

All work and no play: A structured play program to improve adult wellbeing

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KEYWORDS

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ABSTRACT

The importance of play for childhood development has long been recognized, but its benefits for adults have received far less attention. Play remains crucial throughout the lifespan due to the significant role it plays in predicting adult wellbeing; and as global happiness continues to decline, the need for affordable and accessible wellbeing interventions have never been greater. This study aimed to investigate the wellbeing benefits of a structured one-hour play program in a sample of 15 teachers and parents aged 28 to 58 years from a primary school community in metropolitan Melbourne. Jugar Life, a play program with activities focussing on evidence-based principles of laughter, social interaction, and flow, collaborated with this research. Using a quantitative pre-experimental within-subjects pre-test/post-test research design, participants completed the Positive and Negative Affect Schedule, the Subjective Vitality Scale, and the Mindful Attention Awareness Scale, immediately before and after the program. The results of dependent samples t-tests indicated large and significant increases in positive affect, subjective vitality, and state mindfulness, in addition to decreases in negative affect. These preliminary findings aim to generate interest in the further development of the play program and ignite broader research into the often overlooked, yet fascinating field of adult play.

As global happiness and life satisfaction decline (Helliwell et al., 2023), social isolation, loneliness, and mental health issues continue to rise (World Health Organization, 2022). A recent estimate places the economic burden of mental ill-health in Australia at \$40 to \$70 billion annually (Productivity Commission, 2020), with an additional \$13 billion attributed to the COVID-19 pandemic (Zhao et al., 2022). Increasing productivity demands (Evenstad, 2015), cost of living pressures (Broadbent et al., 2023), and the growing popularity of our online presence (Kannan & Veazie, 2023), are among the factors contributing to this sustained decline in wellbeing. Consequently, the study of wellbeing interventions has flourished, particularly in the field of positive psychology, including practices such as gratitude and mindfulness (Carr et al., 2021; Portocarrero et

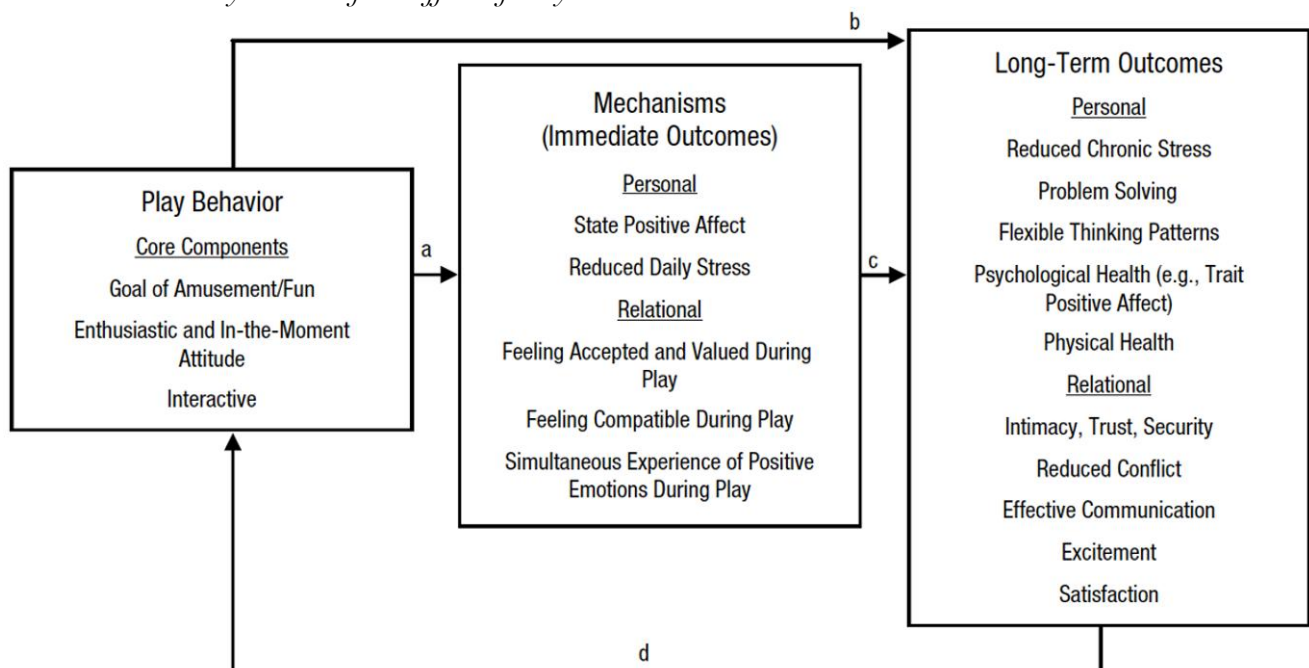
al., 2020). However, despite this surge in interest and the global demand for affordable and accessible wellbeing interventions, one aspect of adult wellbeing that has been largely unexplored by researchers is play.

