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An exploratory study of reasons expressed by mothers for not bringing their children's favorite object to the hospital

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AN EXPLORATORY STUDY OF REASONS EXPRESSED BY MOTHERS
FOR NOT BRINGING THEIR CHILDREN'S FAVORITE OBJECT
TO THE HOSPITAL

BY

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A field study submitted in partial fulfillment of the requirements
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CHAPTER I

INTRODUCTION

Almost every young child who enters the hospital goes through degrees of difficulty in his adjustment to the hospital. The child's sense of loss because of separation from his parents and home often gives rise to a feeling of abandonment in a strange, painful, fear-provoking place. How to support the child during this time is a question that has concerned pediatric personnel for some time. It was in studying normal children that the role of the favorite object began to show its supportive nature. If a favorite toy or object can give a child a sense of security during times of distress in his own home, then this object should also be with the child in the hospital.

Statement of the Problem

It was the purpose of this study to explore the reasons why the child who has a favorite object is not found with it in his possession in the hospital. To discover the reasons for the object being left at home, we must seek the answers from the parents, usually the mother or mother-substitute, as the child is not in a position to decide what is to be brought to the hospital.

Mothers usually are aware of their child's closeness to a particular object, yet we do not always see the favorite object with the child in the hospital. What are the reasons for the mother leaving it at home? Does she understand the part the favorite object plays in the

child's emotional life or does she simply dismiss the whole matter as merely being an idiosyncrasy of the child? Does she feel embarrassed at the type and the condition of the favorite object? Or does she feel ashamed of the fact that her child needs an external object for security? Or is it because she feels other people will laugh at her child for having need of a favorite object? These might be the reasons for some mothers, but we need to further explore this subject matter in more detail.

Justification of the Problem

Often, while working on a pediatric unit, one will note that some young children are admitted with few or no personal belongings from their homes. The overwhelming sense of abandonment seen in the facial expressions of these children leaves one with a strong realization of the extreme need for something which will help the child to bridge the gap between the frightening reality of the hospital and his secure home.

If an increased understanding of the reasons that cause mothers to leave the favorite object could be ascertained, we might be better able to aid both the mother and the child during the hospitalization period. By giving the mother insight and knowledge about the favorite object, we may be able to bring about the provision of the favorite object and thus promote and give the mother the chance to make hospitalization a little easier for her child.

Scope and Delimitations

This explorative study was primarily concerned with those mothers whose hospitalized children have a favorite object but which object had

not accompanied them to the hospital. Age and prognosis of the child were included in the criteria for the study. The children's ages ranged from six months to fifty-six months (four years and eight months) and the subjects were children who the writer considered had a favorable prognosis and who had passed the crisis period in their illness.

Methodology

A personal interview of open-ended questions was the tool used to select ten mothers for the study. A short selective interview first established the fact that their child had a favorite object and that it was not with him in the hospital. Through the use of probe questions the ten mothers were further questioned to determine two factors: how closely attached the child was to his object, and how aware the mother was of this attachment. The assumption is made that in telling how attached the child is to his favorite object the mother is revealing how aware she is of this attachment. When trying to find out why the mother did not bring the favorite object to the hospital, care was taken that the mother would not feel guilty because she had not brought it.

The interviews were held on the wards during the hospital visiting hours on either the second or third day after admission of the child to the hospital.

Definition of Terms

The toddler age refers to the age group used in the study and consists of children from sixteen months to fifty-six months of age. The term favorite object refers to any object to which the child has developed a strong attachment and which is frequently found somewhere in the child's

possession, usually accompanying him on trips and to bed with him at night. There are other terms used for the favorite object, such as "treasured possession," "transitional object," "prized object," and "beloved possession." The object may be anything such as a handkerchief or a flower pot, although it usually is a soft blanket or a stuffed toy.

Sequence of Presentation

Chapter II contains the theoretical framework for the study and a review of the pertinent literature.

Chapter III gives a detailed account of the methodology used.

This is followed by the analysis and presentation of the data in Chapter IV.

The final chapter includes the summary, conclusions, and recommendations resulting from the study.

