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Disrupting the Status Quo: A New Theoretical Vision for the Child Life Profession

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ABSTRACT

Pediatric patient populations are changing and health care environments are becoming increasingly more complex. Child life professionals must adapt to the realities of today's health care spaces if they hope to make a difference in the lives of hospitalized children and their families. This paper explores some of the challenges associated with the current ways of thinking and theoretical orientations, which can impede professional growth and psychosocial care as a whole. For example, practice and scholarship continue to be guided by developmental theories, with little regard for how race and other social determinants may affect child health outcomes. As a way forward, child life professionals must consider engaging in a paradigmatic shift whereby new theories and approaches can address the realities of racial disparities and reject the antiquated views of childhood embedded within established developmental theories.

Today's pediatric settings are complex, dynamic, and rapidly changing. Families receiving care represent a wide range of social realities and children often require specialized attention from an interdisciplinary team of experts. As members of the health care team, child life professionals must respond to shifting environments with thoughtful and responsive psychosocial care.

This paper explores the current realities in pediatric health care. The promotion of equitable and ethical psychosocial care requires a nuanced and considered approach. With this objective in mind, the following discussion focuses on three elements of child life practice: foundational theories used in child life and their current relevance for psychosocial care; how social determinants of health, especially racism and structural oppression, affect child and adolescent health; and the increasing numbers of children with medical complexities and the implications for practice. Together, the results highlight the need for child life professionals to consider an important paradigmatic shift to foster change and growth within the profession.

Developmental Theories: Concerns and Limitations

To date, the child life profession has been predominantly guided by developmental stage theories, such as those set forth by Piaget (1959) and Erikson (1963). These theories have shaped our views on how children evolve and adapt to health challenges, and importantly, how we view childhood as a concept or life phase. As a result, child life interventions tend to be informed by developmental assessments that are intended to gauge the level of psychosocial risk associated with childhood illness. The guiding theories are often reinforced in child life educational programs in which students are expected to master and apply the developmental stages to the children they encounter. However, this overreliance on developmental paradigms cannot adequately address the complexity within today's pediatric settings, and it also limits the ability to explore new avenues of clinical practice and promote professional growth.

Developmental psychology promotes the notion of

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a "normal childhood," but this is based on Western, neoliberal ideologies (Callaghan et al., 2015; Miller & Scholnick, 2015). These ideologies emphasize notions of responsibility, self-regulation, control, and the importance of creating good citizens (Burman, 2017). Theories espousing developmental stages reinforce these ideologies by framing childhood as a universal period of rapid growth whereby young people obtain skills, knowledge, and experience. Children are perceived as progressing through rigid and standardized stages of maturation. As a result, these theories do not adequately represent children who deviate from standardized norms; specifically, certain identities are privileged while others are disparaged (Burman, 2017).

In particular, "sick" children do not fit neatly into a stage theory. They can be viewed as disrupting the dominant ideology. For example, they may be perceived as "abnormal" and less valued than other children and as limited in their ability to meet developmental expectations and contribute to society over time (Black, 2013). Moreover, the conceptualization of childhood as represented in developmental theories does not consider the historical and cultural influences that marginalize children who do not fit the standard. Some scholars, including Miller and Scholnick (2015), have argued that the assumptions on which developmental theories are built cannot be generalized to the wider population.

Racial Inequity and Child Development Theories

Traditionally, the interaction of social class, culture, and race has not been central to mainstream theoretical formulations in the field of child development (Garcia-Coll et al., 1996). Stage-based views of development are particularly egregious in their ethnocentric stance. For example, the theories by Piaget and Erikson, arguably the two preeminent theorists of child life pedagogy, have influenced broader social values and failed to acknowledge the compounding impact of structural inequity. The view of child development they uphold is limited in a variety of critical ways, especially when considered within the socio-political, geographical, and historical context of the modern child.

Like the work of Freud (1910), Werner (1948), and other early counterparts, the work of Piaget (1959) and Erikson (1963) promoted a historical parochialism based on the assumption that the patterns and sequences of development prevalent among White middle-class children in contemporary Western societies are the norm of human development (Skolnick, 1975). Several of their most influential concepts—assimilation, accommodation, stages, and causation—are based on the idea that the surrounding environment is static, serving as a mere backdrop, instead of being a complex and formidable force (Skolnick, 1975). The prevalence of laboratory studies in which a child performs an unfamiliar task in a strange situation with a strange adult is both a defining feature of early American developmental psychology and another example of the propensity to minimize or obviate environment. Piaget, for example, determined that observing White boys playing marbles was the most effective way to explore children's ideas about morality and social conventions (Lancy, 2015). Early empirical studies of children in their "ordinary" environments, unless these children reflect Western culture, simply do not exist (Skolnick, 1975).