Defining Adult Play

A uniform definition of adult play has long evaded play scholars (Sutton-Smith, 1997). Various descriptions have been suggested, ranging from those broad enough to include any mere act of leisure for example reading, gardening or playing sports (Stephenson & Sutton-Smith, 1988), to excessively narrow interpretations that exclude many genuine acts of play that lack elements such as spontaneity or social interaction, which may be considered as central to play (Brown & Vaughan, 2010). Addressing this lack of consensus, Van Vleet and Feeney (2015) proposed their model of the effects of play in adulthood. Van Fleet and Feeney (2015) defined play as “an activity or behaviour that (a) is carried out with the goal of amusement and fun, (b) involves an enthusiastic and in-the-moment attitude or approach, and (c) is highly interactive among play partners or with the activity itself” (p. 640). Further, Van Fleet ad Feeney (2015) posit that adult play produces both immediate and long-term personal and relational benefits. This framework has since been recognized and adopted among a growing number of researchers (Bakker et al., 2020; Petelczyc et al., 2018; Tseklevs et al., 2018), including the present study.

Figure 1

Van Vleet and Feeney’s Model of the Effects of Play in Adulthood



Note. From “Young at Heart – A Perspective for Advancing Research on Play in Adulthood,” by M. Van Vleet and B. C. Feeney, 2015, *Perspectives on Psychological Science*, 10(5), p. 640. (<https://doi.org/10.1177/1745691615596789>)

The benefits of Play

Play is widely acknowledged as an innate and essential component of healthy childhood development (Yogman et al., 2018) and play is a strong predictor of cognitive, physical, social, and emotional wellbeing in children (Jeong, 2019; Lee et al., 2020). However, the benefits of play in adults are far less understood (McLean et al., 2022). Some argue that the developmental benefits of play in childhood have created a false dichotomy between child and adult play (Brown & Stenros, 2018). Consequently, there has been a long-standing societal misconception that adults who engage in play have not reached full maturity and are perceived as unproductive (Brown & Vaughan, 2010), resulting in stigma and avoidance (Walsh, 2019). A considerable dearth of investigation into the benefits of adult play has done little to remedy this, leading scholars to argue that play remains equally crucial across the lifespan due to the significant role it plays in development, as well as predicting adult wellbeing (Brown & Vaughan, 2010; Gray, 2009; Van Vleet & Feeney, 2015). The benefits of adult play can be as diverse as the activities that one is engaged in (Iwasaki et al., 2005). For example, playing ping-pong at the office enhances concentration and alertness (Hertting et al., 2020), board games with friends promotes group bonding (Isakson-Lyerly, 2022), or a game of fetch with a canine companion reduces anxiety (Wołyńczyk-Gmaj et al., 2021). Yet, despite findings suggesting its importance, adult play remains significantly underrepresented in the wellbeing literature (Brown & Stenros, 2018).

Mechanisms of Adult Play

Play in adults relates positively to different indicators of wellbeing. Research has demonstrated that some of the mechanisms theorized to contribute to the wellbeing benefits of adult play include laughter (Bryant & Bainbridge, 2022), social interaction (Krach et al., 2010), and flow (Burt & Gonzalez, 2021).

Laughter

Much like play, laughter is a universal and innate behaviour recognized for its positive impact on wellbeing (Bryant & Bainbridge, 2022; Hamayon, 2016; Scott et al., 2022). Neurobiological studies have shown that laughter triggers the release of dopamine, endorphins, and serotonin (Akimbekov & Razzaque, 2021; Cheng et al., 2020), promoting elevated mood and reduced stress (Kuiper & Martin, 1998; Mora-Ripoll, 2010; Yim, 2016). In a longitudinal study by Svebak et al. (2010) of over 50,000 Norwegian adults found a positive association between humour and improved survival into retirement, suggesting increased vitality. Observational studies indicate that people are 30 times more likely to laugh in the presence of others (Wood et al., 2022), supporting the social bonding theory of laughter (Dunbar, 2022).

Social Interaction

Social interaction, the act of engaging socially with others (Harris & Orth, 2020), is essential for human existence, providing a sense of belonging and support (Hall et al., 2022). Like laughter, it triggers a cocktail of neurotransmitters that control our response to stress and anxiety (Krach et al., 2010). However, research has suggested these neurological benefits do not extend to online interactions (Twenge et al., 2019). Studies have shown negative associations between social interaction frequency, depressed mood, and loneliness (Kuczynski et al., 2022), as well as positive associations with positive affect and vitality (Csikszentmihalyi & Hunter, 2003). Additionally, Shor and Roelfs' (2015) meta-analysis examining all-cause mortality risk estimates found that social contact was associated with greater longevity; however, this effect was small and only significant for females. This gender disparity is frequently observed in the literature, indicating that females tend to place more value on social interactions than males (Borland et al., 2019; Friebe et al., 2021).