CHAPTER II

REVIEW OF LITERATURE

A search of the literature revealed that little has been written about a child's favorite object. Articles concerning the favorite object emphasized the child and his relationship to the object, with little or no mention of the role of the mother and her recognition of the object's importance. The writer then reviewed literature concerned with a child's hospitalization, the meaning of the favorite object, and how the favorite object might assist in the reduction of emotional trauma caused by the hospitalization. Admission pamphlets and booklets from six pediatric hospitals situated throughout the nation were reviewed in order to view hospital policies about the place of the favorite object in the child's hospitalization.

The Meaning of Separation for the Young Child

The development of a child into a mature adult is a slow, continuous process which requires continuity of contact and stability of the adults who surround him, particularly his mother. The mother-child relationship has been the subject of studies,^{1, 2} both of which reveal the

¹John Bowlby, "Some Pathological Processes Set in Train by Early Mother-Child Separation," Journal of Mental Science, IC (1955), 150-153.

²O. Spurgeon English and Gerald H. J. Pearson, Emotional Problems of Living: Avoiding the Neurotic Pattern (New York: W. W. Norton and Company, 1945).

necessity of this relationship to the maintenance of the child's normal development. For a child, his mother is security, protection, and understanding.³ Studies conducted through the war years in Great Britain, notably those of Freud and Burlingham, reveal many of the reactions which children experience and express when separated from their mothers. In discussing separation and its meaning to the child, they state:

It is not so much the fact of separation to which the child reacts abnormally as the form in which the separation has taken place. The child experiences shock when it is suddenly and without preparation exposed to danger with which it cannot cope emotionally. In the case of evacuation, the danger is represented by the sudden disappearance of all the people whom it knows and loves. Unsatisfied longing produces in it a state of tension which is felt as shock.⁴

English and Pearson, in their studies of anxiety during the latent period, discuss separation from the parents as a cause of such anxiety. They use the evacuation of children from London to illustrate this anxiety, and state:

. . . children feel frightened in a strange, unfamiliar world. It is a feeling all children have when they are separated from the persons they love. The feeling is very painful and upsets the child greatly.⁵

A young child, with his lack of understanding and ability to tolerate frustration, reacts to separation from his mother's care in a manner comparable to that of an adult who has lost a beloved person through death. The child knows death only as absence; hence the similarity between the two reactions.

³James Robertson, "Some Responses of Young Children to Loss of Maternal Care," reprinted from the Nursing Times (April, 1953), 2.

⁴Anna Freud and Dorothy T. Burlingham, War and Children (New York: Ernst Willard, 1943), p. 70.

⁵English and Pearson, op. cit., p. 163.

Hospitalization may add to the child's problem of separation in a number of ways. Research studies in this area agree that hospitalization need not have a poor effect on a child's development. However, it has the potential of being one of the most fearful experiences of childhood, with harmful aftereffects.⁶ Generally, the child who is admitted to the hospital is sick and uncomfortable and is not always able to distinguish between feelings of physical suffering caused by the illness and the suffering and pain imposed upon him by the treatments necessary to alleviate his illness. The illness itself is difficult, if not impossible, for him to understand. There may be changes in his immediate environment because of his illness, such as his parents' attitude toward him.

Hospital conditions are completely foreign to a child's past experience, and strange fancies and fears are likely to develop. He is not used to the sterility, the efficiency, the lack of color, and the rigidity of the hospital environment as opposed to his own familiar and warm home environment. He is not allowed to work off some of his emotions through running about as a healthy child would do, but most of his time after admission is spent in confinement to bed.

The child may be frightened by the hospital before he has even entered it. Often parents will use the hospital as a symbol of punishment for their children, threatening them with it when the children are naughty. This, of course, serves to conjure frightening phantasies in the mind of the child. The sights, sounds, and smells of the hospital which greet this child on admission are far from reassuring. Other chil-

⁶Hedley G. Dimock, The Child in Hospital (Philadelphia: F. A. Davis Co., Publishers, 1959), p. 8.

dren, although not previously threatened with hospitalization, may not have been prepared by their parents and they arrive at the hospital confused and frightened. These elements only add more tension and confusion to the child's already present separation anxiety.

Levy⁷ and Jessner and Kaplan,⁸ in their studies of hospitalized children, drew the conclusion that it is the younger child who proves to be the most susceptible to the circumstances surrounding hospital care. Signs of distress in these younger children have been found six months after discharge.⁹

Prugh, in his study of the hospitalized child, states:

For the child of three years of age and under, separation from the mother or mother substitute, often misinterpreted as punishment or desertion, appears to pose the principal threat, regardless of the nature of his medical diagnosis or treatment.¹⁰

At this age, a child not only has few emotional resources to help him cope with his anxiety, but he is still extremely dependent. Even short stays in the hospital have been known to create in varying degrees feelings of homesickness, distrust, and fear.

