

THE PROMOTION OF EGO DEVELOPMENT THROUGH ROLE PLAY  
IN A TEN YEAR OLD BOY

BY

KARMA S. CASTLEBERRY

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## CHAPTER I

### INTRODUCTION

Hospitalization and surgical operations present a crisis situation in which the child may regress, struggle to maintain developmental equilibrium, or grow through mastery of anxiety and the new tasks confronting him. However strong the child's coping devices prior to this crisis, there nevertheless exists the child's perceptions and fantasies about himself and relationships with others. Awareness of reality may be only intermittently present prior to and during the crisis period.

During latency--the period of relative calm preceding the turmoil of puberty and adolescence--the child is not faced with the development of a new area of libidinal localization. While changes are slower and tend to follow pre-existing patterns, several tasks confront the child: increasing the strength of secondary processes; acting more in accordance with reality; establishing positive object-relationships with peers and adults outside the family; consolidating the defenses acquired previously; and establishing new defenses and coping devices.<sup>1</sup> In general, the ego and super-ego are strengthened during latency.

In reviewing the literature, the writer was unable to find any report of the use of role play to promote ego development in children

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<sup>1</sup>Margaret E. Fries, "Review of the Literature on the Latency Period," Journal of the Hillside Hospital, VII (January, 1958), p. 3.

hospitalized with physical disease. Nondirective play is often utilized,<sup>2</sup> but not role play with both the nurse and child actively involved in gaining insight into other person's behavior and roles. Role play has been used with success by therapists working with delinquent or emotionally disturbed children and adults.<sup>3</sup> But, the effect of role play has not been evaluated previously in terms of Hartmann's theory of ego development. The intent of this study is to describe the ways in which a physically disabled, hospitalized ten year old boy gained empathic understanding<sup>4</sup> through role play which promoted ego development.

#### Statement of the Problem

The problem of this study stated in the form of a question is: Can a ten year old hospitalized boy use role play to increase empathic understanding and thus strengthen his ego (the capacity of adapt to reality)? Or, stated in the form of an hypothesis, this study attempts to give evidence to support the following hypothesis: A ten year old hospitalized boy can use role play to increase empathic understanding and thus strengthen his ego.

#### Objectives

The objectives of this study were to find the answers to these questions:

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<sup>2</sup>Virginia Axline, Play Therapy (New York: Houghton-Mifflin Co., 1947).

<sup>3</sup>Raymond Corsini, Role Playing in Psychotherapy: A Manual (Chicago: Aldine Publishing Co., 1966), pp. 149-196.

<sup>4</sup>Empathic understanding is the knowledge of another person derived from subtle imitation of another's personality. As one assumes the alien personality, one gains insight and becomes aware of how it feels to be and behave as the other person.

1. How did the child, during the time that he used role play to solve his problems, gain empathic understanding?
2. What was the content of the nurse-child interaction during the period prior to the time the child involved the nurse in role play?
3. What changes were demonstrated in the child's knowledge about and adaptation to the reality of his body and illness after the use of role play?
4. What changes were demonstrated in the child's knowledge and adaptation to the reality of his relationships with others after the use of role play?

#### Assumptions

1. During latency, the ego of the healthy child develops and the child acts more in accordance with reality.<sup>5,6,7,8</sup>
2. Hospitalization and surgical operations present a crisis situation to the child during latency.<sup>9</sup>
3. If adequate resources to face and resolve crises are present

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<sup>5</sup>Anna Freud, The Ego and the Mechanisms of Defense (New York: International Universities Press, 1936), pp. 156-158.

<sup>6</sup>Fries, op. cit., pp. 3-12.

<sup>7</sup>Berta Bornstein, "On Latency," The Psychoanalytic Study of the Child, Vol. VI (New York: International Universities Press, 1951), pp. 279-285.

<sup>8</sup>Edith Buxbaum, "A Contribution to the Psychoanalytic Knowledge of the Latency Period," American Journal of Orthopsychiatry, XXI (1951), p. 182.

<sup>9</sup>Lucie Jessner, "Some Observations on Children Hospitalized During Latency," Dynamic Psychopathology in Childhood, Lucie Jessner and Eleanor Pavenstedt, eds. (New York: Grune and Stratton, 1959), pp. 257-268.

in the child and the environment, the crises can provide opportunities for ego development.<sup>10,11,12</sup>

4. Some of the effects of therapeutic role play are the acquisition of new understandings, insight about self and others, increased comfort with self and others, and relief from anxiety.<sup>13,14,15</sup>

5. New insights and understandings about one's self and others which are reality based promote ego development.<sup>16,17</sup>

#### Definition of Terms

Latency--The developmental period between early childhood and puberty in which no new area of libidinal localization develops.

Role Play--A therapeutic taking-on of selected roles for a limited time by the protagonist and the client, and acting "as if" the acted-out situation is real.

<sup>10</sup>Florence Blake, "In Quest of Hope and Autonomy," Nursing Forum, I (Winter, 1961-62), pp. 13-15.

<sup>11</sup>Mary Jean Denyes, "A Preschool Child With Hirschsprung's Disease Uses a Nurse to Gain Ego Strength" (unpublished Master's Paper, University of Wisconsin, 1967), p. 3.

<sup>12</sup>John Cumming and Elaine Cumming, Ego and Milieu (New York: Atherton Press, 1967), p. 47.

<sup>13</sup>Corsini, op. cit., pp. 26-28.

<sup>14</sup>Jerome Goodman, "Nondirective Psychodramatic Play Therapy," American Journal of Orthopsychiatry (1962), pp. 532-34.

<sup>15</sup>R. R. Blake, "Experimental Psychodrama With Children," Group Psychotherapy(1955), pp. 347-350.

<sup>16</sup>David Beres, "Ego Deviation and the Concept of Schizophrenia," The Psychoanalytic Study of the Child, Vol. XI (New York: International Universities Press, 1956), pp. 164-235.

<sup>17</sup>Heinz Hartmann, Ego Psychology and the Problem of Adaptation (New York: International Universities Press, 1958), p. 73.

Ego Development--Growth in any one or all of the following functions: testing reality, regulating and controlling instinctual drives, establishing object relationships, carrying out defensive functions and autonomous and synthetic activities in the solution of problems.

### Review of Literature

To provide the reader with a theoretical basis for the study, both role play and ego development will be discussed.

#### Role Play

For the purposes of this study, the concepts of man's innate need and capacity to identify with others, and the differentiation of identification with the aggressor from the identification that results from the consequences of love relationship are drawn from Sigmund Freud's writings.<sup>18,19,20</sup>

Freud's concept of identification combines biological factors and cultural experiences, in that it is an unconscious activity based on instinct and conditioned by childhood experiences. Freud emphasizes the human organism's instinctive need to identify with others because he is impelled to consume and to possess, to defend himself against

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<sup>18</sup>Sigmund Freud, "The Ego and the Id," The Complete Works of Sigmund Freud XIX (London: Hogarth Press, 1923-1925), pp. 28-34, 37-39.

<sup>19</sup>Sigmund Freud, "Moses and Monotheism," The Complete Psychological Works of Sigmund Freud XXIII (London: Hogarth Press, 1937-39), pp. 79-82, 125.

<sup>20</sup>Sigmund Freud, "An Outline of Psychoanalysis," The Complete Works of Sigmund Freud XXIII (London: Hogarth Press, 1937-39), p. 193.

stronger figures, and to recover or repeat what was lost in more secure, conditions of existence. The capacity for identification is used to achieve a sense of self or to attain growth of the ego, in different degrees as a defense against anxiety.<sup>21, 22, 23</sup>

Introjection, imitation and regression are parts of the identification process which the person utilizes to establish a feeling of similarity or equivalence to others. Identification used appropriately usually serves to attain the other person's viewpoint and effects harmonious and cooperative relationships.

