

AN INJURED TODDLER'S USE OF PLAY

WITH HER NURSE

BY

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CHAPTER I  
INTRODUCTION

Pediatric nurses have become increasingly more concerned about the provision and emotional support for the child who is ill or handicapped. This concern was reinforced as research from the field of child psychiatry identified the special emotional needs of the parents and child when the latter had an illness or handicap.<sup>1</sup> In trying to further define what the nurse may provide in her emotional support of the child, the value of children's play activities has been studied. By observing the child at play, the nurse can learn how he is relating to other children, accustoming himself to the hospital, and feeling about his separation, loss of maternal care, illness and necessary treatments.<sup>2</sup>

There is need for more investigation of the child's use of play experiences with a nurse to demonstrate the value of this activity as an integral part of the care provided by the pediatric nurse. The writer's purpose in presenting this study is to contribute methods by which a nurse can provide emotional support through planned play experiences. The writer also hopes to share her experience in providing nursing care for a two-year-old child who was unable to

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<sup>1</sup>Florence G. Blake and F. Howell Wright, Essentials of Pediatric Nursing (7th ed.; Philadelphia: J. B. Lippincott Co., 1963), p. 5.

<sup>2</sup>Ibid., p. 50.

communicate verbally. The study demonstrates how this child used play to express herself and to work through feelings about an accident and treatment in a hospital.

### Statement of Problem

The intent of this study was to identify, describe, and interpret the ways in which a two-year old child used play to deal with feelings evoked by an automobile accident and the resulting hospitalizations for multiple fractured jaw. The problem was studied through examination of the following objectives:

1. Which experiences presented major stress for this child in adapting to the automobile accident and the ensuing hospitalizations?
2. Initially, how was the child able to use play experiences with a nurse in dealing with these stresses?
3. In what ways did the child's play meet the criteria established for measurement of its effectiveness?
4. What patterns of play emerged and how did they change when: a) the nurse-patient relationship grew, b) the child was seen in home, c) the child was hospitalized for a second admission, d) the child was observed in the clinic situation?
5. What trends in the child's play indicated that she was making progress in dealing with her feelings?

### Hypotheses

The following two hypotheses were tested:

1. Regular periods of play can be used by Helena to make a more comfortable adjustment to hospitalization and the automobile accident which caused her injury.

2. Regular periods of play can be used to help Helena express the feelings and needs that she could not communicate verbally.

### Assumptions

This study was based on the following assumptions:

1. The young child needs to experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute)<sup>3</sup> in which both find satisfaction and enjoyment.
2. Hospitalization for the young child can develop into a stressful experience because the fear of abandonment, mutilation, losing self-control and regressing to more infantile ways are aroused by separation from mother and by painful treatment measures.<sup>4</sup>
3. Play activity is the child's natural medium for self-expression.<sup>5</sup>
4. "Play can be used to establish a working relationship."<sup>6</sup>
5. "Play can be used to help a child act out unconscious material and to relieve the accompanying tension."<sup>7</sup>

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<sup>3</sup>John Bowlby, Child Care and the Growth of Love (Baltimore: Penguin Books, Ltd., 1963), p. 11.

<sup>4</sup>Herber Freilich, "Psychologic Problems in Hospitalization of Children," Hospital Topics, Vol. 44 (Feb., 1966), p. 103.

<sup>5</sup>Virginia Axline, Play Therapy (Boston: Houghton Mifflin Company, 1947), p.9.

<sup>6</sup>Fanny Amster, "Differential Uses of Play in Treatment of Young Children," American Journal of Orthopsychiatry, Vol. 13 (January, 1943), p. 62.

<sup>7</sup>Ibid., p.67.

6. "Non-directive play therapy...gives the child opportunity to play out accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, confusion...it may be described as an opportunity that is offered to the child to experience growth under the most favorable conditions."<sup>8</sup>
7. "In the child's play, his behavior, ideas, feelings, and expressions help our understanding of his problem and how he sees it."<sup>9</sup>

#### Definition of Terms

For the purposes of this study, the following terms have been defined:

Adapting is the individual process in which one confronts and adjusts to new and difficult situations.

"Anxiety is the apprehension, tension or uneasiness which stems from the anticipation of danger, the source of which is largely unknown or unrecognized."<sup>10</sup>

The acquisition of Autonomy is the second developmental problem as referred to by Erikson. It is the development of the sense of self as separate from others with increased potential for control over himself and the environment. With autonomy there is a feeling of pride and continued trust in himself and others.<sup>11</sup>

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<sup>8</sup>Axline, op.cit., p. 16.

<sup>9</sup>Amster, op.cit., p. 62.

<sup>10</sup>Robert T. Morse (ed.), A Psychiatric Glossary (Washington D. C.: American Psychiatric Association, 1962), p. 18.

<sup>11</sup>Erik H. Erikson, Childhood and Society (2d ed.; New York: W. W. Norton & Company, Inc., 1963), p. 85.

Comfortable adjustment refers to the healthy sequential behavior which a person uses in responding to a new situation. It requires energy to meet the situation and allows concurrent developmental processes to continue without interruption.

Dealing with feelings is the way in which the child behaves in directing and handling his emotions.

Denial is an unconsciously operating mental mechanism that is used in an attempt to resolve emotional conflict and to allay consequent anxiety by denying the more important elements of the threatening stimuli.<sup>12</sup>

Ego refers to the "central part of the personality which deals with reality and is influenced by social forces...serves as the mediator and is also the battleground between unconscious impulses and personal plus social standards".<sup>13</sup>

Emotional support refers to the nursing care which aids the person's ego in carrying out its function more effectively.<sup>14</sup>

Experiences presenting major stress are those experiences which the child cannot handle without producing residual fears, anxiety, anger and helplessness and consequent heightened tension.

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<sup>12</sup>Morse, op.cit., p. 26.

<sup>13</sup>Ibid., p. 30.

<sup>14</sup>Blake, op.cit., p. 21.

Frustration is the psychological condition which arises when needs cannot be satisfied.

Mastery refers to problem solving which leads to healthy growth and development of the individual rather than to maladjustment.<sup>15</sup>

Repression is the mental mechanism by which unbearable ideas and impulses are unconsciously submerged from consciousness and not ordinarily subjected to voluntary recall.<sup>16</sup>

Separation anxiety refers to the tension specifically caused by separation of the child from his mother or mother substitute and by his concern lest he has been abandoned.<sup>17</sup>

Trust is the sense of reliance on the continuity and sameness of oneself and of others.<sup>18</sup>

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<sup>15</sup> Ibid., p. 24.

<sup>16</sup> Morse, op. cit., p. 57.

<sup>17</sup> Bowlby, op. cit., p. 28.

<sup>18</sup> Erikson, op. cit., p. 248.

## Methodology

### Setting

This study took place in the children's division of a university medical center located in the midwestern section of the United States. Children from the state are referred to this center by physicians for diagnostic and treatment services which small communities are unable to provide.

The subject of this study, Helena Sanchez, was admitted to the unit for toddler and preschool children which had a capacity of twenty-six beds. Helena was placed in a three bed room during her first hospitalization. In addition to cribs, the room had a sink, chairs, dressers, television set, and a child sized table with chairs. Windows provided direct visibility into the hallway. Helena was in a similar room during her second hospitalization except for the addition of a cot on which her mother slept.

Helena's play sessions were held in various settings: the hospital room described above, the hospital playroom, an office, a clinic examining room and at home. A brief description of these settings will be presented.

Adjacent to the hospital unit there was a spacious, cheerful playroom which had a one way viewing glass separating it from the parent lounge. The playroom was well equipped, with varied kinds of toys and materials for creative and structured play. Two qualified nursery school teachers planned and supervised activities in the playroom.

Close to the unit where Helena was hospitalized there was an office with play equipment which graduate students used for private play experiences with their patients. Play equipment included a small table and chairs, easel and paints, and shelves with toys appropriate for children of various ages. These included a doll family and doll house, hospital equipment, clay, puzzles, guns, pounding boards, dishes, and tubs for water play. During her hospitalization, Helena went frequently to this office for play with the writer.

Short play experiences were also provided when Helena was seen in the outpatient department of the medical center. These were held in the small clinic examining room which contained the usual chairs, desk and examining table.

The writer also saw Helena in her home which was located in a university housing project. The Sanchez family had a small two bedroom apartment. The play sessions were held in the combination living room-kitchen. It was a small room which contained a sofa and chairs, coffee table and television set.

Play materials and toys for Helena's use were kept in a suitcase and taken by the writer to each play session, except when they were held in the hospital playroom. The suitcase contained: a set of small wooden dolls depicting a mother, father, children, doctor and nurse; doll dishes; a rubber doll with feeding bottles; hospital equipment such

as bandages, cotton balls, tourniquets, syringes, gauze, and nasal gastric tube; paper, scissors and crayons; clay and paste; pipe cleaners; pounding board; small blocks and wooden beads for stringing; a xylophone; a rubber ball; a squirt gun; a truck and three small metal cars.

#### The Subject of the Study

Helena Sanchez was chosen for study because of her unique medical problem, the anticipated difficulty she would have in learning an unfamiliar language, and because she was in the age group most vulnerable to separation from mother.<sup>19</sup> She had reached her second birthday two weeks prior to the automobile accident.

#### The Period of the Study

This study extended over a period of five weeks and four days beginning with Helena's first hospitalization which lasted for thirteen days. The study continued through the intervening period of nine days at home, her rehospitalization for two days, and the fifteen days after her second discharge from the hospital.

The initial contact with Helena was on the second day of her first period of hospitalization. On her third hospital day she underwent anaesthesia and an operation. Play sessions began on the fifth day of hospitalization. These play sessions were begun at the discretion of the writer (a nurse) and were held at varying times of the day.

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<sup>19</sup>Bowlby, op. cit., p. 12.

Whenever possible Helena was given the leadership in terminating the play periods. During the majority of the play sessions the writer and child were alone. An instructor was present during selected periods for the purpose of recording observational data. Between hospitalizations the writer studied the child during play sessions in her home. Helena's mother and her four-year-old sister were always present. At times neighbors would visit briefly as well. Five home visits were made during the nine days between hospitalizations. During this time contact was also maintained by frequent phone calls to Mrs. Sanchez. Five additional home visits were made after the second hospitalization.

#### Sources of Data

The observational data for this study were obtained through:

1. Recorded observations of the child's behavior by the writer and her instructor during play experiences with the writer.
2. The hospital and clinic medical records.
3. Conferences held with hospital personnel, i. e. nursing and medical staff, nutritionist.
4. Interviews with the child's parents.

#### Collection of Data

The observational data were collected through study of the child during play experiences with the writer. They were recorded by the writer or her instructor. These observational data included the child's responses to the play materials and to the writer and the writer's interaction

with Helena. They also included the writer's interpretation of the child's behavior and the rationale for her interaction with her. Observations made during Helena's two clinic visits were recorded because her responses to the play materials were different from those previously observed.

The process recordings were studied daily by the instructor and weekly conferences included discussions of Helena's nursing care and interpretations of her behavior during play periods. During the hospitalizations the writer maintained her relationship with the child as she provided nursing care for her from two to four hours per day.

#### Limitations of the Study

The subsequent statements are felt by the writer to be limiting aspects of this study.

1. The setting for the play sessions varied.
2. Individuals other than the writer were present at many of the home play sessions.
3. The writer was a participant observer in the play sessions which introduced another influencing variable.

#### Criteria Used in Analyzing Data

The following criteria were established by the writer to use in evaluating the effectiveness of the play sessions for Helena.

1. Periods of play will become more active and sustained and less marked by short, interrupted activities.
2. She will become increasingly more spontaneous and free in her expression of feelings and use of materials.

3. She will become able to play actively with the hospital equipment without fear.
4. She will become more able to express angry, aggressive and hostile feelings.
5. She will become more able to use play periods to face her feelings and learn to deal with them.

### Principles of Non-Directive Play Therapy

The writer used Axline's eight basic principles of non-directive play therapy to guide her in making play a valuable part of Helena's nursing care.

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the "feelings" the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.<sup>20</sup>

### Review of Literature

Fractures of the mandibular condylar process are not described in most pediatric textbooks, and only specialized plastic surgery textbooks mention it. All of the nursing textbooks examined omit this medical problem. MacLennan presents a discussion of the fracture and its treatment.<sup>21</sup> The nursing care of infants and children with this problem has not been reported. A complete discussion of the medical problem is presented in Chapter II.

During this century the significance of play and recreational activities has become increasingly valued as a means for the expression of feelings. The importance of recreation as part of the medical treatment for service men was realized after World War I. Recreational therapy increased soldiers' interest in getting well and contributed to a faster recovery. The physicians treating servicemen for personality disorders were concerned about the prevalence of disturbances that related to early childhood

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<sup>20</sup> Axline, op.cit., pp. 75-76

<sup>21</sup> Donald W. MacLennan, "Consideration of 180 Cases of Typical Fractures of The Mandibular Condylar Process," British Journal of Plastic Surgery, Vol. 5 (April, 1952), 122-128.

experiences.<sup>22</sup> They wondered if more opportunities for varied play experiences might have decreased the occurrence of personality disorders in later life. This study of servicemen's responses to recreational therapy served as an impetus for the recognition of play as being "nature's way for the child to grow to learn about himself and his relations to others".<sup>23</sup>

Erikson theorizes that play "is the infantile form of the human ability to deal with experience by creating model situations and to master reality by experiment and planning". He suggests that Freud was the first person to observe the possible therapeutic value of play for the child.<sup>24</sup> Modern therapy of children involves the child in play with an understanding adult who is able to sanction this play. "To play it out is the most natural self-healing measure childhood affords."<sup>25</sup>

Studies by child psychologists show that play therapy is an effective means of treating various problems. Moustakas presents case studies of children who were being treated with play therapy. He found that the normal child

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<sup>22</sup> Anne M. Smith, Play for Convalescent Children In Hospitals (2d. ed.; New York: A. S. Barnes and Co., 1951), p. 36.

<sup>23</sup> Ibid., p. 37.

<sup>24</sup> Erikson, op.cit., pp. 216-217.

<sup>25</sup> Ibid., p. 222.

discusses his experiences spontaneously, openly and directly, conveying his interests and attitudes, concerns, feelings to the therapist. The disturbed child, in contrast, was found to be more devious and indirect in his expression of self, as well as prone to attack or threaten the therapist.<sup>26</sup> Axline illustrates her concept of non-directive play therapy and how it can be implemented into the school situation. She presents a case study of a handicapped child and illustrates his use of play to express his feelings concerning multiple hospitalizations.<sup>27</sup> Cowen and Cruickshank present group therapy sessions with physically handicapped children which illustrate the common anxieties felt by these children and how they were able to express their feelings.<sup>28</sup> Baruch and Miller treated six children with allergy through non-directive play therapy. As these play sessions were utilized by the children, their symptoms markedly decreased.<sup>29</sup> Mary Haworth presents an excellent review of the literature on play therapy. She includes the theories used by various

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<sup>26</sup> Clark E. Moustakas, Psychotherapy with Children (New York: Harper & Brothers Publishers, 1959), p. 42.