A regression to earlier and more passive levels of infantile

⁷David M. Levy, "Psychic Trauma of Operations in Children and a Note on Combat Neurosis," American Journal of Diseases of Children, LXIX (January, 1945), 7-25.

⁸Lucile Jessner and Samuel Kaplan, "Observations on the Emotional Reactions of Children to Tonsillectomy and Adenoidectomy," in Problems of Infancy and Childhood, ed. by Milton Senn (New York: Josiah Macy, Jr. Foundation, 1949), pp. 97-118.

⁹G. F. Vaughan, "Children in Hospital," The Lancet, CCIXII (June, 1957), 1120.

¹⁰Dane G. Prugh, et al., "A Study of the Emotional Reactions of Children and Families to Hospitalization and Illness," American Journal of Orthopsychiatry, XXIII (January, 1953), 103.

development may result if the hospital experience, together with its nursing services for the child, occurs either after or during mastery of bodily functions such as eating, independent bowel and bladder evacuation, and the ability to dress and undress on the part of the child. These factors, together with the child's own response to the illness and pain, cause confusion and anxiety.¹¹

In the toddler age group the child is passing through a period in his development in which he has ambivalent feelings toward his mother. He is also experiencing desires of independence and feelings of extreme dependency.

Senn states:

When illness comes to this child, he is apt to relate it to his sentiments (of dependency and independency), and if treatment demands removal from the parents, he is overwhelmed with emotions of guilt and of fear of permanent separation from his loved ones. Children many times interpret illness as 'punishment' for some supposed naughtiness and wickedness.¹²

The Favorite Object and the Child

Although it is commonly known that favorite objects do appear in many children's lives, not every child possesses a favorite object during his childhood. In some families none of the children may have a favorite object. In other families several children may have an object for which they feel a special fondness and closeness. It is interesting to note that in discussing favorite objects with adults, many of these adults recall with great clarity their own feelings of fondness for an object they

¹¹Anna Freud, "The Role of Bodily Illness in the Mental Life of Children," The Psychoanalytic Study of the Child, VII (1952), 70.

¹²Milton E. Senn, "Emotional Aspects of Convalescence," The Child, X, No. 2 (August, 1945), 25.

had as a child. Although the reason for its appearance is not known, a study conducted by Stevenson shows the possession of a favorite object to be an entirely healthy and normal manifestation.¹³

The object may appear at any age, but it occurs most often at about eighteen to twenty-four months when the child is busily discovering himself and his environment.¹⁴ The degree of attachment varies for each child, so that while some require the object at all times, others desire it only at bedtime. It appears that as the child grows older, his play interest and self-confidence develop, so that the daytime attachment to the object becomes less intense. Usually around the fourth birthday the child will voluntarily discard the object.¹⁵

The objects themselves vary. Most of the time they are of a soft blanket texture or they may be a soft stuffed toy, but they may also be such things as a small flower pot or a steel truck. Frequently, the object will be referred to by the very young child who is just learning to speak, only as "my" blanket, "my" doll, or "my" teddy bear. At other times, nicknames are given to the object by either the child or other members of the family, and these names tend to remain. An example of this is a soft stuffed burro who was named "get-up" by an older brother who said that the burro constantly looked as though it was going to sit down.

¹³Olive Stevenson, "The Treasured Possession," preface by D. W. Winnicott, The Psychoanalytic Study of the Child, IX (1954), 202.

¹⁴Ruth E. Hartley and Robert M. Goldenson, The Complete Book of Children's Play (New York: Thomas Y. Crowell Company, 1957), p. 37.

¹⁵Marian E. Breckenridge and Margaret Nesbitt Murphy, Growth and Development of the Young Child (Philadelphia: W. B. Saunders Company, 1958), p. 415.

The home is the source for providing the object. Stevenson states:

This object does come of course from the infant's environment; a part of the blanket or the fringe of a rug or a napkin or a piece of colored cloth may be adopted, or parents may supply at the right time a soft nondescript object.¹⁶

Some children may have two or more favorite objects, as exemplified by Stevenson in her study when she tells of Rosalind, who needed a whole armory of toys at night.¹⁷ Usually, however, when there is more than one favorite object, it is a combination of a blanket and a soft toy.