The tendency of the weak and defenseless to identify with the aggressor is a related phenomenon.<sup>24</sup> Through this unconscious process the individual makes himself similar to the feared object and thus alleviates his anxiety. The motive is defensive, arising from fear, hostility and anxiety, but the same capacity or process is used here as in healthy and constructive identification with a love object. In identification with a loved object, the elements of compassion and understanding outweigh the aggressive factor.

The theoretical basis for utilizing role play as a therapeutic technique to gain empathic understanding is evolved from the work of

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<sup>21</sup>Sigmund Freud, Moses and . . . , pp. 79-82.

<sup>22</sup>Sigmund Freud, An Outline . . . , p. 193.

<sup>23</sup>Sigmund Freud, The Ego . . . , pp. 28-34, 37-39.

<sup>24</sup>Robert L. Katz, Empathy (New York: The Free Press of Glencoe, 1963), p. 73.

Jacob Moreno and one of his students, Raymond Corsini.<sup>25,26,27,28,29,30</sup>

Moreno utilizes role play, a method of therapy which entails a conscious process of identification to increase his clients' capacities for empathy wherein both parties gain insight into each other through dialogue.

A meeting of two: eye to eye, face to face.  
 And when you are near I will take your eyes out and place them instead of mine, and you will take my eyes out and will place them instead of yours, then I will look at you with your eyes and you will look at me with mine.<sup>31</sup>

There is a regressive factor in role playing. Taking on the mask of another person's role allows the one to indulge in spontaneous fantasy, to imitate and to play without fear of approval or disapproval, and without regard for appearances. The stimulus of dramatic action itself evokes release from self-consciousness, control, and self-discipline. The imagination is kindled and an unusual similarity and kinship to a wide variety of people is felt because of the release of

<sup>25</sup>Jacob L. Moreno, Who Shall Survive? (Washington: Nervous and Mental Disease Publishing Company, 1934).

<sup>26</sup>Jacob L. Moreno, "Psychodramatic Treatment of Psychoses," Sociometry (1940), pp. 115-132.

<sup>27</sup>Jacob L. Moreno, Psychodrama I (New York: Beacon House, 1946).

<sup>28</sup>Jacob L. Moreno, "The Discovery of the Spontaneous Man with Special Emphasis Upon the Techniques of the Role Reversal," Group Psychotherapy (1955), pp. 103-129.

<sup>29</sup>Jacob L. Moreno, "Psychodrama," American Handbook of Psychiatry II, ed. by S. Arieti (New York: Basic Books, 1959), pp. 1357-1396.

<sup>30</sup>Corsini, op. cit.

<sup>31</sup>Moreno, Progress in Psychotherapy (New York: Grune and Stratton, 1956), p. 6.

inhibitions normal to the person's actual situation. New identities and roles can be played as in a rehearsal, for nothing really counts nor is this the real thing. Pressure to solve problems is eliminated, and penalties and losing face are nonexistent. The flow of imagery is stronger when not conforming to stereotypes and when security is less important. Thus, the person sees and hears with new vividness, possible alternatives for thinking and acting are apparent, and intentions and meanings that in everyday life are missed are no longer latent.<sup>32</sup> Although role playing is regressive, it can help a person become objective and through it he can gain insights into others.

#### Ego Development

For the purposes of this paper, Hartmann's theory concerning ego development and function will serve as the theoretical frame of reference.

Functions of the ego center around the relation to reality. In this sense, we speak of the ego as of a specific organ of adjustment. It controls the apparatus of motility and perception; it tests the properties of the present situation at hand, i.e., of 'present reality,' and anticipates properties of future situations. The ego mediates between these properties and requirements, and the demands of other psychic organizations.<sup>33</sup>

Hartmann assumes that ego development begins in an undifferentiated phase during which both the ego and the id are gradually formed.<sup>34</sup> During

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<sup>32</sup>Katz, op. cit., p. 83.

<sup>33</sup>Heinz Hartmann, Ernst Kris, and R. Lowenstein, "Comments on the Formation of Psychic Structure," The Psychoanalytic Study of the Child II (New York: International Universities Press, 1947), p. 15.

<sup>34</sup>Ibid., p. 19.

this phase, apparatuses that will later come under the control of the ego and that serve motility, perception, and certain thought processes, are maturing. This maturation occurs independent of the ego; only after the ego has progressed in its formation will these functions be fully integrated and used by the ego for problem solving.<sup>35</sup>

The first and most fundamental step in ego formation concerns the infant's ability to distinguish between himself and the world about him.<sup>36</sup> The child learns to distinguish between himself and his mother, and develops increasingly more understanding of her communications with him. This understanding of signs of communication is a part of the libidinal tie existing between the two persons. "The identification of the child with the mother that we assume to exist at an early age, gradually develops into a object relation."<sup>37</sup>

During the second half of the first year, the child gains increasing control of his own body and he begins to master inanimate objects in his life space and becomes more able to wait for gratification. Learning to function according to the reality principle, one of the central functions of the ego, will become possible as the ego matures. Hartmann agrees with Freud on the capacity to anticipate pleasure in the future. On learning to function according to the reality principle, Freud wrote: "A momentary pleasure, uncertain in its result is given up, but only in order to gain in the new way an assured pleasure coming later."<sup>38</sup>

<sup>35</sup> Ibid.

<sup>36</sup> Ibid., p. 20.

<sup>37</sup> Ibid., p. 22.

<sup>38</sup> Sigmund Freud, "Formulations on the Two Principles of Mental Functioning," The Complete Psychological Works of Sigmund Freud XII (London: Hogarth Press, 1911), p. 18.

The development of the ego proceeds along with that of the child's object relations. At the end of the first year, the child has formed lasting object relations; his attachment can outlast deprivation, and libidinal energy directed toward the love object has been partly transformed into aim-inhibited energy, and transient into permanent cathexis.<sup>39</sup>

Later, the child takes over the parents' attitudes and strengthens his resistance against instinctual demands which he has learned to consider undesirable. His ego is strengthened against id impulses, but he pays for the greater security with a sense of guilt in case of failure. Gradually, as the ego becomes strengthened, he functions less according to the pleasure principle and is more able to postpone gratification because he anticipates that waiting will bring greater pleasure in the future.

Both Freud and Hartmann state that the person's relation to the external world, his relation to reality, is decisive for the ego.<sup>40,41</sup> Hartmann, in his book, Ego Psychology and the Problem of Adaptation, advocates that ego strength should be determined by one's mastery of reality and by achievement, rather than by the nebulous relativity of the definitions based upon the ego's relation to the id and super ego.<sup>42,43</sup>

<sup>39</sup>Ibid., p. 27.

<sup>40</sup>Hartmann, Ego Psychology . . ., pp. 15-16.

<sup>41</sup>Beres, op. cit., pp. 164-235.

<sup>42</sup>Hartmann, op. cit., p. 27.

<sup>43</sup>I. Hendrick, "Ego Development and Certain Character Problems," Psychoanalytic Quarterly V (1938), pp. 320-346.