<sup>27</sup> Axline, op.cit.

<sup>28</sup> E. L. Cowen and W. M. Cruickshank, "Group Therapy with Physically Handicapped Children," Journal of Educational Psychology, Vol. 2 (June, 1948), p. 281-297.

<sup>29</sup> Dorothy W. Baruch and H. Miller, "Group and Individual Psychotherapy as an Adjustment in the Treatment of Allergy," Journal of Consultant Psychology, Vol. 14 (July, 1946), pp. 281-284.

therapists to illustrate the development of play therapy and its use in child psychotherapy.<sup>30</sup>

Prugh studied the emotional reactions of children and their families to hospitalization. Age, the quality of the child's relationship with the parents, the ability to relate to new adult figures, and the capacity to master anxiety successfully through acting out in play or verbalization influenced the nature and degree of traumata caused by hospitalization. This study indicated that play could be used successfully by the hospitalized child to master anxiety.<sup>31</sup> Plank discusses the importance of play in helping children deal with feelings aroused by hospitalization and illness as well as in preparing them for an operation and other experiences. She describes the types of play materials to use and how effectively they can be utilized in the care of sick children.<sup>32</sup>

Nursing has recognized the value of play. Most pediatric nursing textbooks include a discussion of play in the

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<sup>30</sup>Mary R. Haworth, Child Psychotherapy (New York: Basic Books, Inc., 1964).

<sup>31</sup>Dane B. Prugh et al., "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, Vo. 23 (January, 1963), pp. 70-106.

<sup>32</sup>Emma N. Plank, Working With Children in Hospitals (Cleveland: The Press of Western Reserve University, 1962), pp. 35-45.

hospital, what kinds of play and materials are appropriate for each age group, and how the nurse can support the child in play activities.<sup>33 34</sup> Noble observed that hospitalized children in wards which had good facilities for play had a higher frequency of social contact than those children in wards with poor facilities.<sup>35</sup> Pinkerton discusses how the nurse can use the understanding of the child which she has gained from study of his play to improve staff-patient relationships.<sup>36</sup> The use of play has become increasingly important in helping hospitalized children overcome their fears and anxiety.<sup>37</sup>

Blake in her study of children undergoing operations on the heart describes a child's use of play to communicate her problems in dealing with the demands of hospital personnel. She states that "self directed play gives the child a chance to relive experiences that he has had to endure passively".<sup>38</sup>

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<sup>33</sup> Dorothy R. Marlowe and Gladys Sellev, Textbook of Pediatric Nursing (Philadelphia: W. B. Saunders Col, 1961).

<sup>34</sup> Blake, op.cit.

<sup>35</sup> Eva Noble, "The Value of Play for Young Children in Hospital," Nursing Times, Vol. 60 (December 18, 1964), pp. 1671-1673.

<sup>36</sup> Patricia A. Pinkerton, "The Pediatric Nurse and Play Therapy," The Canadian Nurse, Vol. 55 (January, 1959), pp.28-29.

<sup>37</sup> Sister St. Albert and C. Daniewicz, "Play Therapy Program Helps Children Adapt to Hospitalization," Hospital Progress, Vol. 39 (July, 1958), pp.54-58.

<sup>38</sup> Florence G. Blake, Open Heart Surgery In Children, Children's Bureau Publication No. 418-1964 (Washington: U. S. Government Printing Office, 1964), p. 26.

Barton illustrates the use of situational play to reduce anxiety and allow the child to play out feelings and conflicts. She illustrates this theory through data obtained from study of Kathy, as a nurse provided play for her.<sup>39</sup>

Erickson studied a group of four-year-old hospitalized children in response to play interviews. She found that the children were able to express their feelings concerning experienced procedures when given the opportunity to play with clinical equipment. The data revealed that the majority of children studied perceived no protective intent of the adult who administered intrusive procedures of the anus and skin. Instead they considered them hostile in intent.<sup>40</sup>

Because studies of the use of play by nurses are limited, the writer thinks further investigation in this area is warranted and needed. The findings of this study and their interpretation will be presented in the next chapters. Chapter II presents a picture of Helena and her family and their reactions to the illness, and treatment. Chapter III describes the writer's initial contact with Helena and her parents and the subsequent hospitalization. Chapter IV presents the data and a discussion of Helena's behavior during play periods. Chapter V includes the summary, conclusions and recommendations.

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<sup>39</sup>Pauline Barton, "Play As a Tool of Nursing," Nursing Outlook, Vol. 10 (March, 1962), pp. 162-164.

<sup>40</sup>Florence H. Erickson, Play Interviews for Four-Year-Old Hospitalized Children ("Child Development Publications: Society For Research In Child Development," Vol. 23, No. 3; Yellow Springs, Ohio: The Antioch Press, 1958), pp.66-67.

## CHAPTER II

## THE CHILD AND HER FAMILY

Helena's Experiences With Her Family

The Sanchez family possesses many characteristics similar to those of the traditional Spanish family, but it also illustrates some which are unique. The Spanish are a great nation of individualists; in Spain the first word of any boy is "No".<sup>1</sup> Even the child senses the distinctness of individuals: "It isn't what a human being has which can be duplicated in every other human being which deeply concerns him but rather what any one human being has that is unique and distinctive."<sup>2</sup> Extensive traveling abroad has provided opportunities for developing and strengthening the individual personalities of Mr. and Mrs. Sanchez. Both of Helena's parents have worked in various positions where they contributed strong leadership and freely expressed their opinions. They have been aware and considerate of the differences in each of their children. In Spain the mother is usually the sole childrearer, and the father becomes more familiar with his children when they are older. In the Sanchez household, Mr. Sanchez often helped his wife with the children which gave her an opportunity to participate in classes and women's groups. Mr. Sanchez wanted to

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<sup>1</sup>Rene de Visme Williamson, Culture and Policy (Knoxville: University of Tennessee Press, 1949), p.8.

<sup>2</sup>Ibid., p. 9.

be close to his children, but perhaps because of his cultural heritage he was not able to develop this kind of relationship when his children were young.

Mrs. Sanchez, the oldest of two daughters, grew up in a small port town in Northern Spain. Her father died when she was five, necessitating her widowed mother to decide whether she would return to live with her parents (as is traditionally expected in Spain) or remain independent. She chose the latter and has been successfully operating a small clothing store for twenty-nine years. Mrs. Sanchez believes that she identified strongly with her mother: "My mother is very gay and independent - she always had many exciting friends and was involved in many activities. Yet she always took time with us and felt close to each of her children." Because Mrs. Sanchez's mother was concerned that each of her children receive a good education, both girls studied hard and attended a university.

After her marriage, Mrs. Sanchez lived with her husband and children in England and Venezuela. When an educational opportunity became available for her husband in the United States, Mrs. Sanchez and her children left Venezuela alone and moved to Spain where they resided for six months. Then when her husband obtained suitable housing for his family on the University campus, his wife and children joined him in America. A small woman of slight build, Mrs. Sanchez has impressed the writer with her lively attractiveness. Her typical Spanish dark hair and eyes perfectly accentuated

her fine features. She spoke English fairly well and possessed an excellent understanding of the language. Usually at ease and interested in learning, Mrs. Sanchez was eager to learn what could be done for her daughter.

After the car accident Mrs. Sanchez appeared to be the most seriously hurt. Small cuts and numerous bruises complicated by swelling hid her usual attractiveness. Her right arm was also bruised and scratched as she had held it before her face when thrown against the window by the jolt of the collision. She was uncomfortable for several days after the accident and was not her normal self until almost a month afterwards.

Mrs. Sanchez was distressed when hospitalization became necessary for Helena. She felt unable to contribute to Helena's care and was upset at having to leave her with little preparation in a new and strange environment. Helena had never been separated from her for more than a day and her mother anticipated how upset Helena would become when separated. Because of the other children at home and the transportation problem, Mrs. Sanchez was not able to visit every day. She usually came to see Helena at least every other day and sometimes more frequently. The writer felt that Mrs. Sanchez was quite fearful and helpless in the hospital setting and found it difficult to see Helena distraught.

The uncertainty of the prognosis made it difficult

for Mrs. Sanchez to cope with the hospitalization and plan for the future. "While Helena was in the hospital, I could do nothing", she said. She recalled a Japanese girl with a deformed jaw whom she had seen at an airport. She was haunted by dreams of Helena's face with the same deformed jaw. How much the possibility of deformity concerned Mrs. Sanchez was shown when she volunteered this statement: "Health is the most important thing in your life, then comes love and then money."

During her childhood, Mrs. Sanchez had been hospitalized for a broken leg. She recalled experiencing difficulty with her memory recall for two to three months after the local anesthesia was given. She had the same kind of memory loss after each of her deliveries. As a memory lapse for such a long period of time is not known to be caused by local anaesthetics, the writer surmised that temporary memory loss might well have been a mental defence mechanism to protect herself from remembering painful details of the experience. Memory loss did not occur after she delivered a baby girl eleven months after the hospitalization of Helena.

Charles, the eldest child, was delivered in a hospital in London. Mrs. Sanchez was hospitalized for ten days after delivery of the son. When she delivered Anna and Helena in Venezuela, she was hospitalized only three days and felt this period to be much too short. "I felt very weak and tired after I was there," she said. "The hospitalization

in London was very useful as they explained how to care for the baby at home. In Venezuela, they explained nothing-it was terrible!"

Charles has been in an accident too. He was struck by a car when crossing the street in Venezuela while returning from school. "He was in a coma for a month...I slept beside him on a cot-the hospital was crowded and my purse was stolen once while I slept." Mrs. Sanchez stayed with Charles and nursed him for nine weeks. There was an acute nursing shortage and she knew that Charles needed her care. "The nurses would tell me nothing-everyone thought that Charles would die, but I knew that he would live." Charles gradually improved and today seems to be progressing satisfactorily. He is slightly slow in grasping his school work but is able to keep up with classmates. In talking with the writer one day, she said, "When Helena was in the hospital, I remembered the hospital with Charles...I am glad she is not so sick."

Anna, Helena's four-year-old sister resembles her mother. Her black eyes sparkle with mischief and her face often showed that she mimicked expressions she observed in the adults around her. Full of energy, Anna often danced and sang freely when the writer visited the Sanchez family in their home. In strong competition with Helena for her mother's attention, Anna was impatient in waiting for her mother to focus her interest on her. Frequently she asked

loudly for her mother's attention when she was involved with Helena. Anna also played with the toys brought into the home and demanded attention from the writer. A youngster with a forceful personality, she tried to dominate the interest of the adults in her world. She needed help from her mother in learning to share it with Helena. Her liveliness combined with her Latin coloring made Anna a very attractive little girl.

Mr. Sanchez was also of slight build; he was a few inches taller than his wife and of darker complexion. Two years her senior, Mr. Sanchez had grown up in the same town. Coming from a strict religious traditional Spanish background, the Sanchez family had not wholly approved of Mrs. Sanchez's mother because she lived alone and operated a business independently. Mr. Sanchez's sister was a friend of the woman who was to become Helena's mother. She made the introduction and encouraged her brother to chaperon them at community activities. Slowly the relationship between this couple grew. They became engaged and looked forward to marriage after Mr. Sanchez's graduation from Law School. Mr. Sanchez was twenty-five and his wife was twenty-three on the day of their marriage. "We have a wonderful relationship- we are exact opposites and so serve to balance each other perfectly." explained Mrs. Sanchez. The writer has observed this to be an accurate description.

Mr. Sanchez acted calm and dignified through Helena's

hospitalization. He was a reserved man who kept his feelings in control and showed no strong emotion except when encouraging Helena to be a good girl. The writer wondered if he felt guilty because he was driving the car at the time of the accident. During hospitalization, he set unrealistic expectations for Helena; he visited for short periods only, and acted as if he felt comfortable only when talking to the doctors. He was unable to help Helena in her distress. At home, Mr. Sanchez was a strong authority figure who was treated with respect by his wife and children.

Helena was an appealing child. Short shiny black curls framed her handsome round face, which was dominated by large black eyes. A stocky, sturdy child who had just celebrated her second birthday three weeks earlier, Helena's natural beauty was marred by extensive swelling and bruising of her cheeks and chin.

Helena's mother described her pregnancy with Helena as being somewhat uncomfortable due to periodic episodes of discomfort from cholelithiasis. Labor was induced three weeks after the expected date of arrival and Helena arrived quickly, a large baby of eight pounds and eight ounces.

"From the moment Helena was born it seems that she was always eating," laughed Mrs. Sanchez. She was breast fed for three months and then given bottle and solid foods. She sat up at six months, walked at eleven months, and was completely toilet trained during the day by eighteen months

of age. She could use several words at thirteen months of age, and talked in short phrases when the writer knew her. Dentition began at six months. She had completed her diphtheria, pertussus and tetanus injections and had been vaccinated prior to her arrival in the United States. She had been in excellent health and had required no previous hospitalizations.

Accompanying her family for an automobile drive shortly after their arrival from Spain, Helena was in an automobile accident on the local university campus. An approaching car struck the Sanchez's car as it was driven around a curve in the road. Helena, who was sitting in the back seat, was thrown to the floor of the car and received a bilateral fracture of the mandibular condyles (see Appendix). The family was taken to the emergency room of the University Hospital and examined. Mrs. Sanchez and Helena were treated for minor cuts and bruises and released. Mr. Sanchez, Charles, and Anna were unharmed. It was not until Helena refused to talk or eat during the next two days that the fracture was suspected.

When Mrs. Sanchez brought Helena to the hospital, a mandibular fracture was discovered with a Roentgenogram. Then she was admitted to the hospital for treatment. How to treat this condition specifically was of much concern

to the plastic surgeons, as this is a controversial subject.<sup>3</sup>

### Fracture of the Mandibular Condylar Process

This type of fracture can be treated medically with two approaches: (1) the operative approach and (2) the conservative approach. Operative treatment utilizes direct reduction of the fracture through various operative means.<sup>4</sup> Conservative treatment employs the use of lastonet bandages and various splints to insure proper alignment of the bone fragments. In both methods of treatment early establishment of the teeth in proper occlusion is the primary concern. This is accomplished through fixation of the mandible in proper relation to the maxilla.<sup>5</sup>

The condyle is formed of fibrous tissue which attaches itself to the mandible. It is from this fibrous process that growth of the mandible occurs. An important factor in condylar fractures of children is the future growth of the mandible after injury. MacLennan believes that damage to the mandibular condyle adversely influences the future growth of the ascending ramus of the mandible.<sup>6</sup> He also suggests that

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<sup>3</sup>W. Donald MacLennan and W. Simpson, "Treatment of Fractured Mandibular Condylar Processes in Children," British Journal of Plastic Surgery, XVIII (October, 1965), p. 423.