Flow

The concept of flow, defined by a state of complete immersion in an activity (Csikszentmihalyi, 1991), has gained popularity in positive psychology for its wellbeing benefits. Like laughter and social interaction, flow is associated with neurobiological changes related to pleasure and stress reduction (Harris et al., 2017; Kotler et al., 2022). Engaging in flow-promoting activities positively predicts positive affect (Engeser & Baumann, 2016; Rogatko, 2009), subjective wellbeing (Burt & Gonzalez, 2021; Wu et al., 2021), and self-control (Bertrams, 2021), a key component of subjective vitality (Tse et al., 2022). Flow is characterized by diminished self-awareness, timelessness, and effortless concentration (Csikszentmihalyi & Lebudá, 2017). Whilst the conditions required to induce a state of flow are person and activity dependent (Gold & Ciorciari, 2020; Villines, 2022), mindfulness training has been shown to enhance flow state in athletes from Taiwan (Chen et al., 2018), Ireland (Aherne et al., 2011) and China (Liu et al., 2021).

This study explored the wellbeing benefits of a structured one-hour play program, immediately before and after the program, in a sample of teachers and parents from a primary school community in metropolitan Melbourne. The aim of this study was to establish preliminary data to guide program theory and provide recommendations for play program refinement.

Methods

Play Program

Jugar Life The School of Play is a play consulting organization from Melbourne Australia, that aims to transform the essence of play into a powerful health and well-being tool. The organization is dedicated to nurturing essential skills in children, adults, and families, to empower them to navigate life's challenges with

resilience and joy while fostering autonomy in health and well-being for a brighter, more playful future.

Jugar Life The School of Play promotes the wellbeing benefits of play in schools, sporting clubs, and corporate entities. The organization actively engaged with La Trobe University to obtain data to support their program. The one-hour play program incorporated in this research was theoretically driven by evidence-based principles of laughter, social interaction, and flow. Hosted by the Jugar Life CEO, the program included nine fast-paced play activities, with the initial activities designed to remove potential barriers to engagement (e.g., feelings of anxiety or apprehension) and encourage full engrossment in the session. Participants engaged with play activities firstly as individuals, then as pairs, then finally in teams

Participants

Participants were a self-selected convenience sample of 15 teachers and parents from a local primary school community within metropolitan Melbourne. Participants were aged 28 to 58 years ($M = 43.1$, $SD = 7.8$) and recruited via an advertisement in the online school newsletter. All participants were required to be English-literate residents of Victoria, aged over 18 years and the teacher or parent/guardian of an enrolled student. Individuals who had previously participated in the play program prior to data collection and those with a pre-existing relationship with the researcher team and/or program host were excluded from the research. No incentive was offered for participation. A summary of sociodemographic characteristics is shown in Table 1.

Table 1

Sociodemographic Characteristics of Participants

Demographic	Sub-Category	n (%) (unless otherwise indicated)
Gender	Female	12 (80)
	Male	3 (20)
Age (years)	Mean (SD)	43.1 (7.8)
Connection	Teacher	11 (73.3)
	Parent	4 (26.7)
Highest education level	Undergraduate degree	9 (60)
	Postgraduate degree or higher	6 (40)
Annual household income	\$50,000 - \$125,000	6 (40)
	\$125,001 - \$200,000	3 (20)
	\$200,001 or higher	3 (20)
	Prefer not to answer	3 (20)
Relationship status	Married/partnered	12 (80)
	Single	2 (13.3)
	Separated/widowed	1 (6.7)

Note. $N = 15$, SD = standard deviation.

Measures

Sociodemographic Characteristics: Participants were asked questions relating to gender, age, connection (i.e., teacher or parent), education level, household income, and relationship status to obtain sociodemographic characteristics and to ensure inclusion/exclusion criteria were met.

Positive and Negative Affect Schedule (PANAS): The PANAS is a 20-item self-report measure of state-based Positive Affect (PA) and Negative Affect (NA) (Watson et al., 1988) comprising of two subscales: 10 items measuring PA (PANAS-PA; e.g., *“enthusiastic, interested, excited”*) and 10 items measuring NA (PANAS-NA; e.g., *“upset, guilty, nervous”*). Participants rated the extent to which they were feeling each affect in the present moment on a 5-point Likert scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). Scores for each dimension were summed, with higher scores indicating higher levels of PA and NA. The measure has demonstrated good internal consistency on PA ($\alpha = .86$ to $.9$) and NA ($\alpha = .84$ – $.87$) subscales, and good test-retest reliability across various adult and non-clinical populations (Crawford & Henry, 2004; Merz et al., 2013; Pires et al., 2013).

