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A Play-Based Stoic Intervention: Preventive Pedagogy for Childhood Resilience

Ross William Podyma MR

Sporting Communities CIC, ross@sportingcommunities.co.uk

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Introduction

From Pathology to Preventive Practice

The rising prevalence of data on anxiety, depression, and behavioural difficulties (Ford et al., 2021) often collapses two distinct categories of experience. Ordinary developmental stressors – falling out with a friend or groups of friends in social settings or on line, failing a test, being excluded from a social gathering – are increasingly drawn into the orbit of clinical concern (Ecclestone & Hayes, 2009). Yet, when framed within supportive contexts, such moments can function as the very “curriculum” of resilience. Play is central here. In play, children encounter risk, disappointment, and negotiation in miniature. A board game lost, a disputed rule in football, or the challenge of climbing higher on the playground slide all invite frustration, recovery, and adaptation. These everyday micro-setbacks are not symptoms to be treated but opportunities through which children practise self-regulation, creativity, and perseverance.

By contrast, adverse childhood experiences (ACEs) such as abuse, neglect, violence, or chronic family instability represent not ordinary stress but overwhelming stress and trauma. Research consistently shows that repeated or extreme exposure to such events disrupts neurodevelopment and carries lifelong risks (Felitti et al., 1998; Hughes et al., 2017). For these children, play acquires a different function. Rather than simply a rehearsal for resilience, play becomes a medicine: a reparative space in which safety, control, and joy can be temporarily reclaimed. Unstructured play, imaginative role-play, and safe peer games allow traumatised children to process emotions indirectly, experiment with agency, and experience moments of mastery otherwise denied in their everyday environments.

This dual role of play – developmental rehearsal for the many, therapeutic balm for the few – makes it a critical site for educational and community practice. Policies that over-

clinicalise ordinary stress risk stripping children of the very arena in which they learn to cope. Equally, systems that fail to provide safe and playful environments for children living with trauma risk compounding harm. A balanced approach therefore requires recognising play as both prevention and intervention: a universal “medicine” that strengthens resilience in the ordinary course of development, while offering a healing modality for those whose lived experience has tipped into trauma.

Resilience, broadly defined as the capacity to adapt positively to adversity (Masten, 2001), is not an exotic trait reserved for the few. It is the product of ordinary adaptive systems that operate across biological, psychological, and social domains. These systems – secure attachments, supportive communities, and opportunities for mastery – are nurtured in everyday contexts. If policy and practice continually intervene in normal challenges, these adaptive systems may weaken, leaving children less prepared for future adversity.

In this context, an alternative, preventive approach, such as Play-based Stoic Intervention (PBIS), is needed—one that strengthens resilience through regular, low-stakes practice in environments already central to children’s lives. To understand PBSI fully, it is important not only to situate it theoretically but also to clarify how it is enacted in the lived realities of open-access play. In practice, PBSI is enacted through the facilitator’s attuned, light-touch responses to the natural ebb and flow of open-access play. When a disruption arises, the adult pauses with the children, gently surfacing what is within their control and what is not, in line with Vygotsky’s account of the adult as a mediating presence who helps shape how a child interprets challenge (Vygotsky, 1978). Rather than directing the outcome, the facilitator frames the moment as an invitation—encouraging curiosity, experimentation, and collective problem-solving—so that the children remain the authors of the play. In this way, PBSI becomes a way of

seeing and responding, where the practitioner's reflective stance subtly transforms everyday setbacks into opportunities for agency, resilience, and playful insight.

This facilitative mindset can be seen clearly in the everyday work of Sporting Communities CIC, where practitioners routinely use ordinary disruptions as openings for reflective, Stoic-informed learning. It draws on the moral psychology of classical Stoicism and the developmental richness of play to create a preventive mental health pedagogy that works equally well in a classroom, a playground, or a youth club.

Two examples from Sporting Communities CIC's practice show how youth workers use challenge as a tool for growth. On the playground, when a basketball bursts mid-game, instead of providing a replacement the youth worker encourages reflection. The group realises they can adapt – using a smaller ball or changing the rules—turning frustration into creativity and fun. Later, in the youth club, a spilled supply of paint initially derails a mural project. Again, the youth worker invites the group to pause and adapt, mixing new shades and using fewer colours. The final piece is more striking than planned, illustrating how constraint can spark resilience and innovation.

Placed side by side, these stories illustrate the Stoic lesson in practice: setbacks cannot always be removed, but they can always be reinterpreted. Whether on the playground or in the youth club, children learn that control lies not in avoiding difficulty but in choosing a response. Over time, this habit reshapes their default reaction to frustration – from resignation or anger to creativity and engagement.