Anna Freud writes that "The attachment of the mature ego to reality is in general stronger than that of the infantile ego."<sup>44</sup>

Hartmann postulates that it is possible that the person's relationship to reality is learned by way of detours. Play, for example, is an eventual avenue to adaptation to reality which at first certainly leads away from the real situation.<sup>45</sup> However, Hartmann does not use knowledge of reality and adaptation to reality synonymously. Knowledge cannot be a goal in and of itself; rather, knowledge of reality must serve a purpose in adaptation to reality. In writing of the way in which knowledge is most constructively used by the ego, Hartmann says:

. . . Knowledge goes a long way in serving reality adaptation, but it does not go all the way. The more knowledge includes insight into its own functions in the total personality structure and in environmental relations, the more it can serve adaptation.<sup>46</sup>

Thus, knowledge, insight, and adaptation to reality promote ego development.

#### Methodology

This descriptive study analyzes the role play of a ten year old boy whereby he gained empathic understanding of other persons, their behavior and roles, which ultimately promoted his ego development. The study was carried out in the children's hospital of a midwestern university medical center. The child occupied rooms which at times contained five other boys whose ages ranged from six years to sixteen years.

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<sup>44</sup>Anna Freud, The Ego and the Mechanisms of Defense (New York: International Universities Press, 1936), p. 87.

<sup>45</sup>Hartmann, op. cit., p. 18.

<sup>46</sup>Ibid., p. 73.

The writer functioned as a nurse-participant-observer, and provided care for the child throughout the three-week period of hospitalization. Data were collected daily during the hospitalization period. Observations were made while the child was given nursing care, had surgical intervention, and provided with physical and occupational therapy. These observations were written in the form of process recordings.

Daily hour-long play sessions which began during the second week of hospitalization took place in an office-playroom in the children's hospital. With the child's permission, these sessions were tape-recorded. The child was permitted to turn off the recorder at will, and to listen to replay. Several days after the nondirective play sessions began, the child independently initiated role play which directly involved him and the writer. These role play sessions were also tape-recorded. During the final two role play sessions, the child's sister participated. She, too, was a patient in the hospital.

Interpretations of the recordings were accomplished in conferences with the instructor who also functioned intermittently as a participant-observer.

The limitations of this study as recognized by the writer were:

1. The writer had no knowledge of other environmental influences during her absences from the ward.
2. Those observations recorded from recall were not as objective and accurate as those through the use of the tape recorder.
3. The study was done on only one subject.

The remainder of this study will be presented as follows:

Chapter II gives a description of the child and his family, his health

problem, and assessment of his ego development and his level of empathic understanding. Chapter III contains selected excerpts from the data which describe Bobby's role play. The writer's interpretation of his role play is also included in this chapter. After the use of role play, Bobby's ego development was again evaluated in Chapter IV. The summary, conclusions, and recommendations for further study are presented in Chapter V.

## CHAPTER II

### SUBJECT OF THE STUDY AND ASSESSMENT OF HIS EGO DEVELOPMENT

This chapter gives a description of Bobby and his family, his health problem, and an assessment of his ego development and level of empathic understanding prior to role play.

#### Bobby, His Family, and His Health Problem

Medical records provided many details regarding Bobby's past experiences. However, Bobby's own account of his family and his life experiences provided a depth of feelings not recorded on hospital charts.

Bobby was born on February 7, 1959, by Caesarean section. The reason for this type of delivery is unreported. Bobby's eldest sibling, Karleen, who was born with a meningomyelocele, was four years old at the time of his birth. His brother, Dale, was two years of age. Two years after Bobby's birth, his brother, Chris, was born.

Bobby and his family live on a farm in an area where the land is moderately productive. The entire family is involved with the farm work, although there is clear delineation of men's and women's work. A variety of agricultural products are raised, providing food for the family and market. Milk production is the main source of income.

Bobby was first seen at the university hospital in 1961 as an outpatient, and diagnosed as having cerebral palsy with right hemiplegia and hemi-atrophy due to right porencephaly. Bobby was seen in the outpatient department periodically for the next eight years, receiving a

corrective single bar brace on the medial right side of his leg for a varus condition. Karleen and Bobby often had outpatient appointments at the same time, but Karleen was often hospitalized for various surgical and rehabilitative procedures.

After an outpatient appointment in early June, 1968, Bobby, who had just completed third grade, was admitted to the children's hospital for surgery to correct a difference in leg length. The inch-shorter right leg caused Bobby to walk with a marked right limp although his gait was smooth. He could run better than he could walk.

On June 25, 1968, Bobby underwent a tibial osteotomy and a Charnley's traction apparatus was applied. This was essentially the Anderson method of tibial lengthening.<sup>47</sup>

Briefly, the Anderson method entails converting the ankle mortise into a solid unit to assure uniform lengthening of both the tibia and the fibula. This is done by inserting a transfixion screw through the distal metaphyses of the tibia and fibula above the distal tibial epiphyseal cartilage. The fibula is resected about one inch just above the screw level. Four Steinmann pins are inserted: two just distal to the proximal tibial epiphysis and two just above the transfixion screws. After insertion of the four pins, they are fitted through two horizontal bars of the distraction apparatus. The tibial osteotomy is then made, and a cast applied, incorporating the lower leg as far as the proximal pins, but not including them.

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<sup>47</sup>Sherman Coleman and Thomas D. Noonan, "Anderson's Method of Tibial-Lengthening by Percutaneous Osteotomy and Gradual Distraction," Journal of Bone and Joint Surgery, XLIX (March, 1967), pp. 263-279.

From June 25 through July 23, Bobby's Charnley's apparatus was distracted approximately one millimeter each day.<sup>48</sup> On July 16, an operation for a tendocalcaneus (heelcord) lengthening was done. Bobby's feelings about the hospitalization were centered primarily around the painful, daily distraction procedure. Bobby dreaded the painful distraction and frequently cried out to stop the procedure. On several occasions, the distraction apparatus had to be turned back one millimeter when the pain was overwhelming. Bobby related that he was often reprimanded for crying and that even the mere presence of the doctor who handled the distraction procedure made his leg hurt.

Distraction was completed with a length of twenty-eight millimeters attained, and Bobby returned home. With the cast and the distraction apparatus still in place, Bobby was not able to walk. He spent the remainder of the summer sitting on the sofa watching television while the rest of the family did farm chores.

In September, Bobby returned for his second hospitalization which lasted for seventeen days. The leg was X-rayed and a new cast applied. A little more than one month later, Bobby was admitted for the third time to have the pins removed from his leg, another cast applied, and physical therapy, if ossification was deemed satisfactory.

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<sup>48</sup>Distraction refers to the procedure of increasing the distance between the two sets of Steinmann pins by turning a handle attached to the horizontal bars. Thus, the distal tibia is slowly separated from the proximal tibia at the osteotomy site. Ossification between the proximal and distal tibia is then usually accomplished in several months.

### Initial Observation

The writer first encountered Bobby the day after admission. Bobby was to be presented as a clinical example for medical students in the afternoon class sessions. Knowing that this is often stressful for patients of any age, I elected to meet Bobby and stay with him during the successive three hour-long classes.

I had little time to observe Bobby at the door of his room before his dark, deepset eyes beckoned me noiselessly to come in. The small boy lay immersed in pillows supporting various parts of his body. His thin frame, olive skin, and dark thatch of hair provided contrast with the white sheets and large pillows. His left hand held a smaller, partially flexed right hand. Four pins penetrated his right leg with horizontal bars connecting them. I barely had time to introduce myself before Bobby embarked on a long explanation of his hospitalization and surgical operations. His eyes were fixed upon his right leg. With great vividness he told of his pain.