Subjective Vitality Scale (SVS): The SVS is a 7-item self-report measure of state-based subjective vitality (Bostic et al., 2000;). Participants rated how true each item was for them in the present moment (e.g., *“I feel energized right now”*) on a 7-point Likert scale ranging from 1 (*not at all true*) to 7 (*very true*). Higher scores indicate higher levels of subjective vitality. Consistent with prior research (Castillo et al., 2017), item 2 (*I don’t feel very energetic right now*) was excluded due to low correlations with the other items. The SVS has demonstrated good internal consistency ($\alpha = .84$ to $.9$) and test-retest reliability (Bertrams et al., 2020; Delgado-Lobete et al., 2020).

Mindful Attention Awareness Scale (MAAS): The MAAS is a 5-item self-report measure of state mindfulness (Brown & Ryan, 2003;). Participants rated the degree to which they were having each experience (e.g., *“I was preoccupied with the future or the past”*) on a 7-point Likert scale ranging from 0 (*not at all*) to 6 (*very much*) during the past hour and during the program at pre-test and post-test, respectively. All items were reverse scored with higher scores indicating higher state mindfulness. The MAAS has been shown to support a single-factor structure (Schut & Boelen, 2017) with good internal consistency ($\alpha = .82$ to $.93$) and test-retest reliability (Carlson et al., 2005; Gonzalez-Blanch et al., 2021; Soler et al., 2012).

Procedure

Following ethics approval, the study was advertised in the online school newsletter of the host primary school in metropolitan Melbourne. Interested participants were invited to take part in a one-hour play program held at the school in an indoor assembly area at the conclusion of the school day. The total duration of study participation was 90-minutes, which allowed for 15-minutes before and after the program for the completion of

pre-test and post-test questionnaires. At the commencement of the play program, interested participants were handed a three-digit ID number and were instructed to scan a QR code using their smart device. This QR code directed participants to the Participant Information and Consent Form on the REDCap platform. Once participants had consented to take part in the research, they entered their ID number and completed the pre-test measures in the order of sociodemographic characteristics, PANAS, SVS, and MAAS. The participants then actively engaged in the Play Program delivered by Jugar Life. After the immediate conclusion of the program, participants scanned a new QR code and completed post-test measures in the same order as pre-test. To ensure accurate reporting, pre-test and post-test questionnaires had a 30-minute expiry limit from the start and end of the program, respectively.

Data analysis

Scores on the PANAS-PA and PANAS-NA were summed, while scores on the SVS and MAAS were averaged. Change scores were computed by subtracting pre-test scores from post-test scores. The cleaned dataset was exported into Jamovi for assumption testing and analysis.

Assumption Testing: Univariate normality of the wellbeing change scores was assessed using the Shapiro-Wilk test, which was the most appropriate method for small samples ($N < 50$; Mishra et al., 2019). All four wellbeing measures showed non-significant results, indicating that the sample distributions were not significantly different from a normal distribution. Skew and kurtosis levels were also within acceptable limits for a t-test (skew < 2.0 and kurtosis < 7.0 ; Kim, 2013). Furthermore, a visual inspection of Q-Q plots confirmed acceptable normality. Therefore, the assumption of normally distributed differences was satisfied

A visual inspection of box plots revealed a small number of statistical outliers in the change scores for the PANAS-PA ($n = 3$), SVS ($n = 2$), and MAAS ($n = 2$). Outliers were identified as data points beyond the 95% confidence interval of the mean (Brakenhoff et al., 2018). These outliers were determined to be true scores rather than measurement errors. Similar results were obtained when outliers were excluded, but with less statistical power. The decision was therefore made to retain them.

Null Hypothesis Testing: All four hypotheses were tested using one-tailed dependent samples t-tests to compare pre-test and post-test mean for each wellbeing measure. A significance level of $\alpha = .05$ was set for all analyses. Although the non-parametric Wilcoxon signed-rank test was considered due to the presence of outliers, research has shown this test to be underpowered in small samples ($N < 30$; Akeyede et al., 2014) compared to the more robust students t-test, provided the assumption of normally distributed differences is met (Krzywinski & Altman, 2014).

Sample Size and Power Analysis: Due to the lack of data on similar play-based interventions, an a-priori power analysis was not conducted (Sapra, 2022). Instead, the intended sample size ($N = 28$) was determined based on a sensitivity analysis, which found that a sample of 28 would be needed to detect a medium effect size of $d = 0.5$ (Cohen, 1992) for a one-tailed dependent samples t-test with adequate power ($1 - \beta = .8$, $\alpha = .05$); however, the achieved sample size ($N = 15$) was considerably smaller.

Results

Given the limited sample size, sociodemographic variables were merged into two groups each for improved clarity in comparing wellbeing change scores (Cooksey, 2020). McDonald's omega coefficient was used to estimate the measurement reliability of each wellbeing scale, as it is based on a one-factor model and is more robust against non-normal distributions compared to Cronbach's alpha (Deng & Chan, 2017). Descriptive statistics and internal reliability coefficients for wellbeing scales are shown in Table 4. Internal consistency is considered acceptable if $\omega = .7$ or higher (McNeish, 2018).