Stoicism and Psychological Resilience

Stoicism, which originated in Athens in the early third century BCE under Zeno of Citium, is a practical philosophy that aims to cultivate virtue and inner composure by focusing

on what lies within one's control. Roman thinkers such as Epictetus, Seneca, and Marcus Aurelius refined the tradition, giving it a pragmatic orientation toward the challenges of everyday life.

Central to this tradition is the dichotomy of control, which distinguishes between factors that can be influenced – such as beliefs, intentions, and actions – and those that cannot – such as external events, the behaviour of others, and chance outcomes. Recognising this distinction is not an invitation to fatalism; rather, it encourages energy and attention to be directed toward meaningful spheres of influence.

Two other Stoic practices are particularly relevant to resilience. *Premeditatio malorum* involves mentally rehearsing potential setbacks to reduce emotional shock when adversity occurs. The “view from above” encourages a broader perspective, situating personal difficulties within a larger human and historical context, and thereby reducing their capacity to overwhelm. Together, these practices form what Irvine (2009) has called a cognitive technology for emotional regulation and adaptive coping.

Modern psychology has repeatedly drawn on these ideas. Cognitive-behavioural therapy (CBT), developed by Albert Ellis (1962) and Aaron Beck (1976), incorporates Stoic principles in its emphasis on identifying and challenging maladaptive beliefs, reframing adversity, and focusing on actionable aspects of situations. Stress inoculation training (Meichenbaum, 2007) similarly mirrors *premeditatio malorum* in its deliberate simulation of challenges within safe environments.

Empirical studies reinforce the relevance of Stoicism to contemporary wellbeing. Robertson et al. (2018) found that a one-week Stoic training programme improved life satisfaction and resilience in adults, with effects maintained in follow-up. LeBon (2022) reported

that adolescents exposed to Stoic exercises in school settings demonstrated greater emotional regulation and reduced rumination compared with controls.

Although most research focuses on adults and older adolescents, Stoic strategies can be developmentally adapted for children. For instance, the dichotomy of control can be introduced in a playground game where some rules are fixed and others negotiable, allowing children to explore which elements they can change. Premeditatio malorum can take the form of a storytelling circle where participants imagine possible disruptions and plan creative solutions. The “view from above” can be enacted by physically changing perspective within a play environment, encouraging children to see their activity from new vantage points.

In PBSI, these Stoic tools are introduced early and revisited often, ensuring that they become familiar cognitive habits. For example, in a youth club drama activity, a group rehearses a short play. On the performance day, one of the main characters is absent. Under PBSI, the facilitator guides the group to recognise the absence as outside their control, begin to innovate adaptations, and consider how the setback might actually make the performance more interesting. The process shifts attention from loss to creative adaptation, mirroring the Stoic reframing of adversity.

While Stoicism offers powerful tools for reframing challenge, some critics caution that its emphasis on composure may risk being misinterpreted as emotional suppression or as shifting responsibility from structural inequalities onto individuals. PBSI responds to this critique by emphasising playful, relational contexts where emotional expression is validated and children are supported to see both personal agency and the value of collective problem-solving.

Play as a Developmental and Emotional Regulator

Play is not merely an interval between “serious” learning; it is one of the primary ways children acquire the cognitive, emotional, and social capacities they need to navigate life. Sutton-Smith (1997) conceptualised play as a mechanism for adaptive variability, allowing children to rehearse responses to novelty and uncertainty in a low-stakes context. Pellegrini and Smith (1998) classified play into physical, social, and constructive forms, each nurturing distinct skills. Physical play builds coordination, stamina, and self-control over bodily impulses; social play develops negotiation, empathy, and role flexibility; constructive play fosters persistence, creativity, and problem-solving.

Vygotsky’s (1978) observation that children in play often operate “a head taller” than their everyday selves captures its developmental potency. In the imaginative freedom of play, a shy child can become a confident shopkeeper in a role-play scenario, a rule-follower can experiment with inventing rules, and a risk-averse child can safely explore calculated risks.

Play’s contribution to emotional regulation is substantial. Socio-dramatic play requires children to maintain roles and follow rules, often while suppressing impulses that might disrupt the shared narrative. This builds impulse control, patience, and attentional focus (Elias & Berk, 2002). In physical games, children must shift quickly between excitement and restraint, managing physiological arousal in a social context. Constructive play, whether building a sandcastle or designing a Lego city, demands sustained attention and perseverance through repeated trial and error.

The cognitive flexibility developed through play – the ability to shift perspectives, reinterpret situations, and generate alternative solutions (Russ, 2014) – is a core protective factor in mental health. This ability mirrors Stoic reframing: the child who can think, “If my tower falls

I can build a better one,” is practising the same cognitive skill as the adult who reframes a professional setback as a learning opportunity.