The favorite object may become dirty, malodorous, and worn from constant use and abuse, but the parents find that they may not wash or replace it despite their own strong views on cleanliness. Life magazine provided an excellent pictorial glimpse of the close relationship which occurred between a child and her favorite object. One picture showed the child sitting quietly next to the radiator as "her Blanket" slowly dried.¹⁸ Linus, the cartoon character in Charles Schwartz's nationally syndicated cartoon strip "Peanuts," is perhaps the most famous child who possesses a "security blanket." We see him in a variety of situations always clutching his blanket in his left hand near his face and sucking his right thumb.

The importance of the favorite object stems from the sense of security it affords the child. This object may, and frequently does, become a defense against anxiety. The child is able, by clutching the

¹⁶Stevenson, op. cit., p. 200.

¹⁷Ibid.

¹⁸Anne Holmes Waxman, "Blanket Is a Little Girl's Best Friend," Life, XLVI (March, 1959), 86-90.

object in his hand or rubbing it up against his face, to reach for a measure of comfort, warmth, and protectiveness when the situation becomes too strenuous for him.¹⁹

The relationship between the favorite object and the child is different from any that he might have with an adult. No adult can give him what he experiences with the object. "It is an inward warmth and safety which he feels, an inseparable relationship that makes him want to possess the object."²⁰ This seems to stem from the fact that the child is sure that no matter what he does to it, the object will not show disapproval. He appears to accept the object as a real person; one who can exert real influence upon him, a friend who will offer understanding, and a companion who will share his suffering.²¹ These armless dolls and legless animals will often be the recipients of many hugs and kisses from the child when he is in an affectionate mood, or of a severe beating when he is in an angry mood. He may talk to it often during the day and fall asleep only after thoroughly discussing the day's happenings with it.

Hartley and Goldenson state that:

It is almost as though he did not feel quite sufficient in himself, despite all his bumptiousness about being an individual, and needed his floppy puppy or doll--or some less predictable object--to back him up.²²

In any case, the use of a favorite object by normal children who

¹⁹Breckenridge and Murphy, op. cit., p. 415.

²⁰Clark E. Moustakas, Psychotherapy with Children (New York: Harper & Brothers Publishers, 1959), p. 8.

²¹George M. Collins, "Familiar Toys Aid in Pediatric Anesthesia," Hospital Topics, XXXVI (August, 1958), 94.

²²Hartley and Goldenson, op. cit., p. 37.

seem to be making successful social and emotional adaptations is common.²³

Bringing the Favorite Object to the Hospital

Since the young child is inexperienced and immature, he must constantly be supplied with feelings of security and reassurance during his hospitalization. The favorite object may be used as a defense mechanism by the child during periods of anxiety and tension, but it should be noted that it also serves as tangible evidence of the home and family. It is a tie to the child's home and to his identity at a time when he is surrounded by a strange, frightening environment.²⁴ The familiar smell and feeling of his favorite object helps the child to recall his mother and the comfort and warmth of his home, so that he may feel less depressed and abandoned in the hospital. Pediatricians have taken note of the role of this favorite object and in an article on the hospitalization of children they state:

As a matter of course, the child should be allowed to keep his favorite toy--a teddy bear or whatever else it may be--that, even at home, has been a symbol of safety. Now more than ever it is needed, when danger approaches and the mother is no longer present. The child feels soothed not only, perhaps, by the thing itself, but rather by the fact that it represents the small characteristics of his domestic surroundings which is, no doubt, welcome as a contrast with the malodorous aseptic air of a children's hospital.²⁵

²³Stevenson, op. cit., p. 200.

²⁴Lucile Jessner, Gaston Blom, and Samuel Waldfogel, "Emotional Implications of Tonsillectomy and Adenoidectomy on Children," The Psychoanalytic Study of the Child, VII (1952), 167.

²⁵Elsa-Brita Nordlund, "Clinical Conference--Children in Hospitals," moderator Arvid J. Wallgred, The Journal of Pediatrics, XLVI (January-June, 1955), 462.