<sup>4</sup>Ibid.

<sup>5</sup>W. Donald MacLennan, "Consideration of 180 Cases of Typical Fractures of The Mandibular Condylar Process," British Journal of Plastic Surgery, V (April, 1952), 127.

<sup>6</sup>MacLennan and Simpson, op.cit., p. 123.

the critical period for mandibular growth is "between one and five years with particular reference to the age of two-and-one-half years and under."<sup>7</sup> Two-year-old Helena fit into this critical period of development.

The Roentgenograms showed a high condylar fracture which indicated dislocation of both condylar processes in relation to the mandible (See Appendix). Helena experienced pain and tenderness over the affected tempromandibular joint area, local swelling and bruising, limitation of mandibular movement and malocclusion of her teeth—all signs and symptoms which accompany mandibular condylar fractures.<sup>8</sup> Operative treatment was selected by the physicians and Helena had a transosseous wiring of her mandible to her maxilla which fixated her teeth in proper occlusion (see Appendix). A space of approximately one-half inch was left between her upper and lower teeth through which she could get liquids and soft solid foods. It was hoped that one of two situations would occur: the condyle would become reabsorbed into the tissues and a new condylar process formed or the surrounding muscles might pull the fractured condyle back into position and a bony union would take place.<sup>9</sup> As both condyles were fractured the physician was concerned about possible

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<sup>7</sup> MacLennan, op.cit., p. 427.

<sup>8</sup> MacLennan, op.cit., pp. 125-126

<sup>9</sup> Ibid., p. 126.

damage to surrounding blood supply, and the resultant effect on growth.

To facilitate growth, direct immobilization is required for fourteen days in the majority of cases, followed by another fourteen days with limited and controlled movements of the mandible allowed.<sup>10</sup> Because of Helena's age, her jaw was immobilized for three weeks after her initial operation. Then the wire was removed and she was allowed full use of her mandible.

The ultimate prognosis in this type of fracture is influenced by the following factors: (1) "age of patient, (2) level of fracture, (3) degree of malposition, (4) dentition and occlusion, and (5) the extent of damage to the temporo-mandibular joint."<sup>11</sup> Roentgenograms taken one month after removal of the wire indicated that the mandibular condyles were reabsorped or pulled back into position as they were in proper alignment. The question of possible growth retardation is still unanswered as growth occurs so slowly that it will take several years before it can be accurately measured.

Most fractures of this type occur between the ages of sixteen and thirty-five years and are caused from blows received during fights. Automobile and industrial accidents rank as a second cause. Only 2.78 per cent of the cases

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<sup>10</sup>Ibid.

<sup>11</sup>Ibid., p. 125

reviewed by MacLennan occurred in children under ten years of age.<sup>12</sup> This was the first fracture of this type seen by the physicians and the first recorded at this hospital. As a result Helena caused much concern to the hospital staff in caring for her.

After the first few days of hospitalization, Helena readily accepted attention from the staff and usually asked to be picked up or rocked in the rocking chair. She was regarded by the staff as undemanding and was passive in her behavior. She seldom cried, except at night, but sat quietly in her bed, her large black eyes looking very sad indeed. In spite of her outward passitivity, Helena was stubborn in resisting change of any kind. This was especially true when she was asked to try new foods. She cried and wilfully refused to eat if she did not wish the food, and no one was able to coax her into eating. The nursing staff found this behavior frustrating. Initially, Helena had difficulty in letting her parents leave and they found it hard to leave her also.

Feelings of grief, helplessness and frustration plagued this family during the initial hospitalization and left them feeling anxious. Helena sensed these feelings in her parents and this made her separation from them difficult. The chapter which follows describes the writer's initial contact with Helena and her parents and presents observational data obtained during hospitalization.

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<sup>12</sup>Ibid., p. 122.

CHAPTER III  
THE INITIAL CONTACT WITH HELENA AND  
HER SUBSEQUENT HOSPITALIZATION

The first part of this chapter presents my initial interview with Helena and with her mother. This interview provided me with an opportunity to study Helena's problems, needs and interests in more detail. Interpretation of Helena's behavior is included. After the data obtained from initial interviews are presented, the general course of Helena's hospitalization is described, goals of nursing care are cited and the major stresses Helena confronted are identified.

These abbreviations are used in the chapter and in Chapter IV to designate the people involved in interaction with Helena.

- H: Helena
- N: Nurse (the writer, Miss S.)
- M: Mother (Mrs. Sanchez)
- F: Father (Mr. Sanchez)
- A: Anna (Helena's sister)
- SN: Nurses on the staff at the hospital

Initial Contact with Helena

Helena was introduced to me on the early morning of her second day of hospitalization at which time the following interaction took place.

- H: (Lay still, hands and knees drawn up close to her body. Her expression did not change as I approached.)
- N: (Stood near Helena's bed and talked to the child in the next bed for a few minutes. I wanted to give Helena a chance to observe me before initiating contact.)
- H: (Watched me intently, she did not change her position or expression.)
- N: (Turned toward Helena.) I would like to pick you up and hold you in my lap, if you would like, Helena: You think about it while I go wash my hands. (I wanted Helena to initiate the first physical contact.)
- H: (Lay still and watched me.)
- N: (Returned to Helena's bedside and smiled warmly at Helena.)
- H: (Sat up quickly and leaned toward me to indicate that she wanted to be picked up.)
- N: (Lowered the side of the crib.)
- H: (Held out her arms and clasped my neck as she was picked up.)
- N: (Sat down in the rocking chair with Helena on my lap. I thought that I must give some attention to Helena's roommates at this time and provided this through talking with them. During this time I kept my arms around Helena's waist to give her firm physical support and comfort.)
- H: (Relaxed and leaned comfortably against me. She looked straight ahead; her face remained expressionless.)
- H: (Her eyes followed persons as they entered the room, but her expression did not change. There was no bodily tenseness at their entrance.)
- N: (Began to offer Helena fluids.) Would you like some orange juice, Helena?
- H: (Took the offered cup and drank one small sip.)
- N: (Put the glasses on a nearby chair to encourage her to reach out and drink some fluid.)
- H: (Remained in her comfortable position, legs apart as she leaned against me.)

- N: (Picked up the glass and offered it to Helena again after several minutes. It was important that Helena drink the fluids; she had not eaten her breakfast.)
- H: (Readily took the glass of juice and drank a swallow; then gave it back.)
- N: (Offered Helena the glass of juice again after a few minutes.) Have some more juice, Helena.
- H: (Took a sip of juice, and then gave the cup back.)
- N: (Offered her a cup of chocolate milk.)
- H: (Took the glass and drank only a sip.)
- N: This is such good chocolate milk-wouldn't you like to drink more, Helena?
- H: (Made no approach to the glasses of fluids.)
- N: (Offered the glass to Helena after several minutes had passed.)
- H: (Willingly took another swallow of chocolate milk and handed the glass back.)
- N: (Offered her the same glass again. I wondered if Helena would drink it just after her previous swallow.)
- H: (Took the glass and swallowed some chocolate milk and handed the glass back.)
- N: (She had learned that Helena needed the nurse to offer her each sip of fluid, and offered her the chocolate milk.)
- H: (Took the milk each time it was offered and soon finished it.)
- N: (Began to offer the juice.) Good girl, Helena, you drank all of your milk! That will help you to feel better.
- H: (Smiled and looked up at me. She drank sips off and on for almost ten minutes and now began to wiggle. Her behavior indicated that she wanted to get down from my lap.)
- N: (Helped Helena get down.)

H: (Began to walk around the room, smiled and looked at me. She babbled some words which were unintelligible.) Conchita, eh? Va, la...ahhh! (The words seemed to be explaining her environment to her, as she touched the items in the room.)

Helena appeared happier than earlier in the morning. She explored the room between intermittent sips of offered juice. Once she pointed to the milk glass and said, "Milk." Later she pointed to the crank at the end of her bed and repeated, "crank", after I said it. She finished half the glass of juice and then shook her head when I offered more. She smiled and talked to herself; she appeared in good spirits. She continued to explore the room while I made her bed. Then I took her into the playroom, where she stayed close to me. After her bath, which she fully enjoyed, I returned her to the playroom and told her that I would come the next day.

#### Initial Contact With Parents

When I arrived on the evening of the third hospital day, Helena was with her mother;

H: (Was sitting by herself in a chair next to her mother's as she held her "Babita", a small rubber doll with fly-away dark hair. She had a slight frown on her face, and looked discontented. She looked up as nurses entered the room.)

N: (Smiled toward Helena.) Hola, Helena. (Sat across from Mrs. Sanchez.)

H: (Looked toward me, smiled, and turned toward her mother who was talking to the instructor.)

F: (Came in the room and greeted his wife.) Hello, Helena! (He spoke in loving manner and extended his arms.)

H: (Turned her head away from him and looked stern.)

- F : (Put his arms around Helena.) How are you, Helena?  
(He sounded concerned and bent over to look at her.)
- H : (Kept her head turned away from him and did not respond  
to his grasp. She kept her arms down at her side.)  
No. (She spoke firmly.)
- F : (Got up and sat beside his wife.)
- M : (Talked to her husband in Spanish. It seemed apparent  
that they were discussing their daughter's behavior.)

Mrs. Sanchez talked about the accident and how difficult it was for her to leave Helena in the hospital. Helena picked up a toy guitar and strummed it quickly and glanced at the adults. I thought that she was asking for recognition from her mother and may have found it difficult to share her mother's interest with others. She looked unhappy and reached toward her mother as if to hit her with the guitar. Her mother picked her up and put her on her lap.

- SN: (Brought in the dinner tray.)
- M : (Reached toward the tray, took it, and put it down on  
the bedside table. She lifted the table and put it  
in front of Helena.)
- H : (Scowled at the tray before her.)
- M : (Put food on the spoon and held it toward Helena.)  
Eat this! (She spoke firmly to Helena in Spanish.)
- H : (Shook her head vehemently, frowned and tightened her  
lips together.)
- M : (If you don't eat, I'll eat it myself. (She pointed  
toward herself with the spoon.) A Mama?
- H : (Shook her head again, arms clasped across her chest,  
eyes tightly shut.)
- M : (Looked frustrated when she held the spoon in the  
direction of her husband.) A Papa?

- H: (Opened her eyes, looked furiously at her father, and shouted.) No!
- N: (Was uncomfortable as I watched the above scene.) I'll get some straws, maybe they will entice her to eat. (Upon my return I gave the straws to Mrs. Sanchez.)
- M: (Put the straw in the chocolate milk and held it toward Helena.)
- H: (She cried and shook her head whenever her mother offered food.)

Helena's mother tried to tease her into taking some food and talked to her constantly in Spanish. At one point her father threatened to spank Helena if she did not eat. Mrs. Sanchez also threatened Helena. Helena became more upset and cried. I suggested that they let Helena down from the chair to walk around and to leave the tray available. Perhaps, she would then take the food that she needed. Helena refused the offered food, but stopped her crying. Mrs. Sanchez offered to let Helena sit in her lap, but Helena shook her head and said "No." She walked out of the room and into the middle of the hallway. Mr. Sanchez reported that Helena had eaten a good lunch when he was alone with her. He thought that her refusal to eat was because they were visiting her together. At this point he talked calmly to me, asked me about the graduate nursing program and what I would be doing while working with his daughter. He also spoke about Spain and what he was studying. During this time Helena stood in the doorway.

- H: (Walked over to the tray and pointed to her dinner. She looked up at her mother.)

- M: Ah, Helena, let's eat your dinner. (She picked up Helena and put her on the chair.)
- H: (Reached for the milk and took a few sips. She put the glass down, reached for the spoon and tried to sip some soup. The spoon was too large to go in her mouth and she had difficulty handling it. She grimaced, and gave me the impression that it hurt to open her mouth widely.)
- F: (After he watched Helena for a few minutes, he glanced at his watch and said it was time for them to go home. Both parents quickly arose and kissed Helena on the forehead.) Bye, bye, we will see you tomorrow.
- H: (Silently she watched them leave the room with no change in her solemn expression.)
- N: (Mama will come tomorrow, "manana". (I thought this needed repeating.)
- H: (Showed no change in facial expression, but looked down at her food.)
- N: (Thought that she might be asking for help in eating, and directed the spoon Helena held in her hand toward the soup bowl.)
- H: (Dropped the spoon after it left the soup bowl and spoke forcefully.) No! (Stared at her food, and looked sadly at me.)
- N: (Believing that Helena was too upset to eat by her parent's departure, I removed the tray. Picked up Helena and held her closely in my lap to comfort her.)
- H: (Looked down at her hands in her lap quietly for several minutes. Looked at her food tray.)
- N: (Wondered if Helena was asking for food. Picked up the glass of milk and gave it to her.)
- H: (Held the glass in both hands and slowly drank small sips of milk.)
- N: (Praised Helena for drinking her milk and told her how glad she was to see her again.)
- H: (Looked downward as I talked and then looked up and said something which I did not recognize. She talked and then pointed toward her dolly.) Babita.
- N: (Thought she wanted her dolly. Picked up the doll and put it in Helena's lap.)

- H: (Put her hand on the doll lightly and looked up at me and smiled.)
- N: Babita, babita. (I tried to communicate to Helena that I knew that she needed the comfort of her doll.)
- H: (Smiled at me, settled the doll in her lap and looked happier than she had before. She drank the rest of her milk quickly and proudly handed the glass to me.)
- N: (Smiled). Would you like some more, Helena?
- H: (Shook her head "No".)
- N: (Put the glass down.)
- H: (Climbed out of my lap and carried her Babita toward another chair closer to the television set. She put her hand on the chair and looked toward me.)
- N: (Went over to the chair, sat down and picked up Helena.)
- H: (Nestled against me and watched the television. Every few minutes she turned toward me and smiled. She sat quietly there for ten minutes.)

Later Helena walked down the hall with me to get some "Seven-up". While sitting together in the nursing station, Helena drank three and a half cups of fluid. When another child accidentally knocked over her cup, Helena was distressed about the resultant mess on the floor but drank more fluid when obtained. Then Helena went to bed readily and quickly fell asleep.

#### Interpretation of Observational Data

During the first interview, Helena showed a need to be near me, which I interpreted as a need for physical comfort. She was able to express this need by movement toward me and to accept being held. This led me to hypothesize that she had sought comfort in the past from her mother and discovered the relief from tension which she received from it.

Why did Helena drink the fluids only when offered? Perhaps the physical contact with a person supported her need for fluids. She may have taken the fluids to gain my approval. She may have been fearful that I might leave her if she did not drink them. Perhaps Helena was afraid that I would leave her as her parents had done.