### Reality of Bobby's Perception of His Body and Illness

Within minutes of our first encounter, Bobby began to display what Jessner found from her observations of children hospitalized during latency. She observed in the children studied a heightened sensitivity and an unusual awareness of the body and its functions.<sup>49</sup> During latency after periods of libidinal localization one usually finds that the healthy child takes his body for granted.<sup>50</sup>

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<sup>49</sup>Jessner, op. cit., p. 257.

<sup>50</sup>Ibid.

Bobby's knowledge and adaptation to the reality of his body, which had not functioned from birth as adequately as did those of other persons, fluctuated from time to time. Intermittently he used denial and fantasy in his adaptive process; at other times he faced the reality of his abnormality. Bobby's eyes rarely left his own body when he readily related to others the details of his surgical operations. He was often preoccupied with touching himself, holding his atrophied hand, touching the Charnley apparatus and his cast, flexing his left leg up against his body repetitiously, and rubbing his hands in his hair. These mannerisms persisted after removal of the pins and application of the cast. Bobby may have been checking the presence and function of bodily parts, or the mannerisms may have been soothing, discharging pent-up energy in a way which was acceptable to himself. Bobby would sit, almost self-contained, in a busy playroom, engaging in the aforementioned mannerisms until another person could draw him into interaction.

Regardless of the function of his right leg, or however it looked during any part of his hospitalization, Bobby perceived it as a part of himself. He had a tendency to detach it while describing his operation, in an intellectualized sort of way. The first time that Bobby saw his leg free from casts and pins, I was concerned about his feelings toward the leg, particularly the pin insertion sites. I pointed out the insertion sites: "See where the pins were?"

In a most indignant tone, Bobby replied, "OF COURSE I SHOULD KNOW! IT'S MY LEG, ISN'T IT?"

During doll play, Bobby often spoke of amputation. This was a very real fear considering that his sister Karleen had had her foot surgically amputated rather unexpectedly two days before Bobby's first operation.

It was important to Bobby that he could run well before the operation. "I could run real good . . . better than walk, so they stretched my leg. They put the pins here." He pointed to the Steinmann pins and said, "But it jerks now and I can't stop it. It didn't do that before." Bobby was concerned lest the operation disable him further.

Bobby demonstrated realistic knowledge and adaptation to his own capacities. However, elements of unreality were present, such as when he voiced the idea that casts were punishment. The following excerpt from the data is an example of one such instance.

Bobby held up the doll whose right leg he had put in a cast earlier:

"You can't walk for two months! She'll get what's comin' to her."

Another excerpt from the data demonstrated that he felt an urge to do to others what had been done to him. In play Bobby talked to the doll:

"Yeh, I'll put a cast on you! Put a cast on both legs," he taunted.

"I'll just bet you'd like to put a cast on me . . . and some of the people who've been doing so many things to you. Let 'em know what it's like," I proposed.

Bobby answered, "Yeh, I want them to know what it's like. I'll put casts all over them. I want them to know just how it feels. I'm gonna put casts on both of your legs."

When he was frustrated by his own physical and mental abilities, he sometimes projected these limitations onto other persons and objects. There were times when Bobby acknowledged the reality of his disability:

Bobby was working with other children on a paper turkey in the recreation room. His paper often slipped while cutting. He muttered continually under his breath, "I only got one arm . . . that gol' dang paper!"

When his teacher complained of his lack of interest in school, he explained to me: "Gol' darn it! Go to school, go to PT, go to school, go to OT, go to PT, go to OT! I NEVER GET A CHANCE TO REST."

One day when Bobby was reading his homework assignment to me, he shared his feelings of inadequacy with me:

After missing many words, he said, "I can't read good. I can't do nuthin' good." When playing with tinker toys a few days later, he very frequently muttered, "Oh gol' dang! I can't do this," in a tone of worthlessness.

Bobby's perception of himself, his body and illness, was primarily reality-oriented prior to role play. At times, fantasy, projection, denial, and other coping and defensive mechanisms were employed which were not congruent with reality. However, they did not predominate his mode of adaptation.

#### Reality of Bobby's Perceptions of His Relationships With Others

Bobby was acutely aware of how others perceived him:

"Didja see those girls? Didja see that one girl? I could see she had pity for me. She prob'ly felt sorry for me. She never seen one before, but I'm not the only one like this? Yes, I think those girls--they smiled at me. I like that. They had pity alright!"

I aksed him how this made him feel. "Real good. They see this here leg."

Bobby's mother visited him a few days after his operation and then was unable to come until the time of his discharge. Between her visits, Bobby often vocally denied missing his mother, but could admit to wanting to go home. However, at other times when he was given help to exteriorize his feelings about his wish for visits from his mother, he was able to do so. He was encouraged to telephone his mother, but refused to talk to her until after role play began.

Bobby was uncommunicative and sat at the table motionless. Not even his sister, Karleen, could interest him in his favorite games.

A small girl ran into the room. "I'M GOING HOME. I'M GOING HOME," she shouted.

"And I'll bet that's what you want, Bobby," I spoke softly.

Bobby replied fiercely, "I WISH I WAS GOING HOME!"

"I'll bet you do," I empathized.

Bobby spoke again. "I WANT TO GO HOME."

"It's awfully hard to be here away from home," I said.

"Yeh," he replied.

"Maybe you'd like to talk to your mom on the phone today. We could call her," I offered.

A most emphatic "NO" was Bobby's reply. There were a few moments of silence. "I don't want to call her." He averted his eyes from mine.

That same afternoon, Bobby and I visited a seven-year-old boy. In this experience, Bobby was able to express some of his feelings about his mother.

"Was that your mom?" Ray asked Bobby.

"Yeh. She was here this weekend," Bobby answered.

"Boy, I bet you miss her," I commented.

Bobby nodded "yes."

"I'll bet you missed her this time when you had surgery," I suggested.

"Yeh . . . "

"And you couldn't understand why she couldn't come. You know she's busy and wants to be here with you, but still you kinda think she shoulda been here," I said.

"Boy, that's for sure!" Bobby looked amazed as he expressed his feelings in words.

Bobby intermittently denied and admitted his need for his mother during the first two weeks of hospitalization. He knew intellectually why she could not be with him the day of his operation and why she did not visit more frequently. However, emotionally, Bobby needed her during this crisis period and was angry at her for not coming.

Perhaps the least reality-oriented of Bobby's perceptions were those of his relationships with the doctors. The following excerpt from the data reflects some of his feelings:

"I'm gonna put a cast all over Dr. Smith the next time I see him. I hate him. You can tell he doesn't like kids. Everytime he saw me, my leg started to hurt, it really did . . . ."

Bobby's account of his first operation contained variations on a theme of doctors inflicting pain. Repeatedly, Bobby spoke of doctors who "hated kids" but never of any doctor that specifically hated him. He said that he couldn't stand the pain like Karleen did, and that the doctors expected him to suppress his urge to cry.

In the presence of the doctors, he was compliant and appeared to listen intently. However, a few moments later, out of their sight, he

would deny hearing things the doctors had told him, such as about imminent cast changes, date of his operation, hand exercises, and how his leg was healing.

In summary, Bobby's knowledge and adaptation to the reality of his body and illness was for the most part undistorted. However, particularly in the relationship with his doctors, Bobby did not have intellectual or emotional knowledge of the reality of the doctors' curative function, and thus could not adapt constructively in this relationship to reality.

#### Evaluation of Empathic Understanding Prior to Role Play

Bobby's concentration on coping with hospitalization and his operation had left little energy to try to understand and gain insight into his own situation by taking on the viewpoint of another. He knew only that he needed his mother the day of his operation. Also, he needed her to visit him more frequently, and he was unconcerned about the needs of his family at home and the travel distance involved. He knew only that his leg pained during the distraction procedure, and that the doctors proceeded, seemingly oblivious of his pleas to stop. He could not think of his doctors as needing to see the end result of a longer, more useful, leg in spite of temporary, but severe, pain. When Bobby needed the doctor to take time, he could not understand the doctor's busy schedule.