In addition to providing a strong emotional link for the child, the favorite object may become a kind of therapeutic device through which the child may loose some of his pain and anxiety. The child may talk to the toy and do things to it which were done to him. He may play the role of the surgeon or of the protective mother toward his doll or teddy bear. The child may transfer his fears so completely to the favorite object that the object actually becomes the patient. An example is that of the child who transferred his pain, discomfort, and fears so completely to his teddy bear that he never complained, but his teddy bear needed frequent reassurance from his parents and the hospital staff.

In Robertson's film, entitled "A Two-Year-Old Goes to the Hospital," the little girl, Laura, is shown to have as her constant companions her teddy bear and her blanket throughout her eight-day hospital stay. In a discussion of the film, Robertson pays special note to these favorite objects and states:

Laura's mother wisely gave her these favourite toys from home, the Teddy and the "Blanket Baby," and she was allowed to keep them. They were a great source of comfort and reassurance when she was lonely or felt 'threatened'--for instance, by the surgeon's examination.²⁶

Further discussion of this film revealed the fact that Laura identified the relationship she had with these objects to the relationship she had with her mother.²⁷

Many children's hospitals now provide material designed to help

²⁶James Robertson, "Guide to the Film 'A Two-Year-Old Goes to Hospital'" (Tavistock Publications, Ltd., 1959), p. 9.

²⁷John Bowlby, James Robertson, and Dina Rosenbluth, "A Two-Year-Old Goes to Hospital," The Psychoanalytic Study of the Child, VII (1952), 87.

familiarize both the parents and the child with what to expect in the hospital. This material includes pamphlets for the parents and small coloring or story books for the children. The children's books tell a story of either a boy or a girl who has come to the hospital, and as the child colors or reads the pictures, he is shown some of the procedures to which he will be subjected. In the story the child is depicted as possessing his favorite toy. In the Chicago Children's Memorial Hospital booklet, the young boy brings his favorite truck, while in the book from the Children's Hospital of East Bay, California, the little girl carries her favorite teddy bear.^{28, 29} The pamphlets which are given to the parents usually have a note regarding the provision of the child's favorite object when bringing him to the hospital. The pamphlets vary in the amount of information provided; some are brief and not too detailed, and others are more specific in discussing the need for bringing the favorite object. The Children's Hospital of Columbus, Ohio asks specifically for the particular object which will turn "sleepiness into sleep."³⁰ Grace-New Haven Community Hospital in Connecticut lists it as an important object which will help to make the child happier in the hospital, and states:

If your child has a particularly beloved doll, blanket, rag, toy, or anything else, it is a good idea to let him keep this comforting object with him in the hospital. It helps him feel more secure in a strange environment.³¹

²⁸"Jack Get Well at the Hospital," Coloring Book for Children, The Children's Memorial Hospital of Chicago.

²⁹"Going to the Hospital," Coloring Book for Children, Children's Hospital of East Bay, California.

³⁰"For Mother and Dad," Booklet for Parents, The Children's Hospital of Columbus, Ohio.

³¹"Your Child Can Be Happy in the Hospital," Suggestions for Parents, The Grace-New Haven Community Hospital, Connecticut.

Summary

It has been seen from the literature that the hospitalization of a young child can be a major emotional trial. It produces anxiety and tension in the child for many reasons, the primary one being the separation of the child from his mother. The literature has revealed that the favorite object which a child may have is the source of strong feelings and attachments on the part of the child. It has been further seen that the ability to retain this favorite object apparently results in a real lessening of the emotional trauma inherent in the hospitalization of the preschool child.

CHAPTER III

METHODOLOGY

Setting in Which the Problem Was Investigated

The mothers selected for this study use a large city hospital located in New England for their children's medical care. This is a general hospital with a separate building devoted to the pediatric service. The types of patients admitted to the pediatric unit represent children with a wide variety of clinical conditions. In general, the children who use the hospital come from families representing a low socio-economic level. There is an average daily census of twenty patients on each of eight wards.

This study was primarily concerned with those mothers whose hospitalized children had a favorite object, but which favorite object had not accompanied them to the hospital. Mothers for the study were selected after a short interview had established the fact that their child had a favorite object and that it was not with him. Forty-four mothers were interviewed in order to obtain a sample of ten.

Procurement of Data

The interviews were held in April and May of 1961. All interviews were done during the visiting hours of the hospital, between 2:00 p.m. and 7:00 p.m. Interviews were held on either the second or third day after admission of the child to the hospital. This time was selected for the following reasons: the child's condition would be improved; the

mother would not have to meet another new person on the day of admission; and the mother would be more comfortable and relaxed about speaking of the child's favorite object.