Helena was able to explore her room with my support. No longer did she need close physical contact, but curiously and interestedly examined her room. Her smiling and babbling behavior gave me the impression that she was busily involved in learning about this new situation. Perhaps she was denying her longing for her parents and the familiar setting of home.

During the preceding evening, the instructor studied Helena as she watched her parents leave. She protested loudly, cried and looked distraught as she stood in the hall and watched her parents move rapidly from sight. At that time, Helena accepted physical comfort when she was rocked. When her eyelids closed, she was transferred to her bed for the night. Helena's behavior exhibited the characteristics of the beloved toddler's initial phase of protest when faced with loss of his mother and her care as described by Robertson.<sup>1</sup> She acted terrified by feelings of helplessness

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<sup>1</sup>James Robertson, Young Children in Hospitals (New York: Basic Books Inc., 1958) p. 20.

and anger toward her mother who had to desert her to care for herself and her family at home.

In my initial contact with Helena the next day, Helena had entered the phase of despair.<sup>2</sup> At first she was listless and withdrawn but readily accepted physical comfort and the soothing movement of the rocking chair. In the playroom, she remained close to me, was unwilling to share my attention with other children, and obtained comfort from sitting in a small rocking chair. Helena was most relaxed when alone with me. This observation led me to hypothesize that Helena needed a close supporting relationship with a nurse and would be able to use my help to cope with the problems which confronted her during hospitalization.

During the second contact with Helena, her behavior manifested the existence of unfriendly, angry feelings toward both of her parents. She rejected their overtures of helpfulness and took leave of them to enter the hallway. At that time I surmised that she was discharging revengeful feelings because they had left her in the hospital and caused her to suffer. She may well have resented their interest in each other and in the nurses as well. Her unhappy countenance betokened distressful feeling about her parents and the plight she was in.

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<sup>2</sup>Ibid., p. 21.

Helena's rejection of food may well have expressed the fury she felt toward her mother. In effect she punished her mother by refusing the symbol of love which she offered. Later I learned the importance of food in the Sanchez household. Mrs. Sanchez was proud of her cooking and enjoyed preparing food and feeding her children. At home Helena ate often. The strange taste of hospital food may also have contributed to Helena's behavior. At this time the nursing staff was concerned about Helena's food intake and frequent offers of food were made. Helena's awareness of the adult's interest in her food intake was manifested by her quick learning of the word "milk". Later I also learned that Helena's mother used threats and teasing to encourage her children to eat at home. However, when Helena was under stress, threats were ineffective as the data shows.

Mrs. Sanchez's behavior demonstrated frustration when she was unable to persuade her daughter to eat. When Mr. Sanchez was unable to help his wife and child, he turned his attention to a subject which he could discuss with comfort.

Helena's sudden return to the dinner tray may have expressed fear of provoking her mother's anger. Or, she may have been more able to eat after she had discharged revengeful feelings. Had her mother been able to stay longer, she would have undoubtedly succeeded in comforting Helena. The parents quick departure undeniably rearoused feelings of abandonment and anger. Anxiety arising from these feelings combined with sufficient difficulty in eating made it

impossible for Helena to obtain sufficient nourishment. Helena readily responded to my use of a familiar Spanish word, "Babita," which reflected her loneliness in the strange world and her recognition of my desire to help her.

After studying Helena's behavior during the two interviews cited above, I concluded that Helena was an angry, grieving child who was dealing with separation and loss of her mother's care with symptoms of both despair and denial. Despair is the second phase of the young child's adjustment to hospitalization. It is characterized by a conscious need of mother combined with increasing hopelessness. In this phase of adjustment the child is less active; he makes less demand on his environment and is in a state of deep mourning for his mother.<sup>3</sup> In the third phase of adjustment to maternal care, the young child denies his need for his mother and exhibits more interest in his surroundings. When his mother visits he shows little or no need of her and often acts as if he does not know or care about her.<sup>4</sup>

#### Helena's Hospital Experiences

The next day, Helena had her mandible and maxilla wired together under anesthesia. I was with her throughout this experience. Helena's mother told her that she would be unable to open her jaws, but she was not certain that Helena

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<sup>3</sup>Ibid.

<sup>4</sup>Ibid., p. 22.

had understood. Preceding the operation, I told Helena that she would not be able to suck her thumb, but due to the language barrier and her age, I was not sure how much she understood. For these reasons, Helena had limited preparation for the procedure.

After the transosseous wiring and recovery from anesthesia, Helena was distressed; she cried and protested her discomfort from pain and restricted movement of her mouth. A nasal gastric tube was inserted prior to the wiring to insure an open passageway for food should Helena be unable to eat. Arm restraints were also applied whenever Helena was not directly supervised to prevent her from harming her mouth or dislodging the wires. As Helena could eat only soft or liquid foods, it was important that she be prevented from attempting to eat those foods which had to be chewed.

#### Goals of Nursing Care

On the basis of the above experiences, these general goals were formulated for care of Helena:

1. Provide a warm, continuous relationship with Helena as care was given each day for a minimum period of two hours.
2. Learn about her home environment to implement as many similar experiences into the hospital setting as possible. The kinds of foods she enjoyed and her mealtime routines would be of special importance.
3. Learn the Spanish equivalents for common foods and familiar, useful phrases.

4. Find a Spanish-speaking person to speak with the parents, ascertain their problems and level of understanding English, and to serve as a continual resource person.
5. Study Helena's medical treatments. Knowledge obtained from study of her would be used to give her support in adjusting to these treatments and in planning future physical care. In addition, provide maternal care for Helena when her mother could not be present by assisting her with bathing, feeding, toileting, and preparation for sleep as necessary. The provision of physical care would communicate love and security to the child and contribute to a growing relationship if carried out according to the child's needs.
6. Provide support to Helena in relating to other children and to the staff.
7. Provide opportunities for Helena to explore her environment and take as full advantage as possible of the experiences in living in the hospital.
8. Provide her with play materials and encourage her to use them if she expressed a desire to do so.
9. Share my experiences with the nursing staff and incorporate them into her nursing care plan.

During the weekend after the insertion of the wire, Helena openly rejected her mother. Her general unhappy appearance was the saddest she exhibited during her hospitalization. She refused to eat and only drank a little chocolate milk while I cared for her. Her use of language decreased markedly and she spent much time alone in the rocking chair or in being rocked. She was tired and did not protest when her mother left her.

The third day after operation, Helena's behavior was similar to the "settling in" behavior of young hospitalized

children as described by Robertson.<sup>5</sup> She was able to seek help and comfort from me and the staff nurses, drink more fluids, and participate in the activities of the ward to a greater extent. Robertson says that these children's behavior is often interpreted as healthy adjustment to their environment but careful detailed study of them reveals that their sociability is superficial and that the children have no attachment to anyone which is a highly undesirable, unhealthy and painful state for them to be in.<sup>6</sup>

By her eighth day of hospitalization, Helena showed a pleasant expression of recognition when I arrived and generally presented a happier appearance. By the eleventh day of hospitalization, she had become more outwardly rejecting of her mother when she visited. An effort was made to interpret Helena's behavior to Mrs. Sanchez. I explained that Helena's need for her mother was so great that she was forced to deal with painful feelings about separation through denial of them. This was difficult for Mrs. Sanchez to understand. She needed Helena to demonstrate her love for her, yet Helena often refused to be held by her mother. Instead, she clung to me. This upset Mrs. Sanchez greatly and made me uncomfortable as well.

Because of the strained mother-child relationship and Helena's continued poor eating habits, I thought that it

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<sup>5</sup>Ibid., p. 26.

<sup>6</sup>Ibid.

would be better for Helena to go home until it was time for the wires to be removed. Mrs. Sanchez favored this plan and convinced the medical staff of her ability to function adequately under stress. After teaching Mrs. Sanchez how to cut the wires quickly if Helena choked on fluids, Mrs. Sanchez's return demonstrations made the doctor confident of her ability to use the instrument wisely. I knew that Helena would receive excellent care at home. Her mother understood her need for acceptance of clinging, demanding behavior at home. She was discharged on the thirteenth day of hospitalization, after her mother had learned the details of care which would be necessary to protect her daughter at home.

During Helena's eleven days at home, she played but kept herself close to her mother. She slept with her parents and refused to go to sleep until her mother lay down beside her. During the first few evenings at home, she awakened and cried during the evening as if she might have been startled by upsetting dreams. She ate almost constantly and soon regained the weight that she had lost while in the hospital. She gradually regained control of excretory functioning as well. Helena was jealous of her mother's attention toward her other children, became more demanding, and refused to allow her father to care for her. When Helena observed Anna sucking her thumb, she scolded her and called her "Naughty".

When I visited Helena at home, I was warmly accepted by the entire family. Helena often asked me to help her which made me surmise that she had residual feelings of anger toward her mother and a need to punish her. Mrs. Sanchez was better able to understand and accept this behavior after Helena returned home.

When Helena was readmitted to the hospital for removal of the wire from her jaw, Mrs. Sanchez stayed with her and slept on a cot beside her crib. Both Mrs. Sanchez and I tried to prepare Helena for the hospitalization and to eliminate as many stressors as we could. Having her mother and I with her were major factors in making this a constructive experience for Helena. She adjusted quickly and comfortably into the familiar hospital routines. Either Mrs. Sanchez or I was with her during the twenty-two hours of hospitalization. During the night Helena woke up and wanted to sleep with her mother on the cot. This was permitted.

Helena was given rectal anesthesia and went to sleep in my arms in the treatment room of the ward. I was beside her when she awakened and her mother visited her soon after. When she was fully recovered from anesthesia she was discharged on the afternoon of the second day of hospitalization. All observations indicated that this brief hospitalization was significantly less stressful than the first.

### Identification of Major Stresses

Throughout the study period, symptoms of stress were reflected in Helena's behavior. The startling automobile accident was upsetting to Helena. She cried whenever she entered the car for several weeks after the accident and whenever the car approached the scene of the accident. Crashing automobiles together became predominant in her play and will be discussed in Chapter IV.

Helena's facial bruises and swelling caused her much discomfort. She acted as if washing of her face was painful during the first few days of hospitalization. Pain was manifested by grimacing and turning her head while her face was washed.

Separation from her mother and father and fear of abandonment was most stressful for Helena. Her initial cries of distress at her parent's leaving on her first day of hospitalization and her subsequent rejecting behavior betokened her concern and anxiety.

Helena's unfamiliarity with English and the medical and nursing staff's difficulty in speaking Spanish caused confusion for the staff and Helena. Effective communication was not always possible, as Helena's words often proved indiscernible to the staff.

The difficulty in language communication, the suddenness of the automobile accident, and her young age prevented Helena from being fully prepared for hospitalization and medical treatments. When her mother tried to prepare her in

spanish, she was never certain that Helena had understood.

The new and different foods proved difficult for Helena to eat as indicated by her decreased appetite and clinging to familiar chocolate milk.

The loss of oral satisfaction through eating and thumb sucking was an upsetting event for Helena. Prior to the transosseous wiring in the hospital Helena sucked her thumb while going to sleep and during times of stress. While the wire was in place Helena was unable to suck her thumb. Previous to the accident both parents had encouraged Helena to relinquish thumb sucking. The loss of an effective mode of coping with anxiety in the hospital was difficult for Helena to tolerate.

Helena had established day time bladder control but was unable to retain this control except for brief occasions during her hospitalization. Bladder control was important to Helena and to her mother and loss of control distressed her. Cleanliness and neatness were important in managing the small Sanchez household.

As the hospitalization progressed, I concentrated on studying the ways in which Helena used play in her experiences with me. I wanted to see if Helena could use play to express her feelings and fantasies about the stressful events she was experiencing. "Play therapy is a relationship between the child and therapist in the setting of a playroom - where the child is encouraged to express himself fully, to release pent-up emotions and repressed feelings, and to

work through his fear and anger so that he comes to be himself and functions in terms of his real potentials and abilities."<sup>7</sup> I recognized that Helena needed immediate help to deal with her feelings to protect her future development. Providing play experiences and studying her behavior during them was my main goal in home visits.

A description and interpretation of Helena's play are presented in Chapter IV.

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<sup>7</sup>Clark E. Moustakas, Psychotherapy with Children (New York: Harper & Brothers, 1959), p. 227.

## CHAPTER IV

## THE OBSERVATIONAL DATA AND ITS INTERPRETATION

Introduction

This chapter consists of a description and an interpretation of Helena's play experiences. For convenience, the data have been grouped into those play sessions which occurred: (1) during the first hospitalization, (2) at home and in the clinic after first discharge, (3) during the second hospitalization and (4) at home and in the clinic after the final experience in the hospital.

The initial play interviews will be presented almost in their entirety. Subsequent sessions will be presented in detail only when specific changes occur in Helena's play or to illustrate a new pattern or trend in her play.

Play During the First Period of Hospitalization

## First Play Session

Excerpts from Data

This initial play took place in the hospital preschool playroom on Helena's second day of hospitalization and during my first contact with her.

N: (Entered playroom with Helena in her arms.)

H: (Looked around the playroom with a serious expression on her face.)

N: (Knelt to put Helena on her feet.)

H: (Walked slowly into the room, purposefully going toward the small rocking chair. A small rubber doll lay in the rocker. She picked it up to hand to me.)

N: Thank you, Helena.

- H: (Turned around and tried to scoot onto the rocker, which was a little high for her to manage by herself. She looked at me questioningly as if to say, "Can I sit here? Are you going to help me?"
- N: (Picked up Helena and put her in the rocking chair.)
- H: (Rocked steadily as she gazed at the other children working at the nearby table. Helena stopped rocking and went over and picked up a dolly lying on the floor. She looked around the room as if searching for something, and walked over to the doll bunk beds. Two dolls were lying on the top bunk and Helena tried to put her doll between them. There was not enough space available and her doll fell off. Helena looked at me with the same quizzical look. "Will you help me?" she seemed to ask.)
- N: (Picked up the doll and laid her between the other two dolls on the bed.)
- H: (Returned to the rocker and needed help in reseating herself.)

Twice in the next quarter hour Helena moved from her rocking chair for brief intervals when she saw other children approaching me and seek my assistance or approval. Each time Helena moved closer to me dragging her rocking chair behind her. Once she took a doll from my lap and returned to her chair to rock the doll. At another time she found a puzzle piece on the floor and put it in the appropriate place on the puzzle board; at a later time she retrieved a peg and put it on the pegboard. When the teacher saw Helena's interest in the pegs, she helped her move her chair into a group of children seated at a table playing with puzzles and pegboards. Helena rocked in her chair and watched the children but did not participate in the activities.

A short time later, I gathered up some rubber toys for Helena to play with during her bath and led her toward the

tub room. Helena reached for some of the toys and helped carry them to her bath.

