagining it to be a cloud). Children also used play figures and plush animals as imagined protectors or companions during vulnerable times such as nighttime asthma attacks, doctor's visits, and hospital stays.

**AJP:** What is happening when these children reverse their roles as patients and play as nurses or doctors?

**Clark:** You're referring to role reversal play in which a child, usually the recipient of care, in play takes on the part of a would-be caretaker. By this turnabout, the usually power-deficient party impersonates the powerful. By playing doctor (or veterinarian or nurse or mother) the usual balance of power is inverted, allowing kids to identify with an alternate point of view—care giving as they playfully deliver care to a stuffed toy, doll, pet, or a human friend. By turning the tables in play, a child examines and gains empathy for his or her own role as patient and, at the same time, gains appreciation for caretaking. Just as many rituals (such as Mardi Gras) suspend typical social positions and allow the low to become high, role reversal play similarly provides a kind of “antistructure” in which temporarily to level and to rethink social positions.

**AJP:** How has summer camp become an important space for children with chronic illnesses?

**Clark:** Summer camps (for children with illness) are therapeutic landscapes, places where children with a condition can be heard and find new ways to express their identities. Camps are places of acceptance, where children find others who share similar experiences with illness. Campers are able to understand one another without lengthy explanation, because fellow campers have also been there. Within this support and easy friendship, children appreciate disease-specific camps because they are gatherings of kindred spirits with whom to share games, jokes, songs, and other lore that deals with their shared circumstances. For example, at one camp for asthmatic children, kids used a nebulizer machine to inflate balloons for play. Asthmatic campers amused each other by using spacer devices as sound makers, while waiting in line for medication. (Spacers are used in conjunction with medical inhalers; a sound signals if the spacer is used with excessive breathing.) Fun at camp implicitly made light of shared

medical routines, much as does imaginal coping in a home setting. Camps provide a sanctuary of belonging in which to learn new skills, as well, such as for diabetic campers learning for the first time to measure and inject their own insulin.

**AJP:** Considering all your research, how has your view of children's play evolved?

**Clark:** From studying children's everyday coping, I have come to understand that features of play can be therapeutic even without the help of an adult therapist. The dynamics of spontaneous coping through play reveal several features in common with play therapy. Appreciating these shared qualities can help adults facilitate a context for children to cope through play, including via hospital clowns or child life workers who engage in clinical play with children.

What features do play therapy (with an adult therapist) and spontaneous imaginal coping have in common? Both are grounded in metaphoric, symbolic representation. Children use toys, stories, and make-believe to stand in for real people, feelings, and events. Both take advantage of the ambiguity and flexibility of play, allowing for a remaking of what is felt to be significant. Both are intrinsically child led in content. Even in structured therapy, what is emotionally important emerges from the child's own themes and choices. Both create a bounded, "as-if" space where frightening realities (pain, loss, conflict, medical procedures) can be safely rehearsed, reversed, or transformed. Both support mood moderation by allowing indirect expression (and management) of emotions, including through humor or fantasy. Both can strengthen a child's sense of agency and competence, as the child can control imagined outcomes in play that they cannot control in real life.

In short, play therapy builds on the same core properties that make children's spontaneous play powerful for coping: symbolic transformation, emotional expression, and the experience of controlled, child-centered mastery, even over difficult realities.

**AJP:** If you had one piece of advice for students hoping to pursue child-centered research projects, what would it be?

**Clark:** I wrote *In A Younger Voice* as a handbook for those who want to pursue child-centered research, so I think I'd just hand them a copy of that book! We need as many researchers as possible with the humility to step into kids' worlds, including in the United States where children are not always in the forefront of funding and research activity. Bravo to those who are picking

up the torch to enlighten our understanding of children's lives.

*AJP*: What's your favorite way to play today?

**Clark**: Since retiring from academia, I now serve as a volunteer to coach kids in reading, via Zoom. Our reading sessions are open to play and conversations about play. Fiction can be a helpful sounding board for grappling with fears and concerns, as I have been lucky to witness. I love the opportunity to interact with kids in this way.