PBSI leverages these natural affordances of play by embedding Stoic principles in moments of challenge. For example, in an after-school Rounders game, one team is suddenly required to play with two fewer players. Initial protests give way to a facilitated reflection: Which aspects of this situation are in your control? How might you adapt your strategy to turn the disadvantage into a creative challenge? The children return to the game reframed, often finding satisfaction in overcoming the odds.

Developmentally, PBSI can be tailored across the primary years. For early primary (ages 5–7), the philosophical language is simplified and embedded in concrete actions – “We can’t change the rain, but we can change what we do in the rain.” For middle primary (ages 8–9), metaphor and story become powerful vehicles – imagining themselves as Stoic explorers facing unpredictable seas. For upper primary (ages 10–11), more explicit links can be made between play scenarios and real-life challenges, building meta cognitive awareness.

Existing interventions, such as adventure playgrounds, LEGO-based therapies, and resilience curricula, already highlight the importance of play in developing coping strategies. PBSI is distinctive in fusing these implicit benefits with explicit Stoic reflection, ensuring that the lessons of play are not only experienced but consciously articulated and transferable to wider life domains.

Preventive Mental Health and Resilience Theory

Resilience is no longer seen as a rare quality held by a few exceptional individuals; it is now understood as something ordinary that grows from the systems children encounter every day (Masten, 2001). These systems include safe and supportive relationships, opportunities to

develop competence and independence, and environments that offer both security and manageable challenge (Masten & Reed, 2002).

Preventive mental health work strengthens these protective systems before problems take root. Social and Emotional Learning (SEL) programmes are one example, explicitly teaching skills such as emotional literacy, self-management, empathy, relationship-building, and responsible decision-making (Durlak et al., 2011). While the evidence shows SEL can boost wellbeing and academic outcomes, classroom-based delivery sometimes misses the depth of informal, lived experiences that give these skills meaning.

This is where Sporting Communities' practice naturally complements and strengthens the evidence base. Detached and community-based youth work has always created spaces where young people can develop these skills in ways that feel authentic. The Circle of Courage model (Brendtro et al., 2002?) captures this well, identifying four universal growth needs – belonging, mastery, independence, and generosity. These principles resonate with our work in parks, housing estates, and play schemes: creating a sense of belonging in community, supporting mastery through new challenges, respecting young people's independence, and encouraging generosity through care for others.

Stoic philosophy offers a simple frame for understanding these needs. Belonging reflects the Stoic commitment to human fellowship; mastery connects with disciplined practice; independence mirrors the idea of focusing on what is within our control; and generosity reflects the duty to act for the common good. Translated into everyday youth work language, this means helping children see that setbacks are part of growth, that some things are in our hands and others are not, and that how we treat one another matters most.

Playwork principles bring a further dimension, recognising play as a right in itself. In play, children naturally seek belonging, strive for mastery, assert independence, and share generosity. For Sporting Communities, play is not just a leisure activity but a space where resilience, identity, and community spirit take root.

PBSI sits at the meeting point of these approaches. It brings together the intentional teaching of SEL, the relational ethos of youth work, and the freedom of playwork, binding them with a Stoic frame that offers young people a clear narrative for making sense of challenges. Crucially, PBSI makes sure this is done in a light-touch way: children still experience the freedom and joy of play, but with gentle prompts that help them carry lessons into other parts of their lives.

For example, during a Sporting Communities play scheme, a group of children built a cardboard “city.” A sudden gust of wind blew down part of their construction. In a purely playwork setting, the children might instinctively rebuild, and resilience would emerge implicitly. In PBSI, the play facilitator paused with them and asked: “What was in our control here? What wasn’t? How might we prepare differently next time?” This short reflection turned the moment into an explicit lesson on resilience – without spoiling the fun.

Sporting Communities approach adds distinct value is in fusing the implicit resilience of play with explicit reflection, without losing authenticity. This ensures lessons are not only felt in the moment but also remembered and applied in school, family, and community life.

This approach aligns with broader policy imperatives. In the UK, Ofsted’s emphasis on personal development, the Department for Education’s focus on character education, and the NHS’s strategy for early intervention in mental health all highlight the need for preventive, low-cost, scalable approaches. Internationally, the World Health Organization (WHO, 2021) has

called for resilience-building interventions rooted in everyday contexts. PBSI offers a practical model that can be integrated into these frameworks without requiring large new infrastructures.