### Interpretation of Data

Helena was unable to play actively with the materials in the playroom. This was the second day of hospitalization and Helena was still overwhelmed with feelings concerning her sudden separation from her mother. She wanted me near her and sought approval of her behavior. Her chief interest was in the rocking chair which she found immediately and from which she ventured only for brief intervals. She sought help and approval of her rocking several times. I wondered if Helena was trying to learn if she could depend upon me. The rocking was also a kind of regressive behavior that provided comfort and enabled Helena to conserve energy in adapting to the stresses of the hospital world.

When other children requested my attention, Helena followed me. She may have wanted to stay close to a person who had shown concern for her welfare even though that person was a relative stranger.

Helena also displayed interest in the rubber doll which she found in the playroom. Her desire to place the baby doll in bed between two other dolls may have expressed her wish to be home where she slept with her parents or her sister. Handing the doll to me may have reflected her own wish to be held. It also seems likely that she was identifying with the doll while rocking it and vicariously receiving the care she

was bestowing upon the doll.

Helena's concern about replacing the fallen game pieces puzzled me. I wondered if Helena was seeking my approval or had been taught by her mother or siblings at home to pick up things for them. Or perhaps she was imitating the play of the other children in the room. At the end of this episode when Helena reached for the rubber bath toys, she indicated her readiness for play.

### Second Play Session

#### Excerpts from Data

The next play session occurred two days after the transosseous wiring of her jaw. Helena looked unhappy, refused to drink fluids and wore her arm restraints. I took her into the office which contained a corner with play materials to introduce her to the play materials in the suitcase and in the office. I hoped that Helena would be able to use these materials to deal with her feelings.

- N: (Carried Helena into the office, put her on the floor, opened the suitcase and turned it towards her.)
- H: (Sat silently, listlessly as she watched my movements. She arose and walked toward me.)
- N: It's okay, Helena, play is okay. (Spoke reassuringly.) These are yours to play with.
- H: (Looked at me, her expression brightening.)
- N: (Moved with Helena to the suitcase and sat on the floor behind her.)
- H: (Took out each plastic bag, turned it in her hand to look at before putting it back. She pointed to the bag with the brown and white balls of clay in it but was unable to touch it. Finding the jar of paste, she picked it up to hand to me.)

- N: (because she thought that Helena was asking for permission to explore the paste, she removed the top and handed it back to her.)
- H: (Took the paste and smelled it, and then gave it back to me to smell. Put her finger in the jar and held it up to the nurse.)
- N: (Held out her finger to Helena with the thought that she might need approval to be messy in her play with paste.)
- H: (Put the paste on the nurse's finger.)
- N: Bueno! (Smiled in approval.)
- H: (Smiled and looked toward the chocolate milk I placed on the shelf.)
- N: (Gave her the milk with a straw.)
- H: (Took a little, her face grimaced as if it were painful for her to swallow.) Guta, guta. (pain, pain.) (She threw the jar of paste into the suitcase and looked upset.)
- N: (Put her arms around her and told her that she knew her mouth hurt, but that she needed to drink some milk.)
- H: (Relaxed a little, looked toward the paste.)
- N: (Brought the paste to Helena.)
- H: (Picked up the jar and put her forefinger into it. With the paste on her finger, she rubbed her finger along the floor and smeared the paste. Frowning, she suddenly picked up the paste jar and threw it in the suitcase. Rising, she picked up the jar and sat down with it, dug her finger in the paste as if to enjoy its softness. She smeared more paste on the floor and a little on the suitcase, but brushed the suitcase slightly as if struggling between the desire to smear and not to smear. She threw the jar into the suitcase again and turned toward me. Then she got up, went over to the doll house on a nearby shelf, and picked up a doll bed. As she raised the bed, she knocked the mother doll from her chair but showed no sign of concern. As she looked at the other furniture in the doll house, she suddenly became aware of the mother who had fallen from her chair. As she put her on the double bed, and spoke seriously and softly.) Malo, malo. (bad, bad.) (She pointed to the chocolate milk.)
- N: (Handed the chocolate milk to Helena.)

- H: (Pointed toward the pounding board.)
- N: (Reached for the pounding board and put it on the table, and handed the hammer to Helena.)
- H: (Picked up the hammer and smiled at me. Took three soft strokes and then gave the hammer to me.)
- N: (Put the board and hammer on the table.)
- H: (Tried to put up the hammer and knocked over her milk. Frowning, she looked down at the milk on the table and glanced at me anxiously.)
- N: It's okay, Helena, we can clean it up. (Gave some paper towels to Helena.)
- H: (Scrubbed the floor vigorously and handed the soiled towels proudly to me.)
- N: Thank you! Bueno, Helena! (Wondered about providing water play, as Helena had seemed to enjoy her bath times. Filled a large plastic tub with water and gave Helena some cups and dishes.)
- H: (Smiled pleasantly, and filled the cups with water and poured them into the tub, over and over again.)

In a few minutes, an attendant entered to announce that Mrs. Sanchez was here to visit. "Your ma ma's here, Helena," I said. Helena's face remained expressionless; she was sad as she left the office to go to the ward. Mrs. Sanchez rushed toward Helena when she saw her with her arms outstretched. Helena remained still, her face expressionless as her mother picked her up and sat with her in the rocking chair.

#### Interpretation of Data

Helena was more able to play when in the office alone with me. She needed permission to play. Examining each object gingerly, she was not yet comfortable enough to use them.

The brown clay might have reminded Helena of her bowel movements and she was unable to explore it further. She diverted her attention to the jar of paste which fascinated her. Putting the paste on my finger indicated that she was asking permission to be messy in this activity. Did I think it was alright to play with the paste? When permission was given, Helena was encouraged to drink some fluids. In response to the pain engendered in drinking, she threw the paste and expressed her frustration. When this behavior was accepted, she was able to play with the paste for a longer, more involved period.

When Helena scolded the mother doll and put her to bed, I wondered if Helena was rebuking her mother for leaving her or identifying the doll as herself: "Putting the naughty girl to bed." Helena tried to use the pounding board to express her anger but had to stop quickly. She was not yet ready to vent these feelings. Her reaction to the spilled milk may have reflected her mother's concern for cleanliness at home. She became the most relaxed during water play and I regretted that the session could not continue.

At the end of these two sessions, I felt that Helena was beginning to view the play sessions as an opportunity to deal with feelings about hospitalization. She had begun to feel secure in her relationship with me and to understand that her feelings could be expressed and accepted.

Jackson states that there is "possibility that unfavorable reactions to hospitalization are caused by an

activation or re-enforcement of anxieties...already present".<sup>1</sup> I thought that Helena was using the paste to deal with her feelings concerning messiness through sublimating this "instinctual gratification from smearing".<sup>2</sup> Having been toilet trained for only five months and losing this control while in the hospital may have stimulated the desire to explore and mess which is common in this age group.<sup>3</sup> I felt that water play could provide an acceptable medium of expression for these desires. The fact that Helena did not touch any hospital equipment showed that she was not yet able to deal actively with many of the stresses accompanying her hospitalization.

### Third Play Session

#### Excerpts from Data

This play session took place in the hospital playroom four days after the preceding session - on Helena's seventh day of hospitalization. During the intervening days, no play periods were provided.

Helena entered the playroom with me and went directly to the small rocking chair and repeated her behavior of the first play room period. At a nearby table, a young boy was hammering pegs on a small wooden peg board. Helena's face

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<sup>1</sup>Edith Jackson, "The Treatment of the Young Child in the Hospital", American Journal of Orthopsychiatry, Vol. 12 (January, 1942), p. 62.

<sup>2</sup>Florence G. Blake and F. Howell Wright, Essentials of Pediatric Nursing (Philadelphia: J. P. Lippincott Co., 1963), p. 441.

<sup>3</sup>Ibid.

shone with interest. This stimulated me to give her a pounding board. She was able to pound the board several times vigorously with obvious enjoyment.

Helena's need for less time to mobilize her energy for play from the comfort of the rocking chair led me to believe that she was beginning to derive comfort and security from my presence. This illustrated growth of her relationship with me.

Helena was more involved in the activities of the play room. Moving towards the small farm animals, she pulled them from the box one by one. As I named them in Spanish, Helena repeated the names for nearly ten minutes and smiled as she did so. Then she walked to the water fountain to take turns drinking water with me. When one of the children finished painting at the easel, Helena painted with green paint and then spilled paint over herself and the floor. She did not express much concern over the spill, but continued to paint while I cleaned up the area. When I suggested that she wash herself, I led Helena to the bathroom where she washed and played in the water with enjoyment. On the return to the playroom, Helena sat next to a four-year-old girl and participated in a peg board game. Smiling and talking briefly, she was observed to be interacting effectively and comfortably with the child.

#### Interpretation of Data

Helena's ability to use play effectively was increasing. She was able to use the pounding board to release feelings;

she was more spontaneous and independent in directing her play, and more comfortable in relating to other children. With the increased security in her relationship with me and acceptance of her behavior, she painted, let me care for her and clean up the spilled paint. Play with paint, as well as with water, paste and clay, are regarded as opportunities to sublimate exploratory and smearing impulses.<sup>4</sup> She involved herself in more active and uninterrupted play than previously though she was still unable to release much aggression and hostility, or choose play materials which reminded her of other stressful parts of hospitalization. I thought that Helena was using play for nonspecific release of feelings - the early stage of phantasy play as described by Levy.<sup>5</sup>

#### Fourth Play Session

##### Excerpts from Data

This play session took place in the office on the ninth day of hospitalization which was two days after the previous session. Helena became excited when she saw the suitcase; she smiled and talked rapidly. After pushing the suitcase into the office, she tried to open it herself which showed her readiness for play.

As the colored papers were on top when the suitcase was

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<sup>4</sup>Ibid.

<sup>5</sup>D. M. Levy, "Psychic Trauma of Operations", American Journal of Diseases in Children, Vol. 69 (January, 1945), p. 15.

opened, Helena took them out and drew small circles with the yellow crayon. Her attention shifted shortly to the plastic bag with the brown and green clay, but she could not bring herself to touch it or look at it for more than a few seconds. Taking out more crayons, she colored again and threw the bag with a strong clump into the suitcase. This aggressiveness was given verbal approval to encourage expression of these feelings.

Helena was not involved in these play activities for more than a few moments. Her attention was again caught by the plastic bag of clay. This time she held up the bag and examined it more closely. Then suddenly she put it in the suitcase, shut the lid, locked it and was ready to leave the room. When she noticed that she had left out the wooden parent figures, she reopened the suitcase, put them in, then directed me toward her door, and pushed the suitcase into her room.

Helena opened the suitcase in her room, brought out the paste, and played in the same manner as she had in the previous session. To encourage this enthusiastic release of feelings, Helena was shown some hand lotion. She squirted the lotion on the metal table and squeezed it through her fingers. Its "gooshing" sound provoked laughter and happy comments from Helena. Gradually she became less involved with this activity and concentrated on wiping off the lotion with colored pieces of paper. After showing me that she wanted to clean her hands, she washed and dried them many

times, and used the soap suds and water in the same way as she had used the lotions.

Later in the morning Helena was taken to play in the office again. This was the first time she tried the xylophone; she used the mallet aggressively several times and appeared scared even though I used it with her. Then she put the toy back on the shelf. After her usual kind of play with the paste some blue finger paints were presented. This was the first time that Helena had finger painted and she was not comfortable in this activity. Her mother had left shortly before and I surmised that dealing with her fury about the separation was utilizing most of her energy. She did not like having her hands covered with paint and needed to wash them often.

#### Interpretation of Data

When Helena interrupted her play because she wanted to return to her room, I hypothesized that feelings aroused by separation from parents and the impulse to explore the clay were making Helena too anxious to enjoy her play. Evidence to support this hypothesis was the fact that she omitted the parent figures when she picked up the toys.

Helena needed to show me each new play item and asked for permission to play. The lotion gave her much gratification from smearing. This play threatened her. Perhaps the washing off of the lotion was a denial of the impulses expressed in her earlier play.

Helena's aggressive attack on the xylophone manifested

her conflict about expressing the anger and rage within her. Even the expression of a bit of anger was so threatening that she was compelled to disrupt her play after a very short period. Then she played with the paste which gave her pleasure. Her use of finger paint produced anxiety as demonstrated by frequent washing of her hands.

#### Fifth Play Session

##### Excerpts from Data

On the tenth hospital day, Helena was taken to the playroom for play. The children were grouped to jingle bells in rhythm to the records. Immediately Helena sat in her rocker and accepted the bells offered by the teacher. Helena actively participated with the group. A short time later, after taking a drink at the fountain, she followed two girls into the bathroom. She stared at her face in the mirror as she splashed and washed the sink with a paper towel.

Later in the evening, I took Helena into the office to play. Her enthusiasm in opening the suitcase led me to believe that she was developing increased security in her relationship with me because she was less controlled in handling her feelings. Almost immediately she engaged me in paste play. This play was interrupted when she heard a baby cry. She pointed toward the door; her face was clouded with worry. I thought that this sound had tempted her to cry, and stirred up the anger that she was feeling. "It's allright, Helena," I reassured her. Helena smiled and began

a new activity. The following excerpt from the data illustrates a new phase in her play activity:

H: (Looked at the doll, put it in her lap, tore the cotton balls, and rubbed them on the doll's face.) Toma, toma. (drink, drink). (Repeated several times as she rubbed the dolls eyes and nose more frequently than the mouth.)

N: Good, Helena, you're taking care of your doll.

Suddenly a motorcycle was driven by the opened window and some voices could be heard outside. It sounded as if a man and a woman were talking in a foreign language.

H: (Became very quiet, raised her hand in mid air and strained to hear.)

N: It's alright, Helena.

H: (Looked at the nurse and down toward the doll. Laid the doll aside, and began to move the colored papers in and out of the case. Although the bag of clay was scarcely visible, she reached for it immediately and held it up toward the nurse.)

N: Good, Helena, bueno, bueno, you can play with this.

H: (Put the bag in the suitcase, reached inside to slowly finger each ball of clay and kept her gaze on me.)

N: Good, Helena, you can play with the clay.

H: (Dropped the bag into the suitcase with a serious expression on her face.)

Helena played briefly with the paper and crayons and then reached for the small milk bottle, unscrewed the nipple, and fed the doll. "Bebe, bebe" (drink, drink), she repeated. Her face suddenly saddened and she put everything into the suitcase and covered the doll with paper. After locking the suitcase, she pointed to the door. To communicate to Helena that it was alright for her to move from play which

upset her and that I was aware that she needed support, I told her that we did not need to leave yet. Then I showed her that there were many other toys with which Helena might want to play.