Table 4:

Descriptive Statistics and Internal Reliability Results for Pre-test, Post-test, and Change Scores on Wellbeing Scales

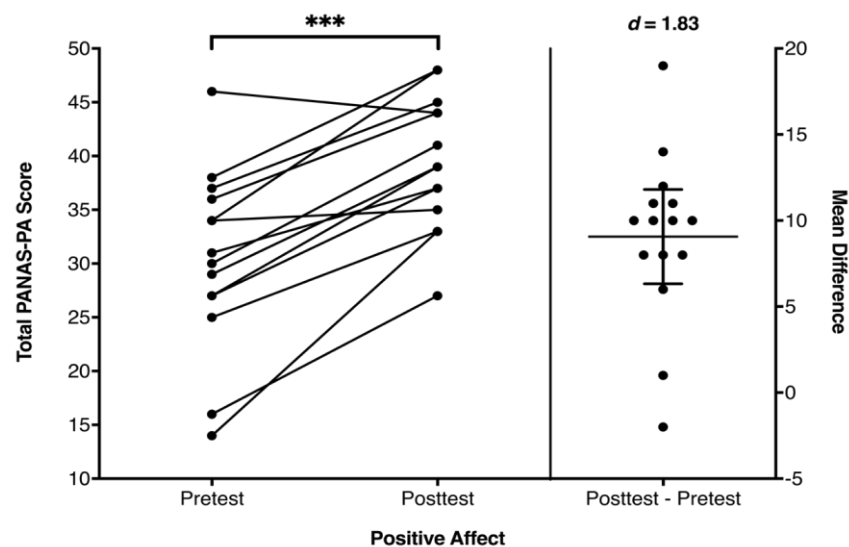
Scale	Variable	<i>n</i>	<i>M</i>	<i>SD</i>	ω
PANAS-PA	Pre-test	15	30.2	8.17	.94
	Post-test	15	39.27	5.92	.93
	Change	15	9.07	4.95	.79
PANAS-NA	Pre-test	15	13.7	3.24	.84
	Post-test	15	10.9	1.6	.91
	Change	15	-2.8	2.37	.75
SVS	Pre-test	15	3.84	1.27	.94
	Post-test	15	5.38	1.02	.97
	Change	15	1.53	1.14	.92
MAAS	Pre-test	11	3.42	1.21	.89
	Post-test	11	4.51	1.26	.82
	Change	11	1.09	1.07	.61

Note. *n* = sample size, *M* = mean, *SD* = standard deviation, ω = McDonald's Omega coefficient, change = pre-test to post-test difference scores. PANAS-PA and PANAS-NA = positive affect and negative affect subscales on the Positive and Negative Affect Schedule, respectively, SVS = Subjective Vitality Scale, MAAS = Mindful Attention Awareness Scale.

To test if the PANAS-PA means would significantly increase from pre-test ($M = 30.2$, $SD = 8.17$) to post-test ($M = 39.3$, $SD = 5.92$), a one-tailed dependent samples t -test was conducted ($n = 15$, $\alpha = .05$). The results showed a significant difference, indicating that the post-test PA mean was significantly higher than the pre-test PA mean, $t(14) = 7.1$, $p < .001$. Cohen's d was estimated at 1.83, 95% CI [0.98, 2.66], indicating a large effect size according to Cohen's (1992) guidelines. Figure 5 shows an estimation plot of pre-test to post-test scores and mean differences, showing that participants reported a significantly higher level of PA after the program when compared to before the program.

Figure 5

Estimation Plot of Total Positive Affect Pre-test and Post-test Scores and Mean Differences

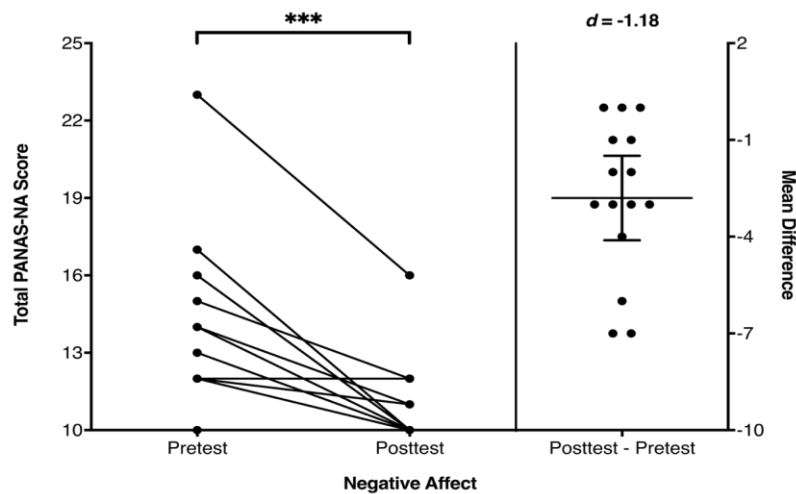


Note. $n = 15$, d = Cohen's d effect size, PANAS-PA = Positive and Negative Affect Schedule – Positive Affect subscale, mean difference error bars show mean and 95% confidence interval.