Bobby's self-concern produced distortion of reality. However, it did allow him to at least maintain some equilibrium of the self until a point in time came when he could have the resources he needed to deal with reality. The time came during this, his third hospitalization.

## CHAPTER III

### BOBBY'S USE OF ROLE PLAY

This chapter contains selected excerpts from the data which describe Bobby's role play, purposes of interaction, and the writer's interpretations of it. Role play began after the second week of hospitalization, one week after non-directive play sessions had begun.

Bobby could not concentrate on any activity during the play session in the office-playroom. He flitted from one thing to another, frequently telling me that he didn't know what to do. After almost thirty minutes of this kind of play, Bobby yelled, "Hey, get me that! That's what I want to play with." I handed him the telephone.

Very softly he said, "I'm gonna call my mom." Prior to this time, he had emphatically dismissed the slightest word about talking to his mother. He dialed and then put the receiver to his ear as if listening, but he said nothing into the telephone.

"Hey, why don't you pretend you're my mom?" He grinned as if embarrassed. "And pretend you don't know who's calling at first." Thus, the role play began.

The first three to four hours of role play were centered on his first surgical experience. Bobby slipped in and out of various roles, and projected his own experiences onto others at times.

B:\* (as a nurse) "We've got a sick girl here. You better come quick."

N:\* (as doctor) "Well, what's the matter?" (I wanted Bobby to set the stage.)

B: "She's awful sick. Her mother just brought her. Do you want to talk to her?"

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\*In excerpts of dialogue, Bobby will be designated by the letter "B," Karleen by the letter "K," and the writer by the letter "N."

- N: "Yeh."
- B: (as mother) "My little girl is awful sick. Her mother just brought her. She threw up all the way coming here in the car." (In reality, Bobby had been the sick child in the car coming for his third hospitalization.)
- N: "Well, what do you think I should do?" (I wanted Bobby to take the lead, and wondered what he, Bobby, thought the doctor should have done.)
- B: "She needs an operation." (Bobby needed to get to the topic of his operation.)
- N: "Maybe we should just see how she does here. I'd rather not operate if possible." (I wanted Bobby to realize that surgery is not necessarily the first thought of the doctor and that doctors do not inflict surgery sadistically.)
- B: "She needs an operation. And my boy is here, too. Pre'nd they both have to stay and have an operation." (This actually happened at the outpatient visit prior to his first hospitalization. His hospitalization and operation were unexpected.)
- N: "Oh, your boy is here, too. That's pretty rough. Well, we gotta keep 'em both here. I'm sorry." (reflecting compassion of doctors even though they must assume the authoritarian role, yet making the children stay.)
- B: "She needs an operation." (again to the topic of surgery.)
- N: "What should we do for Karleen?" (I injected his sister's name to begin to ground the role play more concretely in past reality.)
- B: "Gotta amputate her foot." (This did happen to Karleen during Bobby's first hospitalization.)
- N: (I remained silent.)
- B: "Pre'nd while she's having the operation, you tell the mother that her boy has to have an operation." (This, too, actually occurred.)
- N: "One more thing. Your girl's having an operation, and I think we better do an operation on your boy. What do you think we should do?" (Again I wanted Bobby's perception about what he thought should be done to him.)

- B: "Take his pins out." (He jumped to his third hospitalization.)
- N: "Well, we're gonna have to take out those pins."
- B: "And pre'nd that the dad and the other two boys are in the Stanley Hospital." (He referred to a hospital near his hometown, but brought in some fantasy, perhaps wishing his problems onto his brothers.)
- N: "Well, will you be able to stay with your kids?" (I wanted to get at his feelings toward his mother's absence.)
- B: "I'd like to. I've got two kids in the Stanley Hospital. My dad's there with 'em. Hey, pre'nd you're the dad. (In the role of mother, Bobby told me that she wanted to stay at the hospital, but feels obligations at home. Perhaps the only "valid" obligation at home for Bobby is illness in the family which would keep his mother from him.)
- N: "O.k. Say, Mom, how are the kids doing?" (I wanted to portray father as being concerned.)
- B: "They're pretty sick. Bobby's gonna have his pins out." (This was a bit incongruous, for Bobby appeared to be physically well at the time of his pin removal, but, no doubt, he felt sick in other ways.)
- N: "Well, Dale and Chris are getting better here. When can you come home?" (I introduced reality-- the farm woman is needed at home.)
- B: "I thought I'd better stay here for a while with the boy and girl." (Bobby felt that his mother wanted to stay. He reflected her actual feelings.)
- N: "Well, you know I've got a lot of work to do. Now that we don't have the hired man, I can't get the milking done. And the boys, Dale and Chris, won't be able to help for a few days." (I introduced reality.)
- B: "I thought I should stay here, but I could come . . ." (Bobby began to actually feel his mother's ambivalence.)
- N: "No, I think Bobby and Karleen will need you more. Better stay there for a while. I'll get by." (I wanted Bobby to understand father's feelings. I also wanted to relieve Bobby of guilt feelings if he thought his father was upset because Bobby couldn't help, and his mother needed to spend extra time with both Karleen and him.)

Feelings toward his mother's presence were also reflected in the following session which occurred two days later with his sister, Karleen, in attendance:

- B: (as a doctor) "Now your girl's alright. She's feelin' a lot better."
- N: (as mother) "I just found out about it."
- B: "But she did all right without you." (He acted as if he were trying to convince his mother.)
- N: "She did? Well, that's good. I'm glad."
- B: "She cried too much. Her leg bothered her, but . . . legs always have to bother. Everytime you have to have an operation, but . . . . She's doin' alright." (This is reality for Bobby--legs always have to hurt, and he thinks he cries too much. But the doctor says he is "doin' all right.")

During the next play session, Bobby pursued the topic of operations by acting as his mother, and said, "Uh . . . Ddddid you say we were gonna operate on that one girl today or tomorrow?"

When acting as the doctor, I said, "I know it's hard for you to be away from home. Say, uh, you know we want your boy to stay this time, too." (This was said to help Bobby assume the role of his mother.)

- B: (as the mother) "Oh no!" (dejectedly--his entire self seemed immersed in the mother role.)
- N: (I explained that the pins needed to be removed.)
- B: "That'll be . . . good . . . ." (It is both good and bad for both Bobby and his mother.)
- N: "Well, I know it's kinda hard--you having both kids in the hospital." (I demonstrated empathy.)
- B: (silent at first) "Yeh, I suppose so . . . ."
- (perhaps he was beginning to grasp reality.)
- N: "Who takes care of the kids at home?"

B: "We had to move to the city." (I knew this would be the last resort for the family. Perhaps Bobby or even his parents had thought about the consequences of the hospitalizations and operations on the two children.)

N: "Oh, you had to move to the city . . . not enough people to do all the work at home." (I thought that Bobby had thought of this, especially since he was unable to help with chores.)

During the third hour of role play, Bobby began to introduce doctors into his play. As the father, Bobby told the doctors of his need to get the children home:

B: (as father) "When will our brother be able to come home and our sister? (Note that the brother was mentioned first.)

N: "Oh, oh. That's a tough question. I suppose you're getting lonesome for them, huh?"