Immediately Helena became involved in play again. She went over to the doll furniture on the shelves and grouped all the family figures in the play pen. Then a truck on a lower shelf caught her attention and she pushed and banged it into the shelf. I thought that this would help her to express her anger so I encouraged her to use it. To express my approval of play I played ball with Helena. Then Helena put the ball back and picked up the xylophone, struck it four times and pointed to the door again.

#### Interpretation of Data

In the hospital playroom Helena looked at her mouth and bruised cheeks as if to learn about her condition. Her fears from the wiring and those communicated to her by her mother must have concerned her greatly. Helena was beginning to interact with the other children in the play room and participate in shared activities and appeared more comfortable in the playroom.

Helena's reactions to the noises outside the office indicated that these sounds frightened her. I thought that these sounds increased her fears of the hospital because they were new and incomprehensible to her.

This was the first time that Helena had dared to touch the clay balls. I wondered if she could not trust herself

to look at them for fear that her impulses to smear would get out of control or because she was afraid that she might be scolded. Helena showed that she was making progress in dealing with these feelings when she handled the clay.

When Helena packed her suitcase and asked to leave, I thought that she was overcome with frustration from not being able to drink enough and in the manner in which she preferred. In suggesting the other play materials, I hoped to show my acceptance of these feelings and to encourage her to move to less threatening activities.

Helena's behavior while feeding her doll made me think that she was reliving her hospital feeding experiences through the use of the defense which Anna Freud calls "identification with the aggressor".<sup>6</sup> This was an opportunity for her to learn to understand and begin to master the experience. In Erickson's study of hospitalized children's play, she found that the children transferred their need for nurturing to their dolls and lovingly fed them as well as provided pills, drops and medicines.<sup>7</sup>

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<sup>6</sup>Anna Freud, The Ego and the Mechanisms of Defense (New York: International Universities Press, Inc., 1946), p. 117.

<sup>7</sup>Florence H. Erickson, Play Interviews for Four-Year-Old Hospitalized Children ("Child Development Publications: Society For Research In Child Development," Vol. 23, No. 3; Yellow Springs, Ohio: The Antioch Press, 1958), p. 40.

## Sixth Play Session

Excerpts from Data

This session took place in the office the next day. Helena was more quiet, preferred to sit in my lap, and acted as if she did not want to play. After a few minutes, she slid down to the floor and approached the toy shelves. The next excerpt illustrates a new pattern in Helena's play.

H: (Picked up the gun.)

N: Yes, you have a gun.

H: (Smiled and put the gun down, then reached for the plunger of a syringe.)

N: Yes, that is another sort of a gun, isn't it, Helena?

H: (Put down the plunger solemnly and picked up an applicator.)

N: Yes, that is what the doctor uses to look into your mouth, isn't it Helena?

H: (Smiled and gently laid it down. Picked up the truck and pushed it on the floor.)

N: Bueno, bueno, Helena.

H: (Began to push harder, gave the truck two good shoves and then suddenly put the truck back and looked up at me.)

N: It's okay, Helena, si-push the truck.

H: (Smiled as she got the truck. She rested her head on her arm and pushed the truck slowly back and forth. As her eye caught the telephone, she put the truck away to reach for the telephone to put in her lap. Her expression became steadily happier as she talked into the phone, dialed and made a sing-song conversation. After a few minutes she put the telephone away and turned to the mother doll who was lying in bed. Humming to herself, she tried to push the doll's legs flat and unceremoniously held the doll by the head. Then she went to the suitcase, grimaced as if the motion were painful.)

- N: (Unlocked latch for Helena.)
- H: (Laid the suitcase flat and tried to open it unsuccessfully.)
- N: (Unlocked the middle lock.)
- H: (Pushed open the top of the suitcase. The rubber doll was lying on top. Picked it up and threw it on the floor and glanced at me.)
- N: Are you angry, Helena?
- H: (Ignored me and picked up the doll and threw it harder. She went to the suitcase and threw the baby bottle at the doll. She reached for the clay bag, put the clay on the floor and broke the brown clay ball apart.) Caw-caw. (bowel movement.) (She threw a piece on the floor, picked it up to hold for a few minutes and looked as if she wanted to put it away.)
- N: (Held out her hand toward Helena and indicated her willingness to play with the clay.)
- H: (Put the clay in my hand, flattened it, and picked it up to make it into a ball. She sang softly and frequently looked at me. Leaving the clay in my hand, she picked up the clay bag. She threw the bag toward me repeatedly. Sitting down, she began to play with the paste in her usual pattern. In a few minutes she pointed to the doll.)
- N: (Got the doll for Helena.)
- H: (Put paste on the doll's head, hands, and arms. Then suddenly she threw the doll and the paste in the suitcase and pointed to the paste on the doll's finger.)
- N: (Asked Helena if she wanted to wash her hands.)
- H: (Nodded affirmatively and followed me to the bathroom.)

Upon return from the washroom, Helena pointed to the pink tub and requested water play. She put the rubber doll in the tub and got the syringe. When she filled the syringe, she let the water drip on the doll. After she gave the doll several shots in the tummy, she put the syringe back on the shelf. In play with pots and pans, she spilled water on her

dress and became anxious about it, and terminated play with water.

She fetched the ball, threw it to me and we played together before she put the ball back. Then Helena took down the xylophone but was unable to strike it more than twice even with encouragement.

### Interpretation of Data

Helena was beginning to release more of her angry, aggressive feelings. This session marked her first use of the gun and hospital equipment. In categorizing her data, Erickson classified such behavior as hitting, kicking, punching, shaking, handling roughly, shooting a gun, and throwing as expressions of hostility.<sup>8</sup> Helena was beginning to use some of these behaviors to release her feelings. Erickson<sup>9</sup> also found that children needed to avoid the syringe when first exposed to it as Helena did.

With energy freed from release of feelings, Helena was able to fully investigate the clay bag. Her identification of the clay as "caw-caw", her term for feces, validated the hypothesis that she perceived it as stool. She still felt uncertain about enjoying this play; she made bids for approval, and stood near me when throwing the bag.

Helena's play also showed concern for her mother and

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<sup>8</sup>Ibid., p. 24.

<sup>9</sup>Ibid., p. 45.

their present separation. She expressed this through talking on the phone and through her play with the mother doll.

When Helena pointed to the rubber doll, I thought that she was asking for approval. In retrospect, I learned that Helena had identified with the doll and wanted me to show acceptance of the doll. Application of paste to the doll's head, hands, and arms mirrored Helena's concern about her body. Helena identified with the doll to deal with her feelings concerning hospitalization. Arousal of feelings prevented her from using play for longer periods of play in her later activities.

#### Seventh Play Session

##### Excerpts from Data

Helena was brought to the office for this play session the next day. Because Mrs. Sanchez joined us later to observe Helena's play, data are presented in detail to illustrate the effect her presence had on Helena's behavior.

- H: (Went right to the xylophone. Bang! Bang! She struck the xylophone hard and quickly. She picked up the ball and threw it down. Then she went to the suitcase and opened it herself. She sat down, took the bag of crayons and started to draw little circles and looked at me.)
- N: Bueno, Helena. (Wanted to encourage all of her activities. I was writing notes and thought that Helena was copying me.)
- H: (Laid the paper gently aside and put the crayons back in the bag on top of the opened suitcase lid. She bent a pipe cleaner and put it next to the crayons. She took out the bag of clay and reached for the brown ball of clay. She smiled in a satisfied way as she clenched her fist on the clay.)
- N: (Put some paper towels on the table and showed her how she might roll the clay.)

H: (Briefly rubbed the clay on the table. She went to the doll house. She picked up the toilet, moved it near the baby's bed and put the doll on it. She took the mother from the chair and put her in bed.) Mala, mala. (Bad, Bad.)

At this point, Helena's mother knocked and entered when I invited her to stay and watch Helena play.

H: (She stood in front of the doll house, ignored her mother, and looked blankly at her. Then she took the baby doll and put it on the table. She put the mother doll in a chair next to the table and the father doll into the truck. Then she picked up the mother doll and put her back to bed.) Mala, mala! (Came to me to sit in my lap and looked serene and sweet. She pointed at the pink tub.)

M: (She looked sad and as if she felt scolded by Helena.)

N: I'll get the tub, Helena, and you can show your mother how you play. (Filled the tub and put towels on the floor.)

M: (Poured out words in Spanish to Helena in a very loving tone.)

H: (Remained immobile in words and expression. Put the rubber doll and pots and pans in the tub and gave the doll several drinks.)

N: She knows what we want her to do, doesn't she?

M: (Laughed.) Helena enjoys playing in the water at home and tries to help with the dishes.

H: (Picked up the syringe and gave the doll several shots in the mouth and in the nose. Giving the doll several swift pats on the head, she turned her upside down and ignored her for the rest of the water play. She poured water from the cups into the other cups and occasionally put both hands in the water and leaned forward to smile at me.)

The session was terminated because Mrs. Sanchez became uncomfortable and thought that Helena did not need to see her.

### Discussion of Data

Upon entrance to the office, Helena was more confident in handling her aggression but was needful of my approval. This gave me the impression that she played more aggressively because she knew that I accepted her. When she reached for the brown clay, she looked proud that she had been able to hold it.

Erickson found that the children used the doll figures as though they were people<sup>10</sup> and their play reflected the child's life situation.<sup>11</sup> Helena's handling of the dolls vividly reflected her feelings and she communicated them to her mother. When she punished the mother doll by putting her to bed she showed revengeful feelings. Placement of the father figure into the truck put him in the same position as he was during the accident. Her movement toward me reflected Helena's rejecting attitude toward mother. Helena was identifying with the doll. Her shots with the syringe were directed toward the nose, mouth and stomach, all areas of concern for Helena.

Pearson describes the psychic shock that children experience after operative procedures and states that the child "reacts by attempting to rid himself of his fear, either by attacking its cause or by running away."<sup>12</sup> Helena's

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<sup>10</sup> Ibid., p. 49.

<sup>11</sup> Ibid., p. 61.

<sup>12</sup> Gerald H. J. Pearson "Effect of Operative Procedures on the Emotional Life of the Child" American Journal of the Diseases of Children Vol. 62 (October, 1941) p. 727.

aggressive play was seen as an attack against the present situation and as an attempt to master anxiety from a frustrating experience.<sup>13</sup> She was learning that she could express her anger without being punished. Helena's ability to express her feelings permitted more spontaneous activity. Impulses to explore and smear had outlet and she demonstrated pleasure in learning to control them. Her play could be described as personalized play. Helena was seeking a solution to a problem and received relief of tension through simple muscular activity.<sup>14</sup> This was the last play session before Helena's discharge.

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<sup>13</sup>Jackson, op.cit. p. 64.

<sup>14</sup>Levy, op.cit. p. 15.

Play During the First Period of Home VisitsAnd First Clinic Visit

## First Play Session

Excerpts from Data

This visit occurred the day after discharge. "Your friend is here, Helena," Mrs. Sanchez called. Helena came running out and held out her arms. When I bent down, she sweetly gave me a kiss. After I put the suitcase in the center of the room and opened it, Helena smiled and pointed to it.

When Helena played with the suitcase she left frequently for brief talks with her mother. Anna played too and smeared the clay on the blocks. Helena moved the suitcase closer to her mother. She began the paste play with her mother who agreeably participated. The following excerpt portrays her use of clinical equipment.

H: (Picked up the rubber doll and caressed it, looking at her mother.)

M: (Smiled.) Si, Babita.

H: (Took the baby bottle and fed the baby. When she discovered the paper cups, she gave a happy cry and used them to feed the baby. Getting a bandage, she tried to open it. She asked her mother to help her and then pasted it on the right side of the doll's nose. She looked at the doll and smiled. Turning to the suitcase, she brought out the jar of acetone cotton balls and asked me to unscrew the lid. Immediately she smelled the bottle, making a face. She returned to the doll and wiped her face with the cotton balls. In a few minutes, she put the cotton balls back in the jar and asked me to put the lid on. She returned the jar to the suitcase. She inserted a nasal gastric tube into the doll's mouth, picked up the arm restraints, looked at them and threw them into the suitcase. When she picked them up again, she held them toward her mother and pointed toward her arm.)

M: Si, Helena, you had those on your arm.

H: (Put them down and then picked up the doll.) Mala, mala, mala! (Hit the doll with her hand and then banged it on the floor. She looked toward her mother.)

M: Pobrecita, pobrecita. (poor little thing). (Spoke in loving tones.)

H: (Picked up the doll and rocked it and then suddenly threw it hard into the suitcase. She picked up the arm restraints, and threw them into the suitcase. Then she went to her mother and put her hand on her knee and smiled. Then, she came to me, turned around and asked to be picked up. She sat quietly on my lap and leaned against me as she had done many times in the hospital.)

### Interpretation of Data

In her loving attention toward the doll, Helena showed her need for extra love from her mother. Through identification with the doll, Helena was communicating the fact that she felt punished in the hospital. In retrospect I might have helped Helena correct her irritational fantasy if I had carressed the doll which she handled roughly and said something like this: "The dolly had to have her mouth fixed. Her mama was not punishing her. She wanted the doctor to fix her mouth so that she could eat like Anna."

Study has shown that many hospitalized children show readiness to repeat over and over those procedures to which they had been subjected.<sup>15</sup> Helena was able to use the clinical equipment to relive past experiences and thus take steps to come to terms with the feelings they provoked.

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<sup>15</sup> Erickson, F., op.cit., p. 29.

## Second Play Session

Excerpts from Data

This session took place three days after Helena's discharge. Three adult and three child guests were in the home. The children frequently ran in from the bedroom where they played. Helena stayed close to her mother and played with the contents of the suitcase for two hours.

Helena began her play by examining the truck, opening and shutting its tail-gate. When finished, she threw it into the suitcase. She was unable to make the xylophone stand alone. When the sticks were given to her, Helena played delicately. Then she hit the toy harder and looked stern and concentrated in her effort. Halfway downward in a stroke, she stopped and then threw the sticks into the suitcase. She looked as if she wished to throw the xylophone away also. Instead she put it out of sight. Then Helena played with the brown clay and put small pieces around the blocks and into my hand.

Next Helena concerned herself with exploration of the contents of the suitcase. Later she took the doll and gave it injections into the nose and mouth. She said "Face" in Spanish continually, which demonstrated her concern about this area of the body. She also talked on the toy telephone: "Hola, Mama," "Hola, nurse". As she smelled the cotton balls with acetone, she grimaced and laughed.

## Interpretation of Data

Helena's active play showed that she needed this experience. Her play with the truck and the telephone was perceived as her way of dealing with feelings aroused by separation from the home. She got outlet for her urge to smear through creative activity with the clay. The cotton balls reactivated the disgust she felt when acetone was used on her face. Study has shown that hospitalized children tend to use clinical equipment as it has been used on them or as they have seen it used on others.<sup>16</sup>

### Third Play Session

#### Excerpts from Data

Helena was seen in the hospital clinic the next day which was four days after her discharge. In the examining room, she sat quietly in her mother's lap. After a few minutes, she got down, walked to the examining table and looked to me for permission to explore it. I encouraged her to look at it, but Helena shook her head, ran and asked to sit on her mother's lap. When Mrs. Sanchez gave Helena her keys and her comb, she showed them proudly to me and then played quietly with them.