Socio-cultural context influences all aspects of a child's personhood (Hill & Tisdall, 2014), and yet, the application of mainstream developmental theories in relation to our understanding of how children of color grow and develop has not been embraced at the macro level (Garcia-Coll et al., 1996; Swanson et al., 2009). Therapeutic or developmental interventions influenced by Western developmental theories may not be effective with diverse populations; they may lead child life professionals to mistakenly perceive children's functioning and family or caregiver practices as inadequate or pathological (Miller et al., 2019). It is important to clarify the normal developmental processes of children of color within their unique ecological context, and how these processes are related to the persons who are central to them emotionally.

Bronfenbrenner (1979) developed the Ecological Systems Theory, which emphasizes the influence of environment and the intersectionality of its systems on a child's development, but even it does not make explicit the effects of social mechanisms such as racism, discrimination, and prejudice. This omission has the effect of validating explanations of developmental deviations in comparison to White, middle-class populations. It also threatens the credibility of professionals who adhere to this kind of worldview without questioning the normative developmental processes and outcomes (Garcia-Coll et al., 1996).

Navigating a Racist System

Estimates suggest that by 2050, the majority of the pediatric population in the United States will be children and adolescents from culturally and racially marginalized backgrounds (United States Census Bureau, 2019). However, the nation's child life workforce continues to be monopolized by White females (Wheelwright, 2018). This problem reflects broader trends within the United States: many of the groups poised to undergo the largest growth are the same groups experiencing lower-quality health care and the blunt force of White supremacy (Smedley et al., 2004). In order for child life professionals to be effective today, they need to engage in a collective conscious-raising about the historical and current contexts in which their patients and families live.

The American Academy of Pediatrics (AAP; Trent et al., 2019) noted the effects of racism on child and adolescent health, stating that the field of pediatrics has not yet systematically addressed the influence of racism on child health outcomes. Clinicians, therefore, are not prepared to identify, manage, mitigate, or prevent risks and harms. Because racism creates significant adverse effects for a variety of individuals, substantial investments in dismantling structural racism are required to facilitate the societal shifts necessary for the optimal development of children (Trent et al., 2019). Research has demonstrated that adverse effects from segregation and discrimination disproportionately expose Black children to poverty and more stressful environments, which in turn, affects their health (Umberson et al., 2014).

Racism proliferates in various forms in nearly all countries and cannot be examined in isolation; it is often linked to forms of oppression based on sexism, religious persecution, political conflict, economic exploitation, or international conflict (Castles, 1993). The work of the dismantling of oppressive systems thereby begins with the acknowledgement that oppression is embedded in society and is followed by a commitment to understanding how the massive historical trauma associated with it continues to shape the lives of individual children, families, communities, and the systems with which they interact (National Child Traumatic Stress Network, 2019). Self-interrogation, self-awareness about one's social location and its influence on the work, and a willingness to overcome the disequilibrium that can accompany direct communication about these issues are fundamental components to the path forward (National Child Traumatic Stress Network, 2019). Conceptual frameworks that fail to address the effects of racism, discrimination, and oppression on the development of children in families of color not only hamper the ability of a child life specialist to intervene effectively, they also promote a narrow and reductive worldview.

Increasing Numbers of Children in Complex Care

The future of pediatric health care is not only being shaped by increasing diversity and racial disparity; clinical and technological advancements in medicine have prolonged the life expectancy of many children with chronic conditions. As a result, more children require multidisciplinary care and coordination of services. For this reason, terminology regarding pediatric populations is changing, and some children with special health care needs are now referred to as children with medical complexity (Cohen et al., 2018).

Children with medical complexity have been the subject of considerable attention in recent years. Many have serious chronic conditions, substantial functional limitations, and extensive health and other service needs, which amount to high health care costs and resource consumption (Berry et al., 2015; Cohen et al., 2018). Because children requiring complex care are hospitalized frequently and for long periods of time, they consume most of the available pediatric health care resources (Cohen & Patel, 2014; Davies, 2010; Hessels et al., 2017; James & Curtis, 2012). A key component of effective long-term care is coordination of care (Matlow et al., 2006), and these children require policy and programmatic interventions that differ in many ways from broader populations of children with special health care needs (Cohen et al., 2018).