B: "Well, we need the help." (He told of doing the chores and not feeling good from being so tired.) (This kind of comment made it seem as though Bobby was emphasizing the helping aspect, rather than his father's wanting him home just because he misses his son.)

Bobby abruptly switched roles. He cast me in the role of Bobby and he became his feared doctor. Bobby prodded me continually to cry out as he used a toy cast cutter on a doll's leg which he had casted. I made comments which Bobby had told he he had made during the time when his cast was removed. He said he had told the doctor: "Go easy on it.", "Stop!", "My leg hurts!". He also told me he had made an endless assortment of groans. Bobby continued with the cast cutter, oblivious to my cries. If I rested, Bobby gave me sharp looks which communicated his wish for me to continue.

N: (as Bobby) "Oh, oh. Don't do that. Please don't. I want to go home. When can I go home, Dr. Smith?"

- B: (as the feared Dr. Smith) "SHUT UP!"
- N: "Please Dr. Smith, I want to go home." (I tried to reflect Bobby's desires.)
- B: "Shut UP! I CAN'T DO IT!" (Bobby abandoned his self completely into the role. His face was strained and angry, and he spoke sharply.)
- N: "I can't help it. I can't hold my leg still. It just moves." (This had been a big problem for Bobby. He often mentioned that his leg jerked uncontrollably.)
- B: (stops the cast cutter)
- N: "Dr. Smith, when I can I go home?"
- B: "Prob'ly next week." (He began to pound with a hammer on a pounding board.)
- N: "You gotta do this to me?"
- B: "That's all." (He stopped pounding and resumed playing with the cast cutter.)
- N: "Ooooh, you said that was all. Don't do it again, then."
- B: "I just better cut it."
- N: "Don't! That's on me. That hurts!"
- B: "SHUT UP!"
- N: "Please."

Bobby stopped using the cast cutter and motioned for me to turn off the tape for a replay. Bobby enjoyed the role play a great deal, and listened intently to the replay of the tape. He became angry if noise prevented him from hearing the tape, and demanded that no one talk. More and more Bobby took on the Dr. Smith role, playing it with great fervor.

- B: (as Dr. Smith) "Shut up."
- N: (as Bobby) "Don't tell me to shut up. I can't help it! It hurts a lot!" (I do not think that Bobby could have said this to the doctor, for he was too

frightened of him, but it is quite probable that he would have liked to.)

B: (began to use the cast cutter)

N: "Do you do this to my sister, too?"

B: "Well, she learn . . . did . . . gets used to it."

N: "Well, I'm not used to it. Karleen can do it, but I can't." (This was very important to Bobby.)

B: "It's prob'ly just the noise from the pins--it--gets that--the pins gets--that. Gets the noisey and it wiggles and that pins gets into your leg. That might do it. That's why." (He tried to explain how vibration moved the pins and made his leg hurt. This is the first time that Bobby as Dr. Smith took time to explain why it hurt. He made the doctor more human during this play session and "Shut up" was less frequent.)

N: "Don't do it that way! You hurt me. Do you have to do this?"

B: "Yes . . . do you want the cast on all the time?" (It was difficult to tell if this was a threat or an explanation of why he had to use the cast cutter.)

N: "NO!"

B: "All right!" (stops cast cutter)

N: "Is that what'll happen?"

B: "Yes, if you don't want it on . . . ."

N: "I don't know what I want . . . this hurts too much. Can't you be more careful?" (I wanted to reflect Bobby's ambivalence--to stop the pain and halt the procedure which was done to give him a more useful leg, or to suffer the pain.)

B: "I can't help it." (He saw the doctor as not willfully inflicting pain, but doing something that naturally, but unfortunately, occurs.)

N: "Don't do this to me. You don't like kids, do you?"

B: "Can't hear ya."

N: "I said, you don't like kids, do you?"

B: "I just don't have time. One comes in, and then another." (Unfortunate, but reality, Bobby perceives.)

N: "You don't even care about me."

B: "I do too." (As if he were trying to convince himself of this.)

N: "Hm-mm."

B: "I'm gonna put a cast on." (drops the subject at hand)

Later in the role play, when I was cast into the role of Bobby and he was enacting the role of Dr. Smith, I said, "I want to put casts on your legs, and on your mouth also because you always tell me to shut up."

B: "I'm just mad once-in-awhile."

N: "I suppose everyone has to get mad." (Here, I was giving Bobby permission to be angry.)

B: "Yes."

N: "You don't let me get mad." (I pointed out the inconsistency that Bobby felt.)

B: "I'm not trying to get you mad. I'm just . . . I like you, but when do I got time? Dr. Jones, he doesn't even got patients. All he does is make me get 'em all." (Bobby sounded very convincing about liking the boy. It was a remarkable perception of reality by Bobby.)

N: "You got to do all the work?"

B: "Yes, that's why I'm so God-damn, gol'darn disgusted."

N: "I'll bet you are. You have to do all these patients."

After the above experience, Bobby motioned to stop the tape recorder and requested to hear the replay.

On the day before discharge. Bobby and Karleen began to prepare themselves for going home with the use of role play. In play, Bobby put on his coat and said, "Come on, Mom. Let's get on the road." He made noises which sounded like a car. When they fantasized that they were home, Bobby and Karleen greeted the cats first, and then Bobby went to the barn. Karleen took the father role, and Bobby was himself. Bobby's accomplishment in learning to walk was the main topic of conversation. In play, Bobby showed his father how he could walk as pride radiated from his face. Karleen, who was playing the father role, was extremely impressed and happy about Bobby's success. Then, in play, father and son talked about the barn cats.

Karleen and Bobby discussed the menu they hoped they would have on their first night at home. Bobby suggested that he call his nurse on the telephone. He did, and he and I role-played a conversation that he imagined at some future time. Bobby was unusually quiet during this time, and I had to support the conversation. Bobby was beginning to face separation from me. He had mentioned often that I would probably take another boy for a patient when he went home.

The emphasis that Bobby had placed on past hospitalizations had become supplanted by role play of his fantasies about the future. Bobby's last comment recorded in the office playroom was, "Good-byeeee. Hallelujah, Hallelujah!"

## CHAPTER IV

### ASSESSMENT OF EGO DEVELOPMENT AFTER ROLE PLAY BEGAN

In this chapter, the effect of role play on Bobby's knowledge and adaptation to reality, or his ego development, will be evaluated by identifying changes which occurred in his perception of his body and illness, and of his relationships with others following the onset of role play.

#### Reality of Bobby's Perception of His Body and Illness After Role Play Began

Bobby's heightened sensitivity and keen perception of his body and its functions decreased steadily after play sessions were begun. A sharper drop occurred after role play was employed. Although Bobby was intent upon gaining more skill in walking with a cane, mannerisms such as holding his atrophied hand, repetitiously flexing his left leg, and rubbing his hands in his hair, decreased in frequency. However, they increased during such stressful experiences as physical therapy progress evaluations with the orthopedist.

Instead of explaining his past hospitalizations and operations in detail, he began to greet new people with, "I'm getting a new cane to take home," or "See how I learned to walk at P.T.?" Bobby dwelled less on the past, and instead, he expressed confidence in the present and future within the limits of reality. When Bobby shared his fantasies with me, it was either made obvious or else labeled as such:

Bobby and Karleen were to be discharged the next day. Bobby pretended he was at home. "I'm home, I'm home! Hi, Mom. How'd you get here? I took my bicycle. I role to Throp and I got home first. Karleen is still in Madison. Ha, ha, ha! Boy, I wish I could bicycle home tonight, but ya can't. Just pre'nd."

Bobby knew realistically the capacity of his body, and adapted his behavior accordingly.