Later when I gave Helena a tongue blade, she examined it carefully, went toward the examining table and walked slowly around it. She investigated it carefully and frequently looked at mother and me for approval. She opened

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16 Ibid., p. 28.

drawers and then sat on the bottom step as she played with the tongue blade, key and comb. When the doctor entered, Helena cried and threw away her keys. She retrieved them and held on to them during the examination.

#### Interpretation of Data

Helena was apprehensive in the clinic session; many unresolved fears about separation, bodily attack and pain were reactivated. She needed to remain near her mother and sought approval and encouragement from her mother and I. After her mother gave Helena her keys and comb, Helena was able to use these objects for support in exploring the environment and during her examination.

#### Fourth Play Session

#### Excerpts from Data

Three days after the clinic visit, I visited Helena in her home. First Anna reached for a toy which annoyed Helena. Mrs. Sanchez and I reminded Anna that the toys had been used by Helena in the hospital and that she was to use the toys as she needed to use them. Anna cooperated with these expectations and substituted her own play materials when needed.

Helena looked well; the swelling of her face had subsided and only a light purple bruise remained below her right eye. Her play began with the pounding board; this was the first time that I had included it in the suitcase. She pounded loudly and looked as solemn as she had in the hospital when using it. After pounding for several moments,

she put the board away and did not go back to it.

When Helena saw the pieces of adhesive tape which she had requested, she covered her doll completely with them except for the eyes. She started at the doll's forehead and worked downward as she said "Poopa" which means "pain". Methodically she repeated this process twice. Then she gave the doll a few pushes in the mouth with the plunger of the syringe. She threw the syringe into the suitcase and said she was finished with it. After some paste play, Helena used the gun to shoot me three times. "Bueno, bueno", I said.

After Helena requested me to put on the doll's arm restraints, Anna pushed the doll's hand toward its mouth. This angered Helena. She hit Anna and said, "No". Then Helena picked up the doll, comforted her, untied the arm restraints and gave them to me to retie. When this was accomplished, she put the doll in the suitcase. When Anna told Helena why the arm restraints were used, Helena reacted strongly; she expressed her hatred of the restraints. At one point Anna put the rubber doll under the pounding board which stimulated a quick retrieval by Helena.

#### Interpretation of the Data

Helena was communicating how painful and uncomfortable she had been in the hospital; play with the bandages and syringes indicated this. The emergence of strong feelings disrupted her play; she was dealing with her feelings about past experiences in amounts that she could handle.

In her play with the gun, I thought that Helena was expressing her anger at adults and perhaps in the hospital she felt like destroying them. Approval of these feelings was necessary to help Helena recognize and learn to deal with them constructively. Her play with the gun after she used the syringe seemed to indicate that Helena equated the two toys as instruments of violence and punishment, as has been shown in other studies of children's play.<sup>17</sup>

#### Fifth Play Session

##### Excerpts from Data

This home visit took place the next afternoon. Helena's expression was unusually sad but interspersed with an occasional forced radiant smile. Her mother reported that she was not herself; she had been wetting her pants, refusing to tell her when she had to use the toilet, and constantly demanding. She had thrown many articles into the toilet and refused to have her hospital identiband removed.

After demonstrating the fact that she was angered by loss of her mother's attention, Helena played with the truck and pushed it back and forth between herself and the nurse. She continued this activity with the ball, once hitting my shoe. "Poopa", said Helena with a smile and she continued her play.

Shortly, Helena played with the xylophone, pounded with her hands and refused to use the hammers. She pounded

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<sup>17</sup>Ibid., p. 46.

gently in comparison to the previous day. Then she rubbed her hands with lotion and played briefly with the doll.

### Interpretation of Data

In this session Helena was less responsive to her play with the doll and with the other play materials, with the exception of the xylophone. Her play was less satisfying, continuous and spontaneous. She was unusually tired and her mother put her to bed immediately after dinner.

### Sixth Play Session

#### Excerpts from Data

Helena appeared happier today and more interested in her play. She began with the truck, aggressively pushing it backward and forward, her facial expression mirroring the pleasure she received from it.

Getting the bottle of lotion, Helena generously filled my hand. She spilled some on my dress, and hastily rubbed it into the material when her mother commented about it. She also put lotion in her mother's hand, once spilling some on the floor. Wiping it up with a towel, she threw the lotion back in the suitcase.

Helena continued to act aggressively toward her doll, handled it roughly and spanked it. I acted lovingly and approvingly toward the doll and communicated to Helena that I thought the doll was good. "She had to go to the hospital to have her jaw fixed as it was hurt in an accident".

Helena responded with a warm smile.

Helena played with the ball more independently; she threw the ball and fetched it herself. She also used the xylophone effectively in releasing aggressive feelings. While she played with the stethoscope on the doll, her mother and I talked to her about returning to the hospital the next day to have her wire removed. Helena made no outward signs that she understood the conversation. Mrs. Sanchez had talked to her previously about the second hospitalization and emphasized to Helena that she would stay with her all of the time that she was in the hospital.

#### Interpretation of Data

Helena was becoming more independent and aggressive in her play. The play with lotion offered more freedom of expression than paste play and she was more able to use it than she had during her early hospitalization. I thought that Helena was still viewing hospitalization as punishment. She was becoming increasingly curious and interested in using the hospital equipment for longer periods of play.

#### Play During Second Period of Hospitalization

##### Excerpts from Data

The next day Helena was rehospitalized. The suitcase of toys was in her room when she began her two-day hospitalization. When Helena entered the room, she opened the suitcase and sat on the floor and watched the medical staff and other children as they came into the room. One girl tried to approach the suitcase. "No, No," yelled Helena firmly whenever she neared it. As the girl backed

away, Helena said, "Hala, Hala", which means "She is bad, she is bad", and sharply kept watch over her suitcase.

That evening, Helena got the bottle of lotion from the suitcase and poured some on my hand to initiate play. When her hands got too messy, she wanted to wash, and turned the water on and off. Upon return to the room, she held the rubber doll in her arms and rocked it. When I left, Helena followed me to the door and carried the suitcase.

#### Interpretation of Data

Helena identified the suitcase as belonging to her and "her nurse". Perhaps her desire to remain in control of it prevented her from playing for a longer length of time. The suitcase offered positive support to Helena because it had been useful in the past. Helena showed her concern about separation from home in her play with the water faucets, and by rocking the doll and herself.

#### Second Play Session

#### Excerpts from Data

The next morning Helena was not allowed to eat breakfast in preparation for anesthesia and removal of the wire. Because she asked for something to eat when she saw the other children eating, I moved the suitcase into the middle of the room to give Helena something that the other children did not have. Helena smiled and prepared herself for play.

H: (Got out the doll and held it toward me.)

N: (Stroked the doll and rocked her.) Buena nina, such a nice doll.

- H: (Took the doll and rocked it giving a bright smile. She took a block covered with clay and held it up to me.)
- H: Anna. (Put the block down. Picked up the safety pins and handed them to me.)
- N: Yes. (Held them in her hand.)
- H: (Took them and put them into the suitcase. She took out the lotion and put some in my hands.)
- N: (Rubbed her hands together and offered to put some lotion on Helena's hands.)
- H: No. (Took the lotion and put some on the doll and held it toward me.)
- N: (Smiled and rubbed the doll and gave it back to Helena.)
- H: (Smiled and looked at the suitcase.)

Helena was picked up and carried toward the door because I hypothesized that she was communicating her need for this comfort when she handed me the toys. She smiled when in my arms.

### Interpretation of Data

Helena used the play to get approval and reassurance that she was a good girl even though she had been returned to the hospital. She also recalled pleasures from the past to help to bridge the distance between hospital and home. Her bright smile verified the nurse's hypothesis that she was asking to be held. The hospital environment and possible expectations concerned Helena. This was demonstrated in her play; she could not play as freely as she had at home.

After fully recovering from the anesthesia, Helena went home with her parents. She was tolerating fluids well.

Play During the Second Period of Home Visits  
And Second Clinic Visit

First Play Session

Excerpts from Data

The next evening when I visited for dinner, the children were dressed in their pajamas ready for bed. Anna took the suitcase with her to the children's bedroom as she had been instructed to do. I followed her to say "hello" to the children. I had put three cards in the suitcase. Helena picked them up immediately and kept them near her the entire evening.

H: (Brought the cars to me at the dinner table.)

N: Oh, you have three cars, Helena.

H: Que linda coche! (What pretty cars!)

N: Si, Helena, they are nice colors.

H: (Put the cars on the floor, covered them with both hands. She leaned over them and pushed them up and down. She stopped abruptly and threw each one at the wall.)

N: Good, Helena, you can crash those cars!

H: (Got the cars and pushed them up and down the floor. She sat on the floor and drove the cars in circles around her. Put the cars down and came to me and said sweetly "Hello!")

N: Hello, Helena, how nice it is to see you! (Spoke warmly.)

H: (Went back to the cars and pushed them again, this time in a straight line. Picked up each car, examined it closely, looked at the nurse. She took each car and rolled them toward the wall.) Mala coche! Mala coche!

F: (Laughed.) She knows it is the car that hurt her.

H: (Got the cars, held them in her hands and looked at them. Turned to me, put her finger inside of her mouth, stood up, and moved the yellow car toward my mouth.)

M: (Spoke sharply.) Helena! We are trying to eat!

Helena frowned when I smiled and shook my head to agree with Mrs. Sanchez's directive. Then she asked me to take her to the toilet.

### Interpretation of Data

Helena was trying to master her feelings about the accident by blaming the car for her injured jaw instead of herself. She connected the car accident with the trauma to her mouth and directed her anger and resentment to the toy cars. She was dealing with her feelings in a more realistic way.

### Second Play Session

#### Excerpts from Data

In this visit which occurred the next day, Helena played with the cars, truck, syringe, and doll for short periods. Play with the doll lessened. She gave the doll one injection and then rocked her which affirmed that she was seeing the doll as a "good baby." She became more daring with the syringe when she held it to my mouth.

Helena introduced her play with the cars by showing them to me and saying, "Que linda coche", (What pretty cars!). Then she put them down, pushed them and said in rhythm: "Mala coche, mala coche", (bad car, bad car!). Then she picked them up hurriedly, rolled them toward me to engage me in play with her. Helena enjoyed crawling on the floor and laughed happily.

H: (Picked up the cars and put them down as she sat next to the suitcase. She got the truck and put the cars inside of it. She reached in for a bandaide, and put it on the truck. "Mala coche!" she said as she hit it and made the cars fall out. Helena ignored this, and looked in the suitcase and brought out some figures. She put the mother, the little girl, the nurse, and two father figures in the truck. Then she tried to fit them into the little cars. Only one could fit in at a time. Because this was difficult, Helena threw down the figures, looked at her mother and asked for something to drink.)

M: (Gave Helena some chocolate milk.)

H: (Drank the milk quickly and then sat in my lap quietly for ten minutes.)

### Interpretation of Data

Helena was again trying to master her feelings concerning the accident. She reconstructed the whole experience. When this became too difficult, she threw the figures to deal with her frustration. The emergence of strong feelings may have scared her and caused her to seek contact comfort from me as she had in the hospital.

### Third Play Session

#### Excerpts from Data

The next afternoon I made a third home visit which was four days after Helena was hospitalized for removal of the wire from her mouth.

Helena played with the doll and gave it several injections and drinks from a cup. She used a nasal gastric tube which was similiar to one used on Helena in the hospital. Helena put the tube in the doll's anal opening, pushed it in and withdrew it quickly. Then as she grinned, she put

the tube in the doll's mouth, pulled it out quickly, and flung it into the suitcase.

Helena concentrated on pushing the cars individually and in the truck. She threw the truck into the suitcase after removing the cars. She gave an injection to one of the small cars and then gently put the syringe into the back of the truck.

#### Interpretation of Data

Helena was becoming comfortable in handling the clinical equipment, and used it in the same manner as she had experienced in the hospital. She was still working to deal with her feelings about cars. Her anger was exhibited while giving the injection to the car.

#### Fourth Play Session

#### Excerpts from Data

This session took place the next day. Helena had not sucked her thumb since the wire had been removed. She was using good toilet habits and sleeping and eating well.

Today some small samples of cosmetics were included in the play materials. Helena began her play with the can of powder and followed the same play pattern as she had used with the paste. Then she powdered a car as she sang in a monotone: "mala coche, mala coche". After wiping off the car with a cotton ball, she sprinkled the rubber doll. She wiped the powder from the doll with a cotton ball and showed the doll to us. "Good girl!" said her mother. "Are you a good girl, Helena?" I asked. Helena nodded her head

in the affirmative.

Later when Anna dumped a paper full of powder into my lap, Helena became very upset and scolded Anna for her messiness: "That's naughty" she said in Spanish. Helena stayed near me and was possessive of my attention. Both Mrs. Sanchez and I explained to Helena that I would not return for two weeks but we were uncertain of how much of this preparation Helena understood.

#### Interpretation of Data

Helena's increased dependency on the nurse might have reflected her concern about separation from meaningful adults. She looked forward to my visits and expected them. When she was told that I would not be returning soon, she might have thought that she was causing this separation.

#### Fifth Play Session

#### Excerpts from Data

This last home visit was made two weeks later, forty days after the initial contact with Helena during her first hospitalization. Helena joyfully greeted me and called me by name and exuberantly talked continuously.

Helena played little during this visit. She played briefly with the cars and stethoscope, and often picked up the balls. She rolled it toward me to ask me to play with her. She spent most of the visit sitting in my lap. She talked and often raised her head to smile at me.

#### Interpretation of Data

Helena had used this experience to gain mastery of the

feelings that had been aroused when separated from me. She needed the shared play activities and physical closeness to assure herself that I had returned and still loved her.

### Sixth Play Session

#### Excerpts from Data

A month after the last home visit, Helena again sat briefly on her mother's lap during a second clinic visit. Then she explored the examining table, walked all around it and looked at it closely. She did not ask for approval but busily investigated the room.

When I gave Helena and Anna tongue blades, both of the girls looked and talked about them. Helena held her tongue blade during her examination.

After the clinic visit, Helena ran up and down the hall as spontaneously and uninhibited as I had ever observed in the hospital setting.

Mrs. Sanchez reported that Helena was rapidly gaining back her loss of weight and eating constantly. She began to suck her thumb again shortly after my last home visit. She slept well and had had no disturbing nightmares. She had regained control of bowel and bladder functioning with only an occasional mishap. She was more dependent on her mother than before hospitalization; she preferred to remain inside the home and close to her mother. Helena's mother accepted her need for this behavior.