As the number of these children increases, it is becoming more important for child life professionals to reflect on the implications of long-term pediatric complex care. For example, how is the child life profession currently addressing the emergence of pediatric complex care within marginalized populations? Are practitioners and researchers considering best practices that support the inclusion of child life care in the coordination of care? How will complex pediatric care shape and affect the quality of relationships with children and families over time?

Considering Alternate Theories: The Sociology of Childhood

In the 1990s, an alternative framework emerged in reaction to the pitfalls of developmental theories: the sociology of childhood (James & Prout, 1997). The broader discipline of sociology focuses on explaining the social world (Ingleby, 2012), specifically social processes and social structures (Thomas, 2014). The sociology of childhood is based on the premise that the concept of childhood is a social construction: it is dependent upon historical, political, and social contexts (Black, 2013; James & Curtis, 2012). From this perspective, young people are constantly constrained by societal, political, and economic conditions, but given the opportunity, they can become social agents of change in their own lives. This is in direct contrast with developmental theories framing childhood as a period of dependence and vulnerability and involving a stage-like progression to adulthood; this kind of traditional framework was cultivated solely by adults and devalues the inherent meaning of childhood.

From Seeking Legitimacy to Creating a Paradigmatic Shift

The child life profession arose in response to historically difficult health care environments that did not always welcome the provision of psychosocial care (Davies, 2010). In its early stages, it was particularly strategic for child life professionals to align themselves with those in powerful positions within pediatrics. At the time, popular theories were based on developmental psychology, which drew from research involving predominantly White, North American populations (Nielsen et al., 2017). Child life professionals embraced developmental theories as a way to seek legitimacy and validation in the health care environment, which led to various child life practices including developmental screening, therapeutic play, and a philosophy based on family-centered care (Koller, 2017, 2018; Koller & Goldman, 2012). The main goal was to optimize normal development for sick children, and developmental paradigms have continued to dominate child life scholarship, discourse, and practice.

Paradigms are defined as systems of thought with sets of assumptions that determine how people perceive the world (Amatucci et al., 2013). Tensions can arise when experiences and information do not match an existing paradigm: People tend to personalize and invest in a prevailing paradigm and feel threatened by anything or anyone that tries to change or dislodge it (Barker, 1993; Kuhn, 1970). They assume that because the paradigm has been successful in the past, it will continue to be so, given more time or resources (Barker, 1993). This kind of inability or refusal to see beyond current modes of thinking may be the greatest barrier to paradigm shifts (Harrison et al., 2017; Kuhn, 1962, 1970, 1996; Smith, 2006). Paradigms must deliver solutions to problems and changes faced in the workplace: If new challenges arise and the current paradigm is unable to resolve them, professionals must consider innovative approaches that can eventually lead to a new paradigm (Kuhn, 1962, 1970, 1996). This process requires a collective will to expose, explore, and reconsider the root structures of the old paradigm.

Child life practices are a vital component of progressive psychosocial care for children. To date, however, there have been no overt calls for a shift in thinking, or even a critical inquiry of foundational theories. The persistent reliance on developmental theories as foundational to child life practice represents a serious threat to the child life reputation as pediatric professionals who operate on the premise of best practices and evolving evidence. As a consequence, growth in the profession is constrained, while children's agency and participation in health care settings are undermined.

Professionals engaged in child life research, practice, and teaching must submit to a critical and reflective evaluation of foundational theories, while being open to new paradigms that are grounded in current, empirical and practice-based evidence. In particular, child life theories and perspectives must account for evolving views of childhood that address issues of race and social contexts. Trends in pediatrics include increasing numbers of children requiring complex care and confirmation that structural oppression shortens lifespans (Duru et al., 2012). If child life specialists believe every child has the right to the best psychosocial care, then child life specialists must openly acknowledge the ever-metastasizing impact of racism on children's health outcomes.

In conclusion, the only way the child life profession can safeguard ethical care is to engage in a critical and perhaps difficult examination of the entrenched belief systems and theoretical orientations. Otherwise, as

a profession with predominantly White females, the child life profession becomes complicit in ignoring racial disparities when childhood is defined as a distinct stage of development whereby all children are measured against the same standards. The time to begin the necessary work of professional self-examination is long overdue. A collective commitment to do better will not only strengthen the profession, it will enable all children and families to be seen in the full expression of their humanity.

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