"I'm gonna go down to the barn and show my dad. I can't do chores like Dale. Ol' Chris doesn't do anything. But I used to feed the rabbits. I think I can do that when my cane is gone. You gotta have two arms to do most chores."

"I don't know if I'll go to school yet. I'll prob'ly use the telephone hook-up until I walk better. I'm gonna walk better, too! Just gotta practice. Walk down to the barn."

In the period before discharge, Bobby ceased to express resentment or wishes to retaliate, although it is possible that thoughts of punishing others entered the conscious part of his mind. Nor did he make remarks that indicated that he continued to view illness as punishment.

In summary, Bobby's perception of himself, his body and his illness was primarily reality-oriented prior to his use of role play, although fantasy, projection and denial were employed at times to defend himself from anxiety. After Bobby introduced role play, his perception of his body and illness was even more congruent with reality. This was evidenced by decreased sensitivity to his body and its functions, increased ability to identify what was real and what was fantasy, and anticipation of bodily function which was within his capabilities. Further documentation occurred by noting the absence of verbal or nonverbal behaviors which indicated that he continued to perceive illness as punishment, or that he had wishes to retaliate.

Reality of Perception of His Relationships With Others  
After Role Play Began

The content of the role play concerning Bobby's mother provided evidence to support the hypothesis that Bobby gained new insights into their relationship. During the first two weeks of hospitalization, Bobby intermittently denied and admitted that he needed his mother to visit him more often. Intellectually, he knew why his mother could not come, but emotionally, he could not understand nor accept her absence. When role play began, he pretended to call his mother on the telephone. Prior to this time he even refused to talk about telephoning his mother. After several role play sessions, he did not need to use the toy telephone any longer. Instead, he willingly spoke to his mother and father on the real telephone.

Mastery of his feelings of desertion by his mother appeared to be acquired by the development of insight into his mother's feelings about his hospitalization. It was achieved through role play. For example:

- N: (as father) "When can you come home?"
- B: (as mother) "I thought I'd better stay here for awhile with the boy and girl."
- N: "Well, you know I've got a lot of work to do. Now that we don't have the hired man, I can't get the milking done. And the boys, Dale and Chris won't be able to help for a few days."
- B: "I thought I should stay here, but I could come . . . ." (Reflected that his mother was pulled both ways.)

Ego development, as conceptualized by Hartmann, was gained through role play. Bobby knew intellectually and emotionally why his mother did not visit more often. He adapted to the reality of her absence by talking more freely about missing her and by being able to at last speak to

her on the telephone. When his mother came to take him home on the day of dismissal, he was able to greet her warmly.

The greatest gain in ego development in terms of knowledge and adaptation to reality, came in Bobby's relationship and feelings toward physicians. Prior to role play, Bobby often stated that doctors hated children because they inflicted pain and never listened to pleas to stop. The following excerpt from the data shows how role play helped Bobby to perceive the doctors more realistically:

N: (as Bobby) "Can't you be more careful?"

B: (as doctor) "I can't help it." (Prior to this time, his reply had usually been "Shut up!")

N: "You don't like kids, do you?"

B: "I just don't have the time. One comes in, and then another."

B: "I'm not trying to get you mad. I'm just-- I like you, but when do I got time? Dr. Jones, he doesn't even got patients. All he does is make me get 'em all."

N: "You have to do all the work?"

B: "Yes, that's why I'm so God-damn, gol'damn disgusted."

Evidence that role play promoted adaptation to reality in addition to providing basic insight into other person's role was provided by Bobby's changed relationship with his doctors. After several role play sessions, Bobby began to seek out and draw his doctor's attention to his progress in walking. Then Bobby became able to ask the doctor when he would be discharged from the hospital. This was a task he was unable to do before but wanted to do.

Bobby "composed" and sang several songs during the week of role play. One of these songs reflected Bobby's knowledge and adaptation to reality:

"I hate having surgery, I hate having surgery.  
 But! I have to have 'em, I have to have 'em.  
 I have to have 'em.

If they have to have 'em, if they have to help me,  
 Help me, then I will do it.

But if they don't help me, then I will not do it!  
 But if it does help me, I'll do it!  
 But if it doesn't help me, then I am not doing it!

But if the doctors know, I will not believe them.  
 Because, because, some of the doctors say you're  
 doin' alright and that . . .  
You are not!

It does not help you."

In reality, there is little that is pleasant about an operation. Bobby could admit hating operations and did not have to resort to the use of maladaptive defenses such as denial or reaction formation. Bobby knew that he needed operations. If he could believe it benefited him, he would become able to cooperate. However, if he let himself believe that they could not help him, he could not bear to think that he had to subject himself to the ordeal.

Bobby still expressed, but always within the context of reality, some doubts about the honesty of doctors: "Some of the doctors say you're doin' alright and that . . . you are not! It does not help you." Thus, in all of the above ways, Bobby's behavior demonstrated that he had acquired increased ego development; reality was neither distorted by denial nor by irrational fantasies.

Evaluation of Empathic Understanding After Role Play Began

Bobby's empathic understanding, particularly of his doctors, increased greatly as a consequence of role playing. By enveloping his whole self into that of another, he felt what it would be like to be the other person, and to observe him at the same time. Bobby could intellectually understand why his mother could not come more often but was able to sustain conscious awareness of his need for her. Bobby still disliked operations, but through role playing he gained insight into his doctor's behavior. As a consequence, he became more able to perceive operative treatment as beneficial rather than punishing.

As insight grew, reality became more clear and distortions lessened so that he could adapt to reality with greater ease. Thus, ego development, or knowledge and adaptation to reality was enhanced during hospitalization.

## CHAPTER V

### SUMMARY, CONCLUSION, AND RECOMMENDATIONS

#### Summary

This study described the ways in which Bobby, a disabled hospitalized ten year old boy gained empathic understanding through role play which promoted his ego development.

The study took place in the children's hospital of a midwestern university medical center. The writer functioned as a nurse-participant-observer, and provided nursing care for the child throughout the three-week hospitalization. Observations were made daily. They were written in the form of process recordings. All role play sessions were tape recorded.

Hartmann's theory of ego development was used as a frame of reference for assessing ego development prior to role play. Study of Bobby's behavior prior to role play revealed distortion of reality in the boy's perception of his relationship with his doctors. His perceptions of his body and illness were primarily reality-oriented. There was little evidence of empathic understanding.

The writer employed Moreno's techniques of role play, in which the child cast himself and the writer into roles. Most frequently Bobby played the role of mother, father, and the doctor. Insight into other persons and into himself resulted from the role play. As reality

became both intellectually and emotionally discovered and adapted to, ego development was promoted.

### Conclusions

Role play was an effective means of supporting ego development for this boy. Insight into the self and the behaviors and roles of others was gained within the confines of reality. Thus, hospitalization for this ten year old boy resulted in the promotion of ego development rather than in regression or fixation at the level of development he was at prior to his use of role play.

### Recommendations

Because role play was effective in promoting ego development in the subject of this study, it is recommended that role play be used:

1. with groups of hospitalized children.
2. for other purposes than the promotion of ego development; for example, as preparation for operative procedures or to alter the effects of physical disability on social relationships.
3. with children of various ages to ascertain if the same results can be attained with other age groups.