#### Interpretation of Data

The contrast between Helena's behavior during the two

clinic visits was remarkable. Helena was working through her feelings about hospitalization; she was gaining understanding of the accident as its causative agent, and acted as if she felt herself to be an autonomous and significant person. Her mother's and my concern and help to deal with her feelings about separation and treatments in the hospital gave her the trust and support that she needed. Support prevented repression of a painful experience and all the distressful feelings which were associated with it. She had regained her pre-hospitalization level of functioning with the exception of her increased dependency upon her mother.

Chapter V presents a summary of the study, conclusions and recommendations for further study.

## CHAPTER V

## SUMMARY AND CONCLUSIONS

Summary

As nurses have become more concerned with the emotional support of the child in the hospital, the value of play therapy as a function of pediatric nursing has begun to be investigated. To contribute to this field of nursing knowledge, this study presents the writer's identification description and interpretation of a two-year-old child's use of play to deal with feelings evoked by an automobile accident and the resulting hospitalizations for multiple fractured jaw.

Helena Sanchez, a two-year-old child of Spanish descent, was chosen for this study because of her unique medical condition; she was in the age group most vulnerable to separation from mother, and it was anticipated that she would have difficulty in coping with new experiences when she heard only an unfamiliar language. Initial contacts with Helena and her parents on the second and third day of hospitalization were utilized to plan nursing care. As the writer cared for Helena, she concentrated her observations on learning how Helena was able to use play periods with the writer.

As a participant observer, the writer used play sessions with Helena for the study period of five weeks and four days. Play sessions were held in the hospital, home and clinic

settings. Records of the child's play were made with the use of process recordings. Behavior during play sessions was discussed with the writer's instructor to interpret its meaning and to plan Helena's nursing care. The writer observed the child and her own interaction with her daily during her two hospitalizations and in play sessions in her home and in clinic.

Because of the language barrier, immobilization of her jaw, and the separation from mother, hospitalization proved stressful for Helena. Her young age and foreign language made adequate preparation for procedures difficult to perform and to evaluate. Because her jaws were wired together, Helena was unable to suck her thumb when distressed or to eat the kinds of foods she preferred. The shock of the car accident and sudden change of environment were incomprehensible to this two-year-old child. Loss of bladder and bowel control reflected Helena's need to regress to adapt to stressful events.

Initially Helena was unable to use the play materials because she was overwhelmed with feelings concerning separation and loss of maternal care. She needed to be close to the writer and sought approval of all her behavior. In her first contact with the materials in the suitcase, she sought permission from the writer to begin areas of play. Her concern over the brown clay reflected her conflict between the impulse to smear and the wish to retain control

over this impulse in her struggle for autonomy. Helena was not able to touch any hospital equipment to deal directly with the stresses of hospitalization. The writer hypothesized that Helena was withdrawing from the play materials to retain control of her angry, aggressive feelings.

Helena's play became more active and sustained as her relationship with the nurse deepened and she became more comfortable in the play setting. After an initial exploration of materials, she became involved in using several patterned activities, such as the exploratory paste play shared with the writer. The xylophone and the pounding board were used to release aggression and angry feelings. After her second hospitalization, she became able to freely use these playthings to vent her feelings. As Helena became less threatened by her angry feelings, she was able to express them more openly and began to deal with them constructively.

Helena used the play sessions to deal with her impulse to mess and explore materials. She initiated the play sessions with the pattern of paste play. This pattern of exploration extended to lotion, clay and powder. As Helena was able to accept her feelings and explore the clay, she became more spontaneous in her use of all play materials. This was accomplished by the end of the first period of hospitalization.

The writer hypothesized that Helena viewed hospitalization as a punishment. The subsequent wiring of her jaw

could have been interpreted as punishment for sucking her thumb. Much of Helena's play showed that she was identifying with the rubber doll. Helena's rough handling of the doll illustrated the feelings she thought were being directed towards her. Her joyful response to the nurse's concern for and praise of the doll indicated that she felt the praise and approval were being directed towards her. It was only during the latter half of the study period that Helena's play indicated that she was beginning to perceive herself as a "good girl."

Helena was gradually able to use the clinical equipment without fear. She used procedures on the doll which were similar to those used in her care. Her effectiveness in handling the syringe markedly increased as her fear of it receded. She was able to put arm restraints on the writer and tried to put them on herself.

Helena was able to express her angry feelings toward her mother in her play with the family of dolls. Throughout the home visits, she sometimes ignored her mother and asked the writer to care for her. Mother accepted this outward display of rejection and allowed Helena to release these feelings. Helena also expressed hostility toward the writer through the use of the syringe and the gun.

That Helena had strong positive feelings about the case of toys was illustrated by her vigorous possessiveness of it during the second hospitalization. This exemplified her need for the play sessions with the writer to deal with the

problems of hospitalization. This second hospitalization was less stressful for Helena than the first, both because her mother roomed in with her and she had trust in the writer who again functioned as "her nurse".

Helena's play became increasingly dominated by play with cars after the second hospitalization. The nurse thought that Helena was perceiving the automobile accident as the cause of her hospitalization and had begun to transfer guilt from herself to the cars. During the play sessions after the second hospitalization, she directed her wrath at the automobiles and was primarily involved in aggressive activities with the cars.

Helena became increasingly more able to express her feelings about the stresses of hospitalization in her play. Her ability to use the play materials more aggressively indicated that she was making progress in facing these feelings. When Helena's anger was transferred from the doll to the cars, there was evidence to support the hypothesis that her perception of hospitalization was becoming more realistic, she was able to discharge her rage at the car which had injured her. Helena's repetitive play with cars during the final play sessions illustrated her consistent attempts to deal with her feelings about the accident.

During Helena's first clinic visit, she was unable to fully explore her surroundings and needed to remain close to her mother. On the second clinic visit she investigated the clinic enthusiastically and freely and enjoyed

play with the other children. Her spontaneous activity demonstrated trust in her surroundings and less preoccupation with problems relating to the hospital.

### Conclusions

The findings of the study provided evidence to support these two hypotheses which were formulated for testing:

1. Regular periods of play were used by Helena to make a more comfortable adjustment to the experience of hospitalization and the automobile accident which caused her injury.
2. Regular periods of play were used to help Helena express her feelings and needs that she could not communicate verbally.

The writer concluded that the play periods contributed to Helena's healthy adaptation to the second hospitalization. Other factors such as her mother's presence and the support of a trusted person while being anaesthetized also contributed significantly to make this experience less stressful.

This experience convinced the writer of the value of regular non-directive play sessions as part of the nursing care of the young child. The insight gained into Helena's feelings and concerns were of extreme value to the writer in planning other aspects of Helena's care. The play sessions with Helena strengthened the nurse-patient relationship. If individualized nursing care is the goal in pediatric nursing, then nurses must make use of this method to gain the information that they need to plan, care and to evaluate its effectiveness for the child.

### Recommendations

Study of the value of play therapy in pediatric nursing needs to be extended for groups of children to formulate hypotheses for testing. The performance of this study provoked additional questions relating to play therapy that suggest potential areas for further study.

1. How frequently should play sessions be offered to children of various age groups in the hospital situation?
2. Are common problems demonstrated in play by children of the same age with the same medical problem?
3. How can the professional nurse incorporate play therapy into routine pediatric care?
4. How do children of various age groups use play therapy sessions? What kind of programs would need to be established for these age groups?
5. How does the nurse use her insights into the child's feelings gained from play experiences in planning patient care and communicating them to other members of the health team?
6. What inservice education would be required to interest graduate nurses in the value of play therapy? What clinical experiences can be offered to undergraduate nursing students to study the techniques and values of play therapy?
7. What play materials have been found to be most meaningful to children of various age groups?
8. How can pediatric nurse students demonstrate the necessity for utilization of play therapy to other members of the health team working with children in hospitals and clinics.

### Epilogue

Helena was seen in the clinic one year after her last clinic visit. She was frightened initially when the doctor requested her to open her mouth, but was able to cooperate

when he let the writer assist her. At this time the growth of her maxilla and mandible appeared to be equal and her teeth were in good occlusion. The physician thought that her jaw would grow normally, but this prognosis could not be made accurately until three to five years had elapsed after the initial mandibular fracture. Roentgenograms showed similar growth of each jaw bone, but the measurements were not exact enough to make an accurate prognosis concerning further development of her jaw.

During the year the writer visited the Sanchez family frequently. She also worked closely with Mrs. Sanchez during the months preceding the delivery of her fourth child. The Sanchez family were enjoying their stay in the United States. The two eldest children learned to speak English well. Helena combined Spanish and English in her sentences and became very verbal. She still sucks her thumb when going to sleep at night.

A year after Helena's second hospitalization, the writer visited the Sanchez home with the case of toys. Anna was home from school for the day with a cold. Both girls played with the contents of the case for a two hour session and they often played cooperatively.

The clay provided the most interest for Helena and her sister. Helena rolled the clay into balls of all sizes and piled them neatly together. She also cut strips of paper and pasted them on paper. An hour passed before Helena

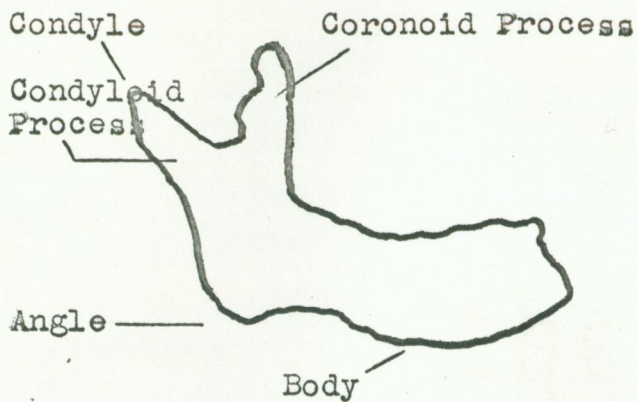
touched the clinical equipment. Then she opened all the bandaids and placed them on the doll's eyes, knees, hands, mouth, and stomach. It was Anna who picked up the syringe and gave the doll shots. Helena watched her intently and laughed but did not pick it up herself. She laid her hand briefly on the doll and said "Pobrecita" which means "poor little thing" in English. Then she quickly returned to her cutting activity.

Helena enjoyed the crayons, drew several pictures and gave them to her mother and the writer. She did not touch the cars or truck. She played ball with the writer and rolled it back and forth. She also named all the items in the suitcase in English and in Spanish.

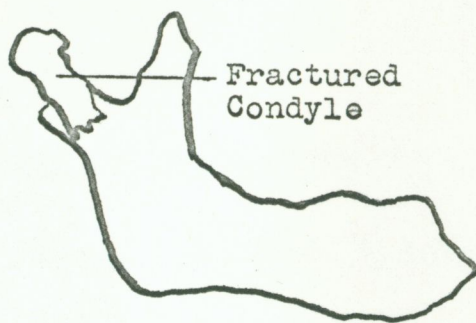
The writer concluded that Helena was able to explore the play materials freely because she had worked through many of her fears and feelings of anger concerning treatment in the hospital. She used the materials appropriately for her age and enjoyed the crayons and paper for the greatest period of time.

When Helena played with the neighborhood children, her mother observed that her behavior was similar to Anna's at age three. Helena explained to the writer why she had been hospitalized. "I went to the hospital because I fell down in the car and hurt my mouth." The children discussed hospitalization at home. Mrs. Sanchez reported that Helena points to the hospital whenever she sees it and calls it, "My hospital."

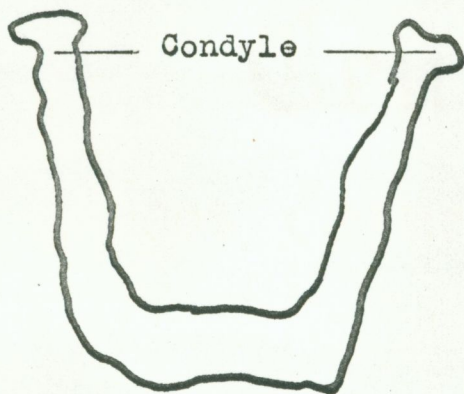
APPENDIX



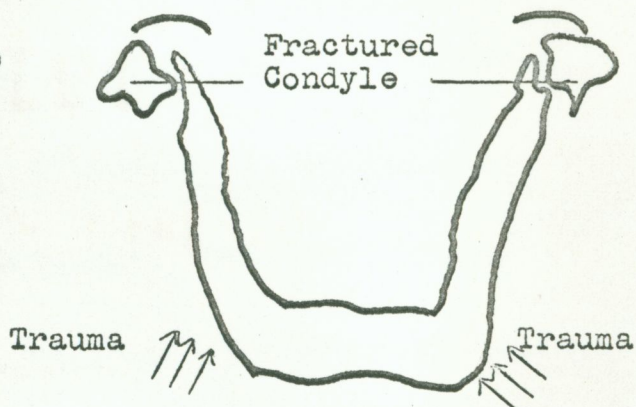
Normal Mandible



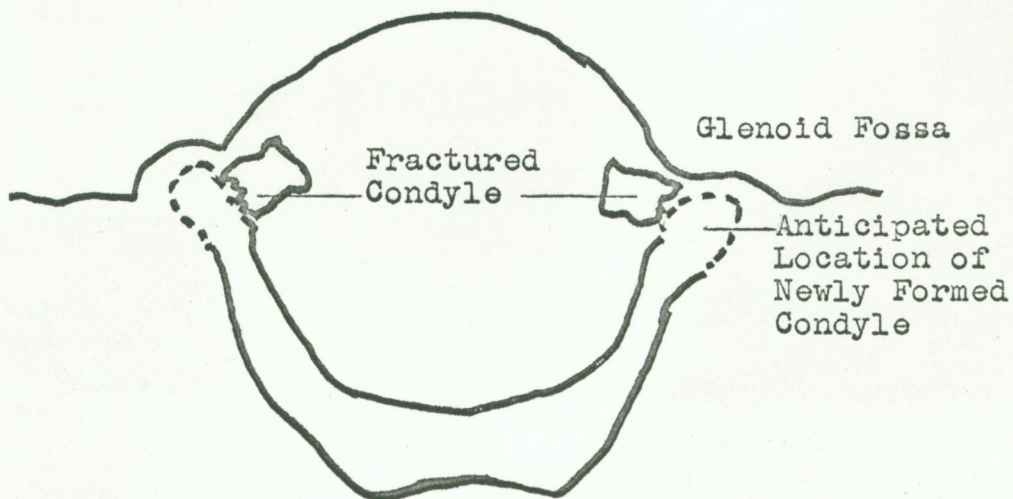
Fractured Mandible



Normal Mandible



Fractured Mandibular Condyle



Mandible in Proper Occlusion

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