Each interview required from ten to twenty minutes, the average time being fifteen minutes. The interview began after the mother had spent some time visiting with her child. All the interviews were held either at the child's bedside or at a small table in the middle of the room in the ward. The child was present for all interviews, usually sitting on the mother's lap.

Each mother was told before the interview that the writer was studying children's favorite objects. The mothers were also given a brief clarification of the term favorite object. The mothers responded readily to the introduction of the subject matter and carried on the discussion, with the writer injecting an occasional probe question when further information was desired.

While interviewing the mothers, no notes of any kind were taken. It was felt by the writer that the interview material was short enough to remember and that taking notes while the mother spoke would have a tendency to make the interview more formal and thus less informative. Immediate recall was the method employed to record these sessions.

Tool Used to Collect the Data

The questions that were asked of each of the mothers during the interview are listed under two major categories.

I. Questions Concerned with the Degree of Attachment of the Child to His Favorite Object.

- a. Does he take it to bed with him?

- b. Does he take it anywhere else?
- c. Does he seem to want it at any special time?
- d. Was his first wanting the object associated with an occurrence in his life at the time?
- e. Does he mind if you repair or wash it?
- f. Does he often let others play with it?

These probe questions were used to determine two important factors: how closely attached was the child to his object, and was the mother aware of this attachment.

II. Questions Concerned with the Favorite Object Being with the Child in the Hospital.

- a. How was he admitted to the hospital?
- b. Does he have it with him now?
- c. Do you know what the hospital rules are about bringing things from home?

These probe questions were used in an attempt to seek the reasons why the mothers had not brought the objects into the hospital for their children.

The probe question dealing with the way a child was admitted was used in order to see if direct admission, from the clinic or the emergency room, caused such acute anxiety within the mother than she did not have the necessary time to think and plan for the hospitalization.

CHAPTER IV

ANALYSIS AND PRESENTATION OF DATA

Forty-four mothers were interviewed in order to find ten mothers whose children owned favorite objects but who had not brought them to the hospital. Table 1 shows that there were five girls and five boys among the ten children who had a favorite object. The children's ages ranged from sixteen months to fifty-six months. Five of the children were four years of age and older, with four boys and one girl represented in this older group. The younger group was composed of four girls and one boy, whose ages ranged from sixteen months to forty-two months. The favorite objects were two dolls, three blankets, and five stuffed animals.

TABLE 1

MOTHERS AND THE SEX, AGE, AND FAVORITE OBJECT OF THEIR CHILDREN

Mother	Child		
Number	Sex	Age (in months)	Favorite Object
1	girl	16	rubber doll
2	girl	21	stuffed dog
3	girl	25	cloth doll
4	boy	32	wool blanket
5	girl	42	stuffed burro
6	boy	48	teddy bear
7	boy	50	stuffed panda
8	boy	52	stuffed dog
9	boy	53	crib blanket
10	girl	56	large afghan

The collected data were presented in the same major categories that were used in the interview guide:

1. Questions concerned with the degree of attachment of the child to his favorite object.
2. Questions concerned with the favorite object being with the child in the hospital.

The mothers' replies are quoted when they were brief enough to do so, or when the interviewer's own words are particularly significant.

Responses to Questions Concerned with the Degree of Attachment of the Child to His Favorite Object

To find out in what ways the child was dependent on the favorite object, the writer felt it was necessary to inquire how the child used the object at home. It is important to note that regardless of the children's ages all ten mothers stated that the child insisted on sleeping with the object.

Mother number 10 stated, "Even in the middle of the summer when she's filled with prickly heat she wraps that huge blanket around her to go to sleep."

In further discussion along these lines of the children's dependency on the object, it was the three mothers (1, 2, 3) of the youngest children who answered that their children carried the object around all day and wished to take it with them whenever they left the house. Two of the older boys' mothers (7, 8) stated when the child was younger he had it with him all the time, but did not need it as much now. Four of the mothers (4, 6, 7, 8) revealed that their children also turned to the object when they were hurt.

Mother number 4 stated, "He goes to it when he's been scolded. He holds it under his nose and sucks his thumb."

Mother number 7 stated, "He goes to find it when he's been hurt, especially when his feelings have been hurt."