## BIBLIOGRAPHY

### Books

- Alpert, Augusta. "Sublimation and Sexualization," The Psychoanalytic Study of the Child. Vol. III-IV. New York: International Universities Press, 1949.
- Axline, Virginia M. Play Therapy. New York: Houghton-Mifflin Co., 1947.
- Beres, David. "Ego Deviation and the Concept of Schizophrenia," The Psychoanalytic Study of the Child. Vol. XI. New York: International Universities Press, 1956.
- Bornstein, Berta. "On Latency," The Psychoanalytic Study of the Child. Vol. VI. New York: International Universities Press, 1951.
- Corsini, Raymond J. Role-playing in Psychotherapy: A Manual. Chicago: Aldine Publishing Co., 1966.
- Cumming, John and Cumming, Elaine. Ego and Milieu. New York: Atherton Press, 1967.
- Freud, Anna. The Ego and the Mechanisms of Defense. New York: International Universities Press, 1936.
- \_\_\_\_\_. Psychoanalysis for Teachers and Parents. New York: Emerson Books, Inc., 1954.
- \_\_\_\_\_. "The Role of Bodily Illness in the Mental Life of Children," The Psychoanalytic Study of the Child. Vol. VII. New York: International Universities Press, 1952.
- Freud, Sigmund. "Analysis Terminable and Interminable," The Standard Edition of the Complete Psychological Works of Sigmund Freud. Vol. XXIII, ed. by James Strachey. London: Hogarth Press, 1937.
- \_\_\_\_\_. "Three Contributions to the Theory of Sex," The Basic Writings of Sigmund Freud. New York: Modern Library, 1958.
- \_\_\_\_\_. "The Ego and the Id," The Complete Works of Sigmund Freud. Vol. XIX. London: Hogarth Press, 1923-1925.
- \_\_\_\_\_. Inhibitions, Symptoms, and Anxiety. London: The Hogarth Press, Ltd., 1936.

- Freud, Sigmund. "Formulations on the Two Principles of Mental Functioning," The Complete Psychological Works of Sigmund Freud. Vol. XII. London: Hogarth Press, 1911.
- \_\_\_\_\_. "Moses and Monotheism," The Complete Psychological Works of Sigmund Freud. Vol. XXIII. London: Hogarth Press, 1937-39.
- \_\_\_\_\_. "An Outline of Psychoanalysis," The Complete Works of Sigmund Freud. Vol. XXIII. London: Hogarth Press, 1937-39.
- Fries, Margaret E. "The Child's Ego Development and the Training of Adults in His Environment," The Psychoanalytic Study of the Child. Vol. II. New York: International Universities Press, 1946.
- Gardner, Riley and Moriarty, Alice. Personality Development at Pre-Adolescence. Seattle: University of Washington Press, 1968.
- Hartmann, Heinz. "The Mutual Influence in the Development of Ego and Id," The Psychoanalytic Study of the Child. Vol. VII. New York: International Universities Press, 1952.
- \_\_\_\_\_. "Notes on the Reality Principle," The Psychoanalytic Study of the Child. Vol. XI. New York: International Universities Press, 1956.
- \_\_\_\_\_. Ego Psychology and the Problem of Adaptation. New York: International Universities Press, 1958.
- Hartmann, Heinz; Kris, Ernst; and Lowenstein, R. M. R. "Comments on the Formation of Psychic Structure," The Psychoanalytic Study of the Child. Vol. II. New York: International Universities Press, 1947.
- Jessner, Lucie. "Some Observations on Children Hospitalized During Latency," Dynamic Psychopathology in Childhood. Ed. by Lucie Jessner and Eleanor Pavenstedt. New York: Grune and Stratton, 1959.
- Josselyn, Irene. "The Latency Period," Psychosocial Development of Children. New York: Family Service Association of America, 1948.
- Katz, Robert L. Empathy. New York: The Free Press of Glencoe, 1963.
- Lampl-de Groot, J. "On Defense and Development: Normal and Pathological," Psychoanalytic Study of the Child. Vol. XII. New York: International Universities Press, 1957.
- Moreno, Jacob L. "Psychodrama," A Handbook of Psychiatry. Ed. by Silvano Arieti. New York: Basic Books, 1959.
- \_\_\_\_\_. Progress in Psychotherapy. New York: Grune and Stratton, 1956.

- Peller, Lili E. "Libidinal Phases, Ego Development, and Play," The Psychoanalytic Study of the Child. Vol. IV. New York: International Universities Press, 1954.
- Slavson, S. R. An Introduction to Group Therapy. Boston: Houghton-Mifflin Co., 1951
- Wolfenstein, M. "Analysis of a Juvenile Poem," The Psychoanalytic Study of the Child. Vol. VI. New York: International Universities Press, 1956.

#### Periodicals

- Abbate, G. M. "The Middle-aged Child Steps Out," Child Study, XXVII (1950), 9.
- Ablesser, H. "Role Reversal in a Group Psychotherapy Session," Group Psychotherapy, XV (1962), 321-325.
- Alpert, Augusta. "The Latency Period," Journal of Orthopsychiatry, XI (1941), 126-132.
- Blake, R. R. "Experimental Psychodrama with Children," Group Psychotherapy, VIII (1955), 347-350.
- Blake, Florence. "In Quest of Hope and Autonomy," Nursing Forum, I (Winter, 1961-62), 13-15.
- Bromberg, W. "Acting and Acting Out," American Journal of Psychotherapy, XII (1958), 264-268.
- Bruck, M. "An Example of the Use of Psychodrama in the Relieving of an Acute Symptom in a Psychiatric Children's Clinic," Group Psychotherapy, VI (1954), 216-221.
- Buxbaum, Edith. "A Contribution to the Psychoanalytic Knowledge of of the Latency Period," American Journal of Orthopsychiatry, XXI (1951), 182 ff.
- Caplan, Gerald. "The Mental Hygiene Role of the Nurse in Maternal and Child Care," Nursing Outlook, II (January, 1954), 14-17.
- Cartenson, B. "The Auxiliary Chair Technique," Group Psychotherapy, VIII (1955), 50-56.
- Coleman, Sherman S. and Noonan, Thomas D. "Anderson's Method of Tibial-Lengthening by Percutaneous Osteotomy and Gradual Distraction," Journal of Bone and Joint Surgery, II (March, 1967), 263-279.

- Eliasoph, E. "A Group Therapy-Psychodrama Program and Berkshire Industrial Farm," Group Psychotherapy, XI (1958), 57-62.
- Fein, Leah G. "Psychodrama in the Text of Disciplinary Problems," Group Psychotherapy, XV (1962), 47-53.
- Fries, Margaret. "Review of Literature on the Latency Period," Journal of the Hillside Hospital, VII (January, 1958), 3-16.
- Goodman, Jerome M. "Nondirective Psychodramatic Play Therapy," American Journal of Orthopsychiatry, XXXII (1962), 532-534.
- Hartmann, Heinz. "Psychoanalysis of the Concept of Health," International Journal of Psychoanalysis, XX (1939), 308-321.
- Hendrick, I. "Ego Development and Certain Character Problems," Psychoanalytic Quarterly, V (1938), 320-346.
- Moreno, J. L. "The Discovery of the Spontaneous Man," Group Psychotherapy, VIII (1955), 103-129.
- \_\_\_\_\_. "Psychodramatic Treatment of Psychoses," Sociometry, II (1940), 115-132.
- Moreno, J. L. and Moreno, F. B. "Spontaneity Theory of Child Development," Sociometry, VII (1944), 89-128.
- Moreno, Zerba. "Psychodrama in the Crib," Group Psychotherapy, VII (1954), 291-302.

#### Unpublished Material

- Denyes, Mary Jean. "A Preschool Child With Hirschsprung's Disease Uses a Nurse to Gain Ego Strength." Unpublished Master's Paper, University of Wisconsin, 1967.