Discussion

PBSI represents a hybrid model that seeks to preserve the spontaneity of open-access play while adding a reflective layer that makes coping strategies explicit. Open-access play schemes, such as adventure playgrounds, offer rich opportunities for resilience-building through exploration, risk-taking, and peer negotiation. However, the developmental benefits in such contexts depend on the child's ability to recognise and integrate these moments into a coherent coping framework. For some children—especially those with less verbal confidence, limited metacognitive skills, or fewer supportive adult relationships—these lessons may remain implicit, reducing their transferability into other areas of life.

Formal Social and Emotional Learning (SEL) programmes, by contrast, deliver explicit instruction in emotional and social skills but can risk over-structuring activities, thereby diminishing intrinsic motivation. They also tend to operate within classroom-like environments, which may not always capture the unpredictability and intensity of peer-led play. PBSI aims to balance these extremes by allowing play to unfold freely and then facilitating short, purposeful reflections that connect lived experiences to Stoic principles.

For instance, in a lunchtime playground setting, a group's game of tag may be disrupted when the supervising adult calls an unexpected halt for safety reasons. In a typical context, the children might simply feel frustrated or confused. In a PBSI context, the facilitator encourages them to identify what is in their control (their response, their choice of next activity) and what is not (the adult's safety decision), reframing the interruption as a chance to invent a new game. Over time, these guided reflections help children to recognise patterns of thought and response

that build emotional resilience, encouraging adaptive coping strategies that extend beyond the playground.

Nevertheless, implementation challenges remain. One difficulty is translating Stoic concepts into culturally sensitive, age-appropriate language that resonates with diverse groups of children. Another is equipping facilitators across sectors – teachers, youth workers, and playworkers – with the dual skillset of philosophical literacy and play facilitation. A further challenge lies in striking the right balance between structured reflection and the autonomy that makes play so developmentally rich: too much adult intervention risks undermining the spontaneity of play, while too little may mean valuable coping lessons go unrecognised.

Practical solutions to these challenges include the development of simple facilitator resources, such as reflection prompt cards or scenario scripts, that can help non-specialist staff guide Stoic reflections. Embedding basic Stoic literacy into teacher and youth worker training modules would further strengthen delivery. Future research should examine how PBSI functions across diverse cultural contexts, test its effectiveness through pilot studies, and track long-term outcomes such as reduced referrals to clinical services, improved emotional regulation, and enhanced community resilience.

Despite these challenges, PBSI offers a promising contribution to the evolving landscape of resilience education. It bridges the gap between implicit learning through play and explicit SEL instruction, harnessing the developmental power of free play without losing sight of children's need for meaning-making and reflective practice. Future research should explore how PBSI can be adapted across different cultural settings, how training for facilitators can be systematised, and what long-term impacts the model has on children's coping strategies, wellbeing, and academic engagement.

Conclusion

The Play-Based Stoic Intervention offers a distinctive contribution to the field of preventive mental health by uniting the ancient philosophical discipline of Stoicism with the developmental richness of play. In doing so, it proposes an approach that moves beyond crisis response and clinical triage to cultivate everyday resilience through meaningful, developmentally appropriate experiences.

By grounding skill development in the natural rhythms and unpredictability of play, PBSI ensures that coping strategies are not only practised but consciously articulated, increasing their transferability to other life contexts. While unstructured play environments can foster resilience, the PBSI model adds a layer of intentional reflection that helps children connect their immediate experiences to enduring philosophical principles.

The long-term potential of PBSI should be understood as a gradual cultural shift rather than an overnight transformation. Widespread adoption could help move mental health practice away from a reactive, medicalised model and toward proactive cultivation of agency, perspective, and composure. Over time, this could influence the broader culture of childhood, reducing stigma around emotional struggle, increasing tolerance for uncertainty, and strengthening the adaptive systems that support wellbeing across the lifespan.

At its heart, the integration of play and Stoicism points to a profound truth: resilience is not built through the denial of difficulty but through repeated practice in encountering it with openness and courage. Play provides the laboratory where this practice takes shape—where mistakes lose their sting, where uncertainty becomes an invitation, and where children can experience, in miniature, the challenges of life without being overwhelmed by them. Stoicism

supplies the language and perspective that transforms these moments from fleeting experiences into lasting habits of mind.

In the final analysis, play is a universal human experience, and Stoicism addresses universal human vulnerabilities. Together, they form a preventive pedagogy that is both timeless and urgently relevant. By introducing children to these tools early, in the playful settings where they already spend much of their time, PBSI holds the promise of nurturing not only resilient individuals but more resilient communities.

For policymakers and practitioners, PBSI represents a low-cost, easily transferable approach that can be scaled across schools, community organisations, and youth services. Its adaptability means it can be embedded in everyday routines without displacing existing provision, making it particularly suited to resource-constrained environments.

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