It was felt by the author that if the mothers could associate the child's first wanting the favorite object with any occurrence in the child's life, the mothers would better understand the object's importance. Although four mothers (2, 4, 5, 10) could associate their children's first wanting the favorite object with a definite occurrence, the writer was unable to qualitatively analyze the mothers' understanding.

Mother number 2 answered, "I took the night bottle away from her and then she took to taking the toy dog to bed."

Mother number 4 answered, "I had to move him to a bigger bed when his sister was born. At first he didn't sleep too well so I began to give him the blanket and he has had it ever since."

Mother number 5 answered, "Right about the time I weaned her from the bottle she started to carry her toy around."

Mother number 10 answered, "One day after I moved her to a larger bed she just came into our bedroom and took the afghan off our bed."

The writer was interested in finding out what the children would let the mothers do to the favorite object in keeping it cleaned and repaired. The two mothers (1, 2) of the youngest children told the investigator that the objects had not needed any care yet, and three of the mothers (3, 4, 10) stated that they could wash their children's favorite objects but that they had to be dry in time for bedtime.

Mother number 10 stated, "She let's me wash it but I've found her out in the yard fingering the blanket as it hung on the line drying."

The remaining five mothers (5, 6, 7, 8, 9) reported varied feelings expressed by their children concerning the care given to the object. It would seem from these mothers' responses that the children were not only

dependent on the object but they further needed even the familiar smell and feel of the object.

Mother number 5 stated, "She let's me sew it once in a while but she insists that it shouldn't be washed."

Mother number 6 stated, "Oh, it's just in terrible condition. I washed it once but half the fur fell off. I've sewed the arms and legs on it at least four times. It's really a mess but he won't let me buy another and throw the old one out."

Mother number 8 stated, "I've put the head back on twice and I've had to put on patches to keep the stuffings in. He won't let me wash it and I'm sure it would fall apart if I tried."

Mother number 9 stated, "I tried once to cover it. I put a new covering on each side but didn't cover the edges so that he could gradually get used to it. When he went to bed that night he tore the whole thing off."

In an effort to further clarify how possessive the child was about the object and to see if the mother was aware of his feelings toward the favorite object, it was asked of each mother how her child used the object with other children. Two mothers (1, 7) answered that they had never noticed. These mothers either had no other children or their other children were too old to play with the hospitalized child. The mothers (6, 8, 9, 10) of the older children stated that their children allowed other children to play with the object at any time. This generous sharing of the favorite object with other children appears to indicate that these older children do not need the exclusive use of the objects. The four mothers (2, 3, 4, 5) of the younger children noted that the children allowed others to play with it, but with qualifications.

Mother number 2 stated, "She will share it for a little while. When she wants the others to stop playing with it she throws it into her bed."

Mother number 5 stated, "She lets her sisters play with it but not her older brother because he teases her with it. Usually she tires of others having it after awhile and then she takes it back."

There appears to be no relationship between the child's age or sex and the choice of favorite object, with the exception of the two dolls which belong to two of the younger girls. Besides the two dolls, there is one blanket and two stuffed toys as the favorite objects in the younger group. The older children's choices are quite similar in that they have two blankets and three stuffed toys as their favorite objects.

Responses to the Questions Concerned with the Favorite Object Being with the Child in the Hospital

It was felt that the method by which a child was admitted might indicate how much time the mother had to think and plan for the hospitalization. Five of the mothers (3, 4, 6, 8, 9) stated that they had known about the hospitalization some time before it actually occurred. Of the five mothers (1, 2, 5, 7, 10) whose children were admitted directly through the clinic or the emergency room, only one appeared quite anxious and indicated she did not have time to think about bringing things.

The direct question of "Does he have it with him now?" appeared to open the whole area of the mothers' feelings about the objects. The answers, although quite varied, appeared indicative of the mothers' feelings about their child's relationship with the object. The mothers (6, 7, 8, 10) of four of the older children seemed to be not only very aware of the child's age but also how other people thought of older children who had a favorite object. The fact that three of these children were boys was also noted in their mothers' (6, 7, 8) responses.

Mother number 6 stated, "I'm trying to break him of it. When he was younger I felt he needed it for security but now I think he only wants it because it's a habit. He will be going to school soon and I think he should stop acting like a baby."

Mother number 7 stated, "His father frowns on it because he's afraid he will grow up to be a sissy. We decided that this was a good time to break him of the habit of needing his panda."