A one-tailed dependent samples t -test was conducted ($n = 15$, $\alpha = .05$) to test if the PANAS-NA means would decrease from pre-test ($M = 13.67$, $SD = 3.24$) to post-test ($M = 10.9$, $SD = 1.6$). The results showed a significant difference, indicating that the post-test NA mean was significantly lower than the pre-test NA mean, $t(14) = 4.58$, $p < .001$. Cohen's d was estimated at 1.18, 95% CI [-1.84, -0.5], indicating a large effect size according to Cohen's (1992) guidelines. Figure 6 shows an estimation plot of pre-test to post-test scores and mean differences. These findings indicate that participants reported a significantly lower level of NA after the program when compared to before the program.

Figure 6

Estimation Plot of Total Negative Affect Pre-test to Post-test Scores and Mean Difference



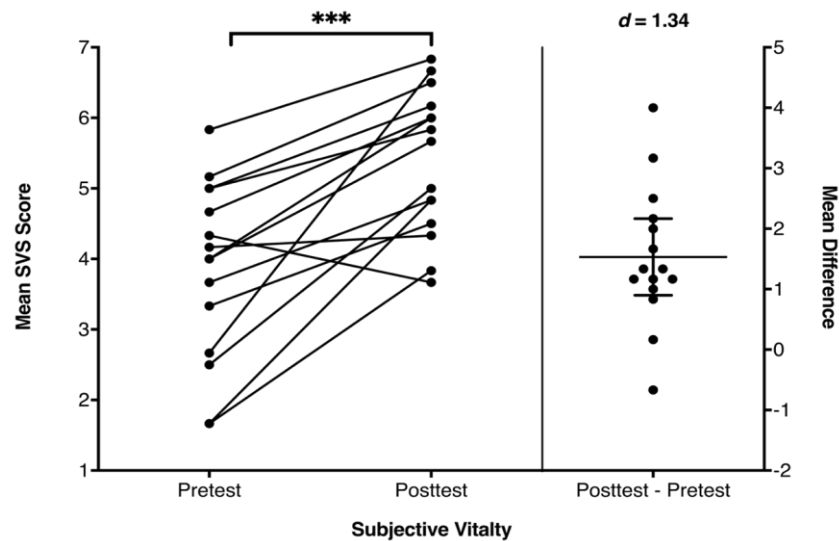
Note. $n = 15$, d = Cohen's d effect size, PANAS-NA = Positive and Negative Affect Schedule – Negative Affect subscale, mean difference error bars show mean and 95% confidence interval

A one-tailed dependent samples t -test was conducted ($n = 15$, $\alpha = .05$) to test if SVS means would significantly increase from pre-test ($M = 3.84$, $SD = 1.27$) to post-test ($M = 5.38$, $SD = 1.02$). The results showed a significant difference, indicating that the post-test SVS mean was significantly higher than the pre-test SVS mean, $t(14) = 5.2$, $p < .001$.

Cohen's d was estimated at 1.34, 95% CI [0.62, 2.04], indicating a large effect size according to Cohen's (1992) guidelines. Figure 7 shows an estimation plot of pre-test to post-test scores and mean differences. These findings indicate that participants reported a significantly higher level of subjective vitality after the program when compared to before the program.

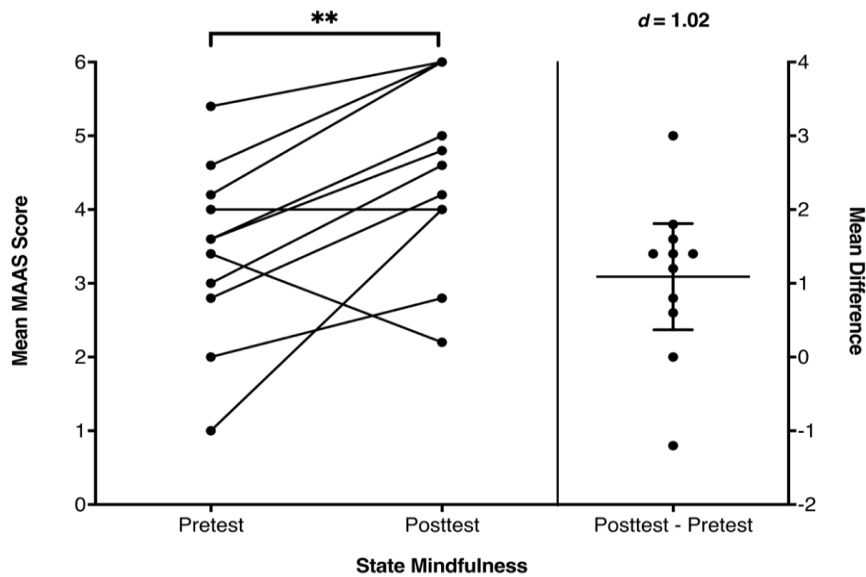
Figure 7

Estimation Plot of Mean Subjective Vitality Scores and Mean Differences



Note. $n = 15$, d = Cohen's d effect size, SVS = Subjective Vitality Scale, mean difference error bars show mean and 95% confidence interval.