Mother number 8 stated, "I've been criticized so often for letting him have it at his age. He's big for his age and his grandmother is always saying how funny he looks with it. Even my girl friends laugh about it so I decided to leave it home when he came in here."

Mother number 10 stated, "I asked her if she wanted it with her but she said no. It's a touchy matter now at home. She won't bring it out when other people are in the house. I think she realizes she should soon be giving it up. You know she goes to nursery school now and she's noticed no one else has one. I really don't care if she takes it to bed with her but she does look funny dragging it about after her--it's a double bed size blanket."

The condition of the object, rather than the child's age, apparently caused embarrassment on the part of two of the mothers (4, 5).

Mother number 4 stated, "I really thought the nurses wouldn't like it because it's so dirty. If you think they wouldn't mind I'll bring it tomorrow--she will sleep better with it."

Mother number 5 stated, "It's such a shabby thing and I think she's big enough to go without it. I don't mind taking it to her grandmother's but not here. Lately, she hasn't even bothered with it for a week or two."

Fear of losing the favorite object appeared to be a definite factor in three mothers (1, 3, 9) not bringing the object for the children. Each of these mothers had brought other toys for the child to play with in the hospital.

Mother number 1 stated, "I was afraid it might be lost here in the hospital. It would be better if they lost one of these old dolls than that special one."

Mother number 3 stated, "I was afraid she would lose it in the hospital and she needs and loves it so. I can't replace it so I brought her a new Mickey Mouse toy."

Mother number 9 stated, "He was in here at three and a half for a hernia repair and they lost it on him. It took a long time to get it back because it had gone to the laundry. He and I packed to come here and I asked him if he wanted to take it but he said he didn't need it now and it would be safe at home."

One mother's (2) answer to the question revealed her extreme concern about her little girl's facial burns. She appeared quite occupied with thoughts of the cosmetic effects due to the burns.

She stated, "I just haven't thought about it. We were so excited when we came in that I just didn't think. I'm still so worried about her face--do you think she will have a scar?"

When questioned about knowing the hospital rules concerning bringing things from home, only one mother (3) said she did not know the rules. She stated that no one had told her of them, but she just assumed that the child was not to have anything personal when they sent all his clothing home with her. The majority of the mothers knew of the hospital rules either from previous experience or from talking to others who had had children admitted to the hospital. None of the mothers spoke of the nurses as having told them to bring the favorite object.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was undertaken to explore the reasons why children who have a favorite object are not found with it in their possession in the hospital. Ten mothers of children whose ages ranged from sixteen months to fifty-six months were selected for the study. A personal interview of open-ended questions was the method employed to obtain the data. Probe remarks were used only when more specific information was sought from the mothers. Interviews were held in a large New England city hospital and were done during the months of April and May. The interviews took place during the hospital visiting hours on either the child's second or third day after admission.

The interview guide focused on two major categories:

- a. Questions concerned with the degree of attachment of the child to his favorite object.
- b. Questions concerned with the favorite object being with the child in the hospital.

Conclusions

On the basis of the data given, the writer has drawn these conclusions:

1. Night time appears to require an extra measure of security for the child.
2. As the child grows older, he has less need of the favorite

object during the day.

3. Many children need the familiar smell and feel of a favorite object and therefore will not let the object be washed.
4. There are personal factors involved in a mother's decision not to bring the favorite object for the child.
 - a. The child's age and what other people think about his having a favorite object.
 - b. The condition of the object which causes the mother embarrassment.
5. Some mothers have a fear that the hospital may lose the child's favorite object.

Recommendations

It is recommended that:

1. Investigation be made of the mother's feelings about the value of the favorite object in the child's development when the child is a boy.
2. A study be done on the attitudes of the pediatric nurses toward a child bringing in his favorite object during his hospitalization.
3. A study be done to determine if there is a relationship between the degree of anxiety and concern of a mother for her hospitalized child and her failure to bring the favorite object to the hospital.
4. Orientation handbooks or leaflets concerning the hospital rules and other practical "hints" be made available to every parent upon the child's admission to help parents prepare for

their child's hospitalization.

5. A plan be instituted to have a nurse speak to the mother concerning the advisability of bringing the child's favorite object if the mother has not done so.
6. A special effort be made by the pediatric staff to guard the child's favorite object so it is not misplaced or discarded while the child is hospitalized.

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