A one-tailed dependent samples t -test was conducted ($n = 15$, $\alpha = .05$) to test if the MAAS means would significantly increase from pre-test ($M = 3.42$, $SD = 1.21$) to post-test ($M = 4.51$, $SD = 1.26$). The results showed a significant difference, indicating that the post-test MAAS mean was significantly higher than the pre-test MAAS mean, $t(10) = 3.38$, $p = .004$. Cohen's d was estimated at 1.02, 95% CI [0.27, 1.74], indicating a large effect size according to Cohen's (1992) guidelines. Figure 8 shows an estimation plot of pre-test to post-test scores and mean differences showing that participants reported a significantly higher level of state mindfulness after the program when compared to before the program.

Figure 8*Estimation Plot of Mean State Mindfulness Scores with Mean Difference*

Note. $n = 11$, $d =$ Cohen's d effect size, MAAS = Mindful Attention Awareness Scale, mean difference error bars show mean and 95% confidence interval.

Discussion

Engaging in play is believed to be as crucial for adult wellbeing as it is for child development (Brown & Stenros, 2018; Proyer, 2013; Van Vleet et al., 2019). Yet, despite this, investigation into structured adult play is scarce from the literature. This study explored the potential wellbeing benefits of a novel one-hour play program in a sample of teachers and parents from a primary school community. The aim was to establish preliminary data to guide program theory and provide recommendations for play program refinement. Results showed significant increases in PA, subjective vitality, and state mindfulness, and a significant decrease in NA.

Affect

Results showed significant improvements in both PA and NA, consistent with previous play research in adults (Proyer, 2012; Van Vleet et al., 2019), adolescents (Li et al., 2016), and children (Li et al., 2022; Yogman et al., 2018). Internal reliability analyses found the PANAS-PA and PANAS-NA subscales to be reliable, with post-hoc power analyses indicating excellent power for the PANAS-PA and close to sufficient power for the PANAS-NA. Floor effects were observed on the PANAS-NA at pre-test and post-test, which was consistent with previous research indicating that non-depressed individuals typically report low levels of NA (von Klipstein et al., 2023). The implications of these findings for the refinement of play program theory suggest that measurement of NA may not be necessary in nonclinical samples. However, the PANAS-PA proved to be an

appropriate measure, and it is recommended to be included in future structured play research.

Subjective Vitality

Results showed a significant improvement in subjective vitality, consistent with previous adult play research (Guitard et al., 2005; Proyer, 2013). Despite the small sample size, the SVS was sufficiently powered and demonstrated excellent internal reliability on change scores. These findings suggest that the SVS was an acceptable measurement instrument to assess subjective vitality and should also be considered in future structured play research.

State Mindfulness

Results showed a significant improvement in state mindfulness, consistent with previous research in older adults (Lindsay et al., 2022) and children (Lee et al., 2020; Mendizza & Pearce, 2004). However, very little research has focused on middle-aged adults (Mahlo & Windsor, 2021), and none has examined structured play. Measuring mindfulness poses a unique challenge as it is not possible to be present and fully aware of one's experience whilst also answering questions about it. Such a paradox has likely contributed to this lack of investigation (Phan-Le et al., 2022) and raises validity concerns for future implementation. Further, post-hoc tests revealed the MAAS change scores to be underpowered and unreliable, which was most likely a consequence of the small sample size. Taken together, these findings should be interpreted with caution and carefully considered with further development of the program theory.

Context and Considerations for Program Refinement

Understanding the context of an intervention is the first core element of the UK Medical Research Council's complex intervention framework (Skivington et al., 2021). Context refers to the physical, social, cultural, spatial, and ethical features, impacting effectiveness and practical application of the program (Craig et al, 2018). While limited in scope, these findings lay the foundations for future development of the program.

Personality Characteristics

Personality characteristics may also influence the experience of the program. Whilst literature on the relationship between adult play and personality is limited, one core component of play, a willingness to engage socially, has been found to have a positive correlation with extraversion, openness, agreeableness, and conscientiousness, and a negative correlation with neuroticism. (Duffy et al., 2018; Yu et al., 2021). As social interactivity is fundamental to play, it could be hypothesized that individuals with certain personality traits such as low extraversion will derive less benefit from the program due to a lack of enthusiasm, and this is a consideration for future research.

Predisposition to Play

Given how inherent play is to primary school aged children (Clemens & Lincoln, 2018), it is possible that the sample in this study, who regularly interact with children, were more inclined to participate in and respond positively to play compared to those who only interact with other adults. Are adults with more exposure to children more playful? This is an important research question in the context of program development, however currently no known research exists. Whilst potentially having the most to gain, play deprived adults are more likely to have stronger barriers to engage in the program (Brown & Stenros, 2018). Although levels of playfulness among adults varies (Proyer, 2012), understanding the demographics of adults who might be more predisposed to engaging in play is important regarding the generalisability of findings and practical application of the program.

Social Affiliation

Understanding the influence of social affiliation is crucial. Since most of the sample were colleagues (73.3%), the degree of familiarity amongst participants was high. It was therefore unclear whether the program would be similarly experienced with unfamiliar play partners. Research suggests that people are often hesitant to interact with strangers due to their pessimistic expectations of how such interactions will go (Sandstrom et al., 2022). Despite evidence suggesting a significant disparity between this scepticism and the actual enjoyment experienced (Sandstrom & Boothby, 2020), these misconceptions persist. Consequently, it is recommended that future research consider using unfamiliar samples to assess the impact of social affiliation.

Novelty

As those with prior experience with the program were excluded from the study, novelty effects (i.e., amplified benefits due to the play program being fresh and exciting) may be contributing to the magnitude of the observed findings. Whilst novelty effects have not been studied in relation to wellbeing interventions, novelty itself has been shown to lead to improvements in wellbeing (González-Cutre et al., 2016; Kashdan and Silvia, 2009). Therefore, it is not implausible to suppose that repeated program participation may diminish the effects of play mechanisms over time. One study on a gamification intervention revealed a U-shaped pattern in their data, indicating both novelty and familiarity effects (i.e., the amplified benefits due to familiarity; Rodrigues et al. 2022). Therefore, conducting longitudinal studies with repeated participation is warranted to understand the program's practical application.

Energetic Mindfulness?

Mindfulness-based interventions (MBI) have been shown to be effective in clinical and nonclinical samples (Goldberg et al., 2018; Zhang et al., 2021). However, individuals with higher baseline arousal, such as those

with Attention-deficit/hyperactivity disorder (Zylowska et al., 2008) and generalised anxiety disorder (Lomas et al., 2015), often struggle with traditional MBIs like meditation. The heightened state mindfulness observed in the current study could potentially offer an alternative MBI for these individuals. Moreover, the simultaneous increase in subjective vitality unveils the prospect of an intriguing and somewhat contradictory ‘energetic mindfulness’ mechanism. This challenges conventional notions of mindfulness, which typically involve feelings of calmness, relaxation, and stillness (Bamber & Schneider, 2022). It is suggested that play and well-being researchers explore the potential of this exciting vitality/mindfulness relationship.

Strengths and Challenges

A key strength of this study was the use of a within-subjects design. Each participant acting as their own control eliminated the potential confound of individual differences, ensuring that change scores were attributed to the individuals themselves rather than other issues associated with between-subjects designs. This design also provided greater statistical power, which was crucial given that the achieved sample size was smaller than anticipated. Another strength was the use of psychometrically validated wellbeing instruments which increased the reliability and validity of findings.

However, the study is not without its limitations. Firstly, the achieved sample size was considerably smaller than intended, which limited the ability to conduct exploratory analyses for demographic comparisons and change score relationships. Secondly, as the MAAS was employed in this study to measure both wellbeing and to assess how participants experienced the program, instructions for the pre-test and post-test MAAS were altered to include the retrospective timeframes of *“one hour before the program”*, and *“during the program”*, respectively. Despite the challenges in measuring state mindfulness, this may have compromised the validity (Berland et al., 2018) and was reflected by the lower internal reliability of the MAAS change scores.

Future Directions

The development of a strong program theory that explains how and why a play program leads to positive changes in wellbeing is instrumental. Qualitative and/or mixed methods designs could be considered to gain more detailed insights into the mechanisms behind these changes (Thirsk and Clark, 2017). Larger and more diverse samples could be incorporated to conduct more in-depth statistical analyses and broaden the generalizability of findings. Further, the employment of a control condition is recommended to investigate the causal role of play. To enhance the program’s development, it is advisable to continue using the UK Medical Research Council’s complex intervention framework (Skivington et al., 2021), regardless of the direction taken.

Conclusions

Play has long been recognized as essential for healthy childhood development, but far less is known of its benefits in adults. This study, the first of its kind, aimed to investigate the wellbeing benefits of a structured one-hour adult play program and to lay the initial foundation for its development. Results from a small sample of teachers and parents showed significant improvements in positive and negative affect, subjective vitality, and state mindfulness, after participating in the program. These preliminary findings suggest that structured adult play may be an effective wellbeing intervention, however, the causal mechanisms behind these findings remain unknown. This research hopes to stimulate interest in the play program and catalyse further exploration into the much neglected but fascinating field of